

Minimum Eligibility Requirements

Solicitation of Interest #20283

Nurses Across New York Loan Repayment Program

Applicant Name: _____

Instructions: The applicant who is completing the NANY service obligation is eligible to participate in this program only if the Applicant can answer “Yes” to questions (1-10) pertaining to the applicant. Applicants are instructed to upload the completed document as Attachment 1 of the application.

1. Is the nurse named in the application a U.S. citizen or permanent resident alien holding an I-155 or I-551 card?

YES NO

2. Is the nurse named in the application a graduate of an accredited nursing school?

YES NO

3. Will the nurse named in the application be licensed to practice in New York State by the time the three-year NANY service obligation begins and be in good standing with the New York State Education Department?

YES NO

4. Is the nurse named in the application in good standing with the New York State Education Department, meaning that he or she is not under indictment for, or has not been convicted of any crime?

YES NO

5. Is the nurse named in the application in good standing with the New York State Education Department, meaning the applicant has not had his or her license revoked in any state or territory in the United States?

YES NO

6. Does the nurse named in the application have a three-year employment contract or business plan to provide medical services in a health care facility or practice (defined in Section II A & B of this SOI)?

YES NO

7. Is the health care facility or practice where the applicant will be employed, or the medical practice that the applicant will establish or join, located in an underserved area (defined in Attachment 6, of the SOI)?

YES NO

8. Will the nurse named in the application be in full-time clinical practice (defined in Section II A & B of this SOI)?

YES NO

9. Is the date on which the applicant's employment contract or offer letter begins no later than August 1, 2023.

YES NO

10. Is the start date of the applicants NANY service obligation under this contract August 1, 2023?

YES NO

If the Applicant cannot answer "YES" to questions (1-10) listed above STOP. This application cannot be processed.

Instructions: The Applicant who is completing the NANY service obligation is eligible to participate in this program only if the Applicant can answer “NO” to questions (11-13) pertaining to the Applicant.

11. Is the nurse named in the application in breach of a health professional service obligation to the federal government, any state government or a local government?

YES NO

12. Does the nurse named in the application have any judgement liens arising from debt owed to the federal or any state government?

YES NO

13. Is the nursed name in the application delinquent in child support payments?

YES NO

If the Applicant cannot answer “NO” to questions (11-13) listed above STOP. This application cannot be processed.

Applicant Signature

Date

Applicant Name (printed)