

## **Submitting a Successful Doctors Across New York Physician Practice Support Application**

Useful tips:

**1. Check at least 2 items per Section (6 total) in the application.**

Check at least 2 items in each of the 3 sections in Attachment III: Statement of Need for Proposed Service Area, Site Location and Specialty (See Pages 36-39 of the Physician Practice Support RFA)

**2. Document all checked items in Attachment III.**

See the instructions for documenting each item checked on pages 36-39 of the Physician Practice Support RFA.

**3. Make sure to include a signed employment contract.**

The employment contract must be signed and reflect a two year service obligation period that begins on or after October 1, 2011 (The Applicant Information, Program Workplan, and Employment Contract must also contain the same dates, see page 1 of Questions and Answers).

**4. Submit a complete application**

(See the attached checklist)

**5. Review the Physician Practice Support Program (PPS) questions and answers posted on the DOH website for additional information.**

<http://www.health.ny.gov/funding/rfa/1103141142/index.htm>

## **Checklist – Make sure to include the following documents for a complete Doctors Across New York Physician Practice Support (PPS) Application:**

Include:

- **A completed Attachment 1 (Cover sheet);**
- **A completed Attachment 2 (Identified Physician Information);**
- **A checked and documented Attachment 3 Statement of Need** with AT LEAST 2 of the items in each of the 3 sections (6 items in all);
- **Attachment 4 Budget Request for Individual Physicians or Facility Practice Applicants** - funding must not exceed \$100,000 for the full two year period and funding for each year cannot exceed fifty percent of the total amount requested for the two-year period.
- **Attachment 5, A fully-executed employment contract** between an eligible physician and an eligible hospital, health care facility or medical practice; or, if the applicant is an individual physician planning to set up a practice using PPS program funding, a business plan must be included.
- **Attachment 6, Program Workplan must be included**
- **Attachment 7, The Vendor Responsibility Attestation** should be included in the application package.

**Do not apply for a Doctors Across New York Physician Practice Support (PPS) award if:**

1. The identified (applicant) physician's facility has submitted more than 1 application per fiscal quarter, or more than 2 applications in total; OR
2. The identified physician is ANY OF THE BELOW:
  - Not a U.S. citizen or permanent resident;
  - Not licensed to practice in New York State;
  - Fulfilling an obligation under any state or federal loan repayment program where the obligation periods of the state or federal loan repayment program would overlap or coincide with the DANY obligation period, including the DANY Physician Loan Repayment Program; and
  - A past recipient of a DANY PPS or Physician Loan Repayment funding;
  - Currently working in, or serving, an underserved area, prior to July 1, 2010;
  - Not in good standing with the NYSDOH Office of Professional Medical Conduct;
  - Not listed on the New York State Physician Profile section of the Department of Health website;
  - Not providing full-time (i.e., 35 hours or more) weekly service; OR
3. The identified physician is employed by a facility operated or licensed by the New York State Office of Mental Retardation and Developmental Disabilities, the New York State Office of Mental Health, the New York State Department of Corrections, the New York State Office of Alcoholism and Substance Abuse Services; the New York State Office for Aging, the New York State Division for Youth and federal and municipal corrections and detention facilities and their contractors.