

PENNSYLVANIA PRIMARY CARE LOAN REPAYMENT PROGRAM (LRP) ON-LINE PRACTITIONER APPLICATION INSTRUCTIONS

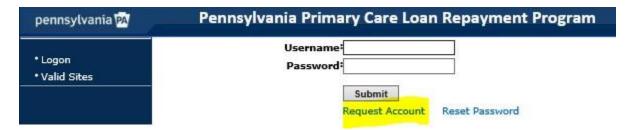
An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: https://www.health.pa.gov/topics/Health-Planning/Pages/Loan-Repayment.aspx.

I. Previous Applicants

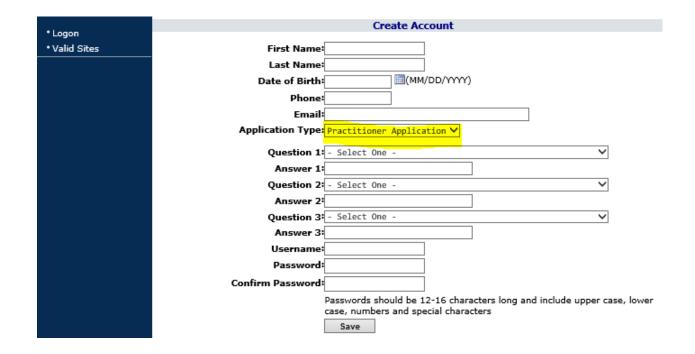
You do NOT need to create another user account. If you do not remember your logon credentials, please email loanrepayment@pa.gov to have your information sent to you.

II. Create User Account

- A. To connect to the LRP portal, select the link to the PA Primary Care Loan Repayment Program Web-based Application (online) from the Loan Repayment Program main webpage.
- B. Create a user account in the LRP portal by selecting "Request Account" on the main logon page.



C. Fill in the required information selecting Practitioner Application as the Application Type. Select and note a Username and Password. Usernames are limited to 10 characters. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.



III. Application Instructions

Applicants must complete each of the sections below to be able to submit an online application.

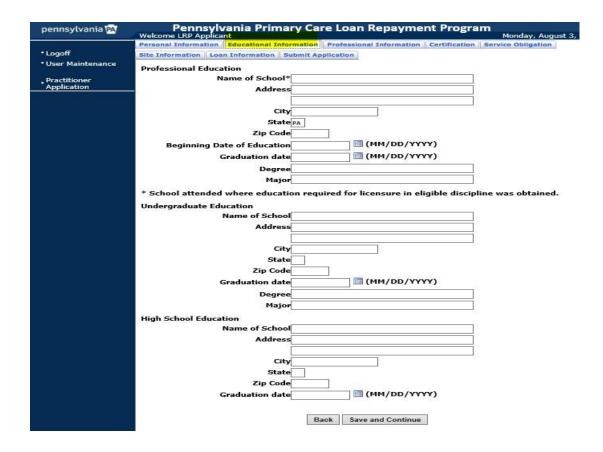
A. Personal Information

This is the section for the applicant's contact information, demographics, and employer organization. The organization may or may not be the same as the practice site. If your practice site is one of many within an organization, this field is for the name of the managing umbrella organization. If the organization name is not located in the drop-down menu, the organization must submit an online Site Application and receive LRP approval of the application before the applicant can continue with the Practitioner Application. Any training rotations completed with this organization are to be indicated here along with the dates of that training. These fields are to indicate if you completed a clinical training rotation with your current organization. The training would have been part of your education required to obtain licensure in the discipline under which you're applying to the LRP. For the purpose of this RFA, the Service Commitment is 2 Years. Be sure to indicate your Time Commitment.

Welcome Jim John	Tuesday, October 3, 2023
	mation Professional Information Certification Service Obligation
Site Information Loan Information Su	bmit Application
First Name	
Middle Name	
Last Name	
Organization Name	- Select One - ✓
Did you complete any training rota	_
	○Yes ○No
Training Start Date	(MM (DD (XXXX))
Training End Date	
	- Select One - ✔
Home Address	
City	
State	
Zip Code	
Home Phone	
Cell Phone	
Email	
Date of Birth	
Are you from a rural residential background?	○Yes○No
Are you from a disadvantaged background?	○Yes ○No
Are you an American Citizen?	○Yes○No
Hispanic Ethnicity	○Yes○No
What race are you?	_American Indian Or Alaskan Native □Undeclared
	Asian Or Pacific Islander Unknown
	_BlackWhite _Two Or More Races
'	_IWO OF MOTE RACES
	/2 Teals 3 Teals 4 Teals
Time Commitment	Half-Time Full-Time
	Veteran Status
	Must select at least one.
	ive-Duty Military Veteran-Prior Service
	ional Gaurd
∟Res	ELAISE HADE A ACTEIGII
	Save and Continue

B. Educational Information

The name and address of the high school, undergraduate school, and the professional school where the applicant attained the education required for licensure in the discipline for which he or she is applying for loan repayment must be provided. When providing dates of education, the day can be estimated as long as the month and year are correct.



C. Professional Information

This section applies to the licensing required for the discipline and specialty for which the applicant is applying for loan repayment. Include your National Provider Identifier (NPI) number. If, you do not have an NPI number, place N/A in this box. Residency Program information must be provided if applicable. Fill in the box with the number of hours you normally are scheduled to provide direct out-patient primary care in a workweek. Include hours spent providing telehealth visits.

Welcome Jim John		Tuesday, October 3, 2023				
Personal Information Educational Information	on Professional Information Certi	fication Service Obligation				
Site Information Loan Information Submit Application						
Have you participat	ed in any of the following? Chec	k all that apply				
Advanced Nursing Education	\square Nursing Workforce Diversity					
Area Health Education Centers	Physician Assistant Training in	-				
■Behavioral Health Workforce Education and Training	Postdoctoral Training in General Pediatric and Public Health Dentistry					
Centers of Excellence	Predoctoral Training in General Pediatric and Public Health Dentistry and Dental Hygiene					
Children's Hospital Graduate Medical	Preventive Medicine Residencies					
Geriatric Workforce Enhancement Program	□Primary Care Training and Enh	ancement				
Graduate Psychology Education	□Public Health Training Centers	d Chindana				
☐Health Careers Opportunity Program ☐Nurse Education Practice Quality and	Scholarships for Disadvantage					
Retention □Nurse Practitioner Residency	Veterans Bachelor of Science in					
Select Discipline: Ophysician		ORegistered Dental Hygienist				
○Ge	eneral Dentist	○Psychologist				
○Ce	ertified Registered Nurse	OLicensed Clinical Social				
Pra	ctitioner	Worker				
○PH	nysician Assistant	OLicensed Professional Counselor				
○Ce	ertified Nurse-Midwife	OMarriage and Family Therapist				
		Therapisc				
License Number:	NPI Number	·:				
	nse verification NPI Regis	try				
Res	sidency Program(if applicable)					
Name	CompletionDate	(MM/DD/YYYY)				
Address	City					
Address	City					
State	Zip Code					
Will you be providing prenatal care?						
How many hours do you spend providing direct out-patient primary medical, dental, or behavioral health care during a normally scheduled work week?						
Ba	Save and Continue					

D. Certification

The applicant is to complete this section if he or she is Board Certified.



E. Service Obligation

The applicant must complete this section if he or she has or had any other service obligation. The LRP does not consider the Public Service Loan Forgiveness

Program (PSLF) as a service obligation because the PSLF does not require the participant to remain a specific location. Loan repayment is not available for practitioners who currently have other service obligations.

pennsylvania PA	Pennsylvania Primary Care Loan Repayment Program Monday, August 3, 2 Monday, August 3, 2		
Section 1	Personal Information Educational Information Professional Information Certification Service Obligation		
Logoff	Site Information Loan Information Submit Application		
User Maintenance			
Practitioner Application	If you have, had, or anticipate having any other contractual service obligation for the payment of educational loans you must declare this to the Pennsylvania primary Care Loan Repayment Program (LRP). The LRP is not available for practitioners who currently have other contractual service obligations though there are specific exceptions. Based on the information provided below, an LRP representative may contact you for additional information regarding your service obligation to determine your eligibility for this program.		
	Do you NOW have a contractual service obligation with any other entity?		
	OYes ONo Anticipated Completion date (MM/DD/YYYY)		
	Have you successfully completed a contractual service obligation with any other entity? Yes No		
	Completion Date (MM/DD/YYYY)		
	If you answered yes to either question, with which entity is or was the obligation with?		
	□National Health Service Corps Loan Replayment Program		
	□National Health Service Corps Scholarship Program		
	□NURSE Corps Loan Repayment Program		
	Employer-Provided Sign-On Bonus		
	Employer-Provided Moving Expenses		
	□ Active Military □ National Guard		
	Reserved Military		
	Private Foundation		
	Specify Foundation		
	□Employer-Provided Educational Loan		
	NURSE Corps Scholarship Program		
	State Loan Repayment Program Specify State		
	Other		
	Specify		
	Provide any additional information you would like to be considered.		
	0		

F. Site Information

This section pertains to the actual site where the applicant will be practicing primary care. Only LRP-approved practice sites will appear in the drop-down menu. If your practice site is not available, contact the LRP Administrator, Monday through Friday, 7:30 am - 4:00 pm, exclusive of state holidays. When selected, the practice site information will prepopulate. Verify that the site address is where you will be

providing out-patient primary healthcare services. Selecting a practice site where you are not providing healthcare services will disqualify the application. Fill in the number of hours you are normally scheduled at this site each week and the date you started employment at this site. The scheduled hours should be from the time you start at the site until the time you leave and includes paid or unpaid breaks or mealtimes. Applicants can add up to four practice sites. The number of hours spread across all sites must equal the required number of hours for the service commitment option chosen (full-time or half-time).

Personal Information	Educational Information	Professional Information	Certification	Service Obligation		
Site Information Loa	n Information Submit Ap	plication				
Practice Site - 1 :						
Select Site	Gelect One - ✓	Hours Worked Per Week				
Organization Name		Site Address				
Approved till						
Started at sight on (мм	I/DD/YYYY)	City				
HPSA Name		HPSA ID				
				Add Practice Site		
Do you hold a DAT	A 2000 Waiver?⊝No⊝I	DW30 DW100 DW27	75			
Medication Assisted Treatment\Oone\Buprenorphine\Buprenorphine plus counseling (MAT) Services Provided?						
Do you hold a Disorder Licenso	n Substance Use⊜Yes⊖ e or Certificate?	No				
Do you pro following services	ovide any of the□COVI i? Check all thatTreatm ^{apply} Preven Service	ent or Behavioral tion in Primary	Health Use	ubstance ⊟Telehealth Treatment Services vices		
Back Save and Continue						

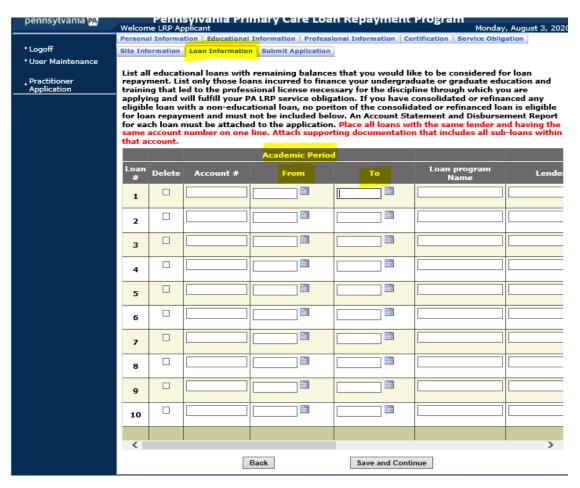
G. Loan Information

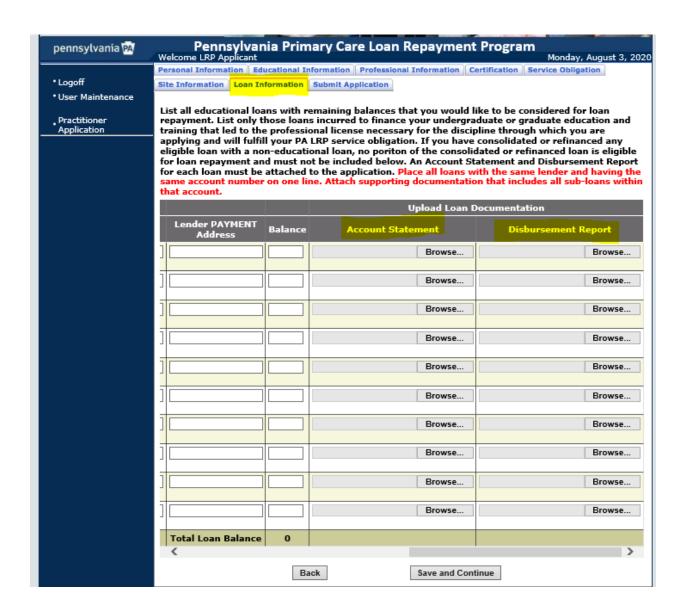
This section pertains to each qualifying educational loan for which the applicant is seeking repayment. List all current loans with a balance that you wish to be considered for repayment here. If the loan is a consolidated loan, all original loan information must be included in the Disbursement Report. All loans submitted require verification. For each current loan listed, be sure to scroll to the right to attach an Account Statement and Disbursement Report.

Information for at least one qualifying loan must be provided. Please note there is a short time-out window on the application which also applies to the time spent uploading documentation. It is recommended that you enter one loan at a time and save after each entry. Additional loan information can be added by returning to the Loan Information tab and clicking on the Edit button at the bottom of the page.

The Academic Period is for the dates you were in school when this loan was taken out. Since all loans with the same lender and having the same account number are to be placed on the same line, the Academic Period may cover several years.

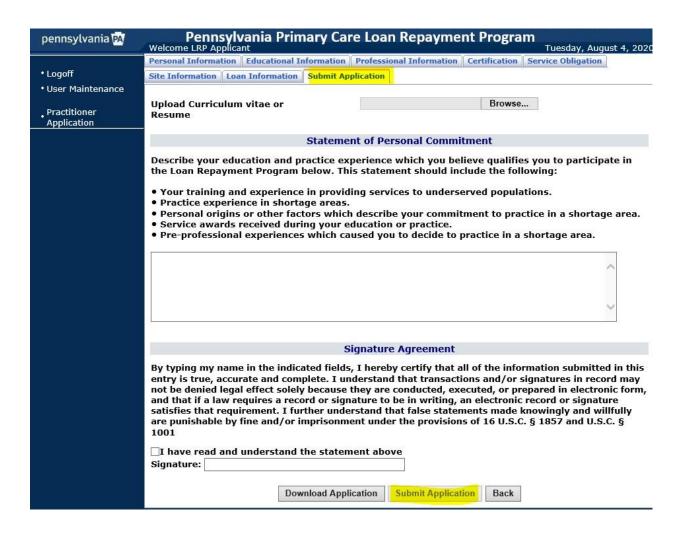
There is a size limit on the uploaded documentation within the LRP application. Account statements and disbursement reports verifying multiple loans with the same lender and having the same account number **do not** need to be listed individually on the application and should be placed on a single line.





H. Submit Application

In this section, the applicant must upload his or her resume or curriculum vitae (CV) and include a statement of personal commitment. Successful submission will result in an "Application Submitted Successfully" message. It is recommended that a copy of the Practitioner Application be downloaded by the applicant and saved for future reference.





Once "submitted", practitioners will not be able to edit information in their applications.