



RI Health Professional Loan Repayment Program Application FAQ

Do I qualify for the RI Health Professional Loan Repayment Program?

Yes, you qualify if you are:

- A United States citizen (U.S. born or naturalized)
- A fully trained and licensed health professional able to practice in Rhode Island in one of the following eligible disciplines:
 - Primary Care
 - Dental Health
 - Mental/ Behavioral Health
- A health professional providing ambulatory outpatient health care services in a public or nonprofit private entity located in a current federally designated HPSA appropriate for your discipline
- A health professional with qualified student loan debt for education that led to your degree
- Do not have an outstanding contractual obligation for health professional service to the federal government, a State, or other entity, unless that service obligation will be completely satisfied before September 1st in the year applying to the program
- Free from judgments arising from federal debt.
- Willing to commit to a 2-year service obligation at a HPLRP approved site.

Please see the [Rhode Island Health Professional Loan Repayment Program \(HPLRP\) Eligibility and Requirements](#) for a detailed list of requirements and terms of service.

NOTE: Starting with the 2023 HPLRP Application Cycle, there will no longer be a 4-year initial service requirement for HPLRP participants who work less than 40 hours per week. The initial service requirement for all HPLRP participants will be two years. Applicants must work a minimum of 20 hours per week and 80% of their time must be devoted to direct patient care. HPLRP participants currently under a 4-year initial service contract must complete their service obligation as outlined in their service agreement. Terms and eligibility for continuation contracts have not changed. Please see the Understanding the Service Obligation section in the Rhode Island Health Professional Loan Repayment Program (HPLRP) Eligibility and Requirements for more details.

Which disciplines and specialties are eligible?

HPLRP participants must have completed training in an accredited graduate training program, and possess an active and valid license (without restrictions or encumbrances) to practice in one of the following eligible disciplines:

Approved Disciplines:

- MD: Allopathic Medicine
- DO: Osteopathic Medicine
- DDS/DMD: General and Pediatric Dentistry
- NP: Nurse Practitioner
- CNM: Certified Nurse-Midwife
- PA: Physician Assistant
- RDH: Registered Dental Hygienist
- HSP: Health Service Psychologist (Clinical and Counseling)
- LCSW: Licensed Clinical Social Worker
- PNS: Psychiatric Nurse Specialist
- LPC: Licensed Professional Counselor
- MFT: Marriage and Family Therapist
- Master's Level Alcohol and Substance Abuse Counselors
- RN: Registered Nurse *
- Pharm: Pharmacist *

**Pharmacists and Nurses must work in an outpatient setting. The practice site must be in a Primary Care Health Professional Shortage Area.*

Approved Primary Care Specialties for Physicians:

- Family Medicine (and osteopathic general practice)
- Internal Medicine
- Pediatrics
- Obstetrics/Gynecology
- Geriatrics
- Psychiatry

Approved Primary Care Specialties for Nurse Practitioners and Physician Assistants:

- Adult
- Family
- Pediatrics
- Psychiatry/mental health
- Geriatrics
- Women's Health

What makes an application complete?

Your application must include:

- Online application.
- Required supporting documents.

Individuals applying to the HPLRP must submit an online application and the required supporting documents by February 10, 2023. Supporting documents need to be delivered or postmarked by February 10, 2023.

Please mail all supporting documents to:

ATTN: Rebeca Vasquez / Manuel Ortiz
Office of Primary Care & Rural Health
Rhode Island Department of Health
3 Capitol Hill, Room 410
Providence, RI 02908

Alternatively, supporting documents can be delivered to the RI Department of Health. In the main foyer, there is a drop box labeled “RI Health Professional Loan Repayment Program.” We kindly ask that you please follow up with an email to notify us that your documents have been delivered to the drop box.

Application Requirements

The following provides an overview of the application requirements and the sections you will need to complete when submitting your application.

I. Applicant Information

In this section, you will be asked to provide contact information such as your name, mailing, and email address, as well as information about your racial/ethnic background.

II. Eligibility

In this section, you will be asked whether you are willing to commit to a service obligation with the HPLRP. Additionally, you will be asked whether you have a service commitment that prevents you from enrolling in the HPLRP. If you do not pass this screening portion of the application, you cannot continue with the application.

III. Service Requirement

In this section, you will be asked to select a service track: “Full-Time Service” or “Part-Time Service.”

IV. Health Professional Information

In this section, you will be asked to provide information about your education, training, licensure, and certifications.

V. Language

In this section, you will be asked to indicate which language(s) you speak, in addition to English, with sufficient fluency to provide adequate healthcare.

VI. Primary Practice Site Information

In this section, you will be asked to provide information about your employer and site(s) where you currently provide patient care.

VII. Required Short Answer Questions

In this section, you will have an opportunity to allow us to learn more about you by responding to a set of four short answer questions.

VIII. Student Loan Balance

In this section, you will provide information on each qualifying educational loan for which you seek repayment. Please see the HPLRP Eligibility and Requirement for more information on qualifying and non-qualifying educational loans.

We will review supporting documents, contact lenders/holders, and check your credit report if you are selected for an award.

For each student loan account, you must provide:

- Name and contact information for the lender/holder.
- Loan account number.
- Current outstanding balance (no more than 30 days from the date you submit your application).
- Mailing address where your current student loan lender/holder accepts payment

Additionally, as part of the supporting documents, you will be asked to provide us with a statement from your lender detailing your student loan account(s).

IX. Required Supporting Documents

An application is incomplete without the following required supplemental documents. It's your responsibility to ensure that all required supporting documents are submitted by the application deadline.

Required supporting documents from the health professional:

- Copy of the health professional's current resume or curriculum vitae (maximum of 5 pages)
- Copy of the health professional's current Rhode Island professional license
- Proof of US citizenship (provide a copy of passport or birth certificate)
- Health professional's qualifying loan statement(s)
 - Please provide a student loan balance and account information from your lenders
- *W-9 (Verification of Taxation Reporting Information) Download* at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Paystub from your practice site(s)
 - Please submit a copy of your paystub from the month prior to, or the month of, the application deadline
- Credit Authorization and Privacy Disclosure Form
- If applicable:
 - Copy of DATA 2000 waiver
 - Documentation of certification by the International Certification and Reciprocity Consortium (C and RC) or the Association for Addiction Professionals (NAADAC) to provide substance abuse services

Required forms and supporting documents from employer/ practice site:

- Employer Information Form completed and signed by the authorized employer representative.
- Copy of non-profit or not-for-profit documentation for the healthcare employer organization or practice site (not required for applicants working in a Federally Qualified Health Center)
- Payor Mix Information Form completed and signed by an authorized representative
- A copy of the sliding-fee scale and policy of the practice site. The sliding-fee scale should reflect current National Health Service Corps (NHSC) guidelines.
 - More information can be found on:
<https://bphc.hrsa.gov/programrequirements/compliancemanual/chapter-9.html>
- Employer Eligibility Attestation

FOR EMPLOYER FORMS, PLEASE SUBMIT ORIGINALS WITH SIGNATURES

Can I upload the required supporting documents to my online application?

At this time, you can ONLY upload the health professional's required supporting documents with your application. Unfortunately, the supporting documents from your employer/ practice site must be

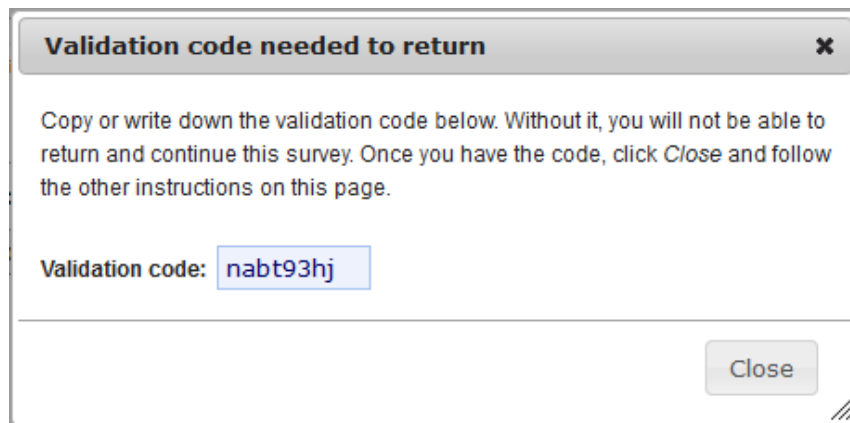
mailed to the Office of Primary Care and Rural Health by the application deadline. It's your responsibility to ensure that your employer forms are submitted before the application deadline.

The required forms and supporting documents for your employer/ practice site can be downloaded [here](#). A representative from human resources or an administrator must complete this section on your behalf. Please submit original forms with signatures to the Office of Primary Care and Rural Health.

Can I save and return to my work later?

Yes. The Save & Return Later button on each survey page allows applicants to save their progress and return at a future time to where they left off to complete the survey. When the respondent clicks this button, they will be given a validation code, which they will be required to enter to resume the survey.

When an applicant clicks the Save & Return button, a screen displaying a random validation code is displayed, similar to the following image:



Applicants **must remember this validation code** because they will be prompted to enter it later when they try to resume the survey.

When the respondent clicks *Close* in the above screen, the subsequent screen will display that same validation code, as a reminder. That screen will also allow applicants to request that REDCap sends them an email, which will contain the web link to use for resuming the survey.

What happens if I started an application but am having difficulty returning to my work?

Applicants who have their validation code can still resume their work again by revisiting the application link. In the upper right corner of the first survey page, please click

the *Returning?* link and you will then be prompted to enter the validation code for re-entry into their survey. All previously entered answers will be intact.

If you accidentally misplaced, your validation code, please contact Rebeca Vasquez at Rebeca.Vasquez@health.ri.gov or Manuel Ortiz at manuel.ortiz@health.ri.gov for additional assistance.

What steps are being taken to secure my information?

The RI Health Professional Loan Repayment Program uses REDCap as the backbone for its electronic application. REDCap is a secure, web application designed to support data capture for a wide range of research studies. It includes features for HIPAA compliance including real-time data entry validation (e.g. for data types and range checks), a full audit trail, user-based privileges, and de-identified data export mechanism to statistical packages (SPSS, SAS, Stata, and R). Access to applicant data in REDCap will be restricted to members of the Office of Primary Care and Rural Health.

What happens after I submit my application?

You will be able to download a copy of your online application for your records. The office of Primary Care and Rural Health will review applications after the deadline. We will evaluate all submissions for completeness and program eligibility. Individuals with incomplete applications or who are ineligible for the program will be notified. The RI HLPRP Board will meet to discuss all eligible applications and determine awards. Depending on when the Board meets, you will be notified via email if you were selected for an HPLRP award at the end of the summer (late August).