

**ATTACHMENT 2 – APPLICATION - Primary Care Service Corps Loan Repayment Program**

Before completing this form, please read the instructions in Attachment #1 for completing the application or access at the following website: <http://www.health.ny.gov/funding/>

**I. Applicant Information**

a. Applicant Name: \_\_\_\_\_

b. Applicant Address: \_\_\_\_\_  
\_\_\_\_\_

c. Telephone: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

d. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail: \_\_\_\_\_

e. Applicant SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

f. Check the one that applies to you:

- I am a U.S. citizen
- I am a permanent resident alien holding an I-155 or I-551 card
- I am neither of the above: **STOP – you are not eligible to apply!**

g. Applicant’s Professional Discipline (Check one)

- |                                 |                               |                                       |
|---------------------------------|-------------------------------|---------------------------------------|
| _____ Dentist                   | _____ Nurse practitioner      | _____ Midwife                         |
| _____ Dental hygienist          | _____ Clinical psychologist   | _____ Licensed clinical social worker |
| _____ Marriage/family therapist | _____ Mental health counselor |                                       |
| _____ Physician assistant       |                               |                                       |

If you are any other discipline than the above, **STOP - you are not eligible to apply!**

h. Applicant’s specialty/subspecialty: \_\_\_\_\_

i. Are you currently licensed, registered, and certified (if applicable) to practice your profession in New York State? Attach a photocopy of each, as applicable.

- Yes, license number \_\_\_\_\_
  - Pending, date applied \_\_\_\_\_
  - No, not licensed or pending licensure. **STOP – you are not eligible to apply!**
- Yes, registration number and expiration date \_\_\_\_\_
  - Pending, date applied \_\_\_\_\_
- Yes, certificate number \_\_\_\_\_
  - Pending, date applied \_\_\_\_\_

j. Indicate all high schools, undergraduate/graduate schools, and internship/residency programs that you have attended, as well as dates attended, major or specialty, and degree awarded. Attach additional sheets as necessary.

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Name and Address of Institution	Dates Attended	Major or Specialty	Degree Awarded
1.	/ to /		
2.	/ to /		
3.	/ to /		
4. Internship/Residency Program:	/ to /		

k. What languages, if any, do you speak fluently (in addition to English). Attach documentation:

\_\_\_\_\_

\_\_\_\_\_

**II. Proposed Practice Site**

l. Please provide information about the employer and site(s) at which you propose to fulfill a service obligation under this program.

Site \_\_\_\_\_ of \_\_\_\_\_ total sites

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer is: \_\_\_\_\_ Not-for-Profit \_\_\_\_\_ For-Profit

If employer is a for-profit entity, **STOP – you are not eligible to apply!**

m. Date service will begin: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date service will end: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If the date service will begin is prior to July 1, 2012, **STOP – you are not eligible to apply!**

Current or starting salary: \$\_\_\_\_\_ per annum

Number of working weeks per year: \_\_\_\_\_

Weekly work hours at site listed in l. above (please complete table below):

Activity	Number of Weekly Work Hours
1. Direct primary patient care in ambulatory setting	
2. Teaching in ambulatory setting	
3. Practice-related administrative activities	
4. Clinical services in alternative setting (specify setting)	
5. Other activity (specify)	
<b>6. Total weekly work hours</b>	

n. Facility Type (Check one): \_\_\_\_\_ FQHC/FQHC look-alike \_\_\_\_\_ Critical access hospital (CAH)  
 \_\_\_\_\_ Outpatient mental health service \_\_\_\_\_ Outpatient primary care clinic  
 \_\_\_\_\_ Outpatient oral health service \_\_\_\_\_ School-based health clinic

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- \_\_\_\_\_ Tribal health clinic
- \_\_\_\_\_ Solo/group private practice
- \_\_\_\_\_ State correctional facility
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

- o. Is the facility operated by the following agency (check if yes)?
- New York State Department of Health \_\_\_\_\_
  - New York State Division of Veterans’ Affairs \_\_\_\_\_
  - New York State Office for Aging \_\_\_\_\_
  - New York State Office for People with Developmental Disabilities \_\_\_\_\_
  - New York State Office of Alcoholism and Substance Abuse Services \_\_\_\_\_
  - New York State Office of Children and Family Services \_\_\_\_\_
  - New York State Office of Temporary and Disability Assistance \_\_\_\_\_
  - Any federally-operated facility \_\_\_\_\_

If you checked yes to ANY of these in o above, **STOP – you are not eligible to apply!**

- p. Is the proposed practice site located in a Health Professional Service Area (HPSA)?  
No  Yes

**If no, STOP – you are not eligible to apply!**  
If yes, indicate the name and ID No. of the applicable HPSA:

\_\_\_\_\_

- q. Does the proposed site participate in Medicare, NYS Medicaid, and Children’s Health Insurance Program?  
No  Yes

**If no, STOP – you are not eligible to apply!**  
If yes, attach documentation as follows:

1. Twelve months of visit data summarizing by payer OR
2. Attestation by site principal that site participates in Medicare, NYS Medicaid and, if applicable, Children’s Health Insurance Program.

- r. Do the site and its parent organization, if applicable, promote a diverse work environment by attracting and hiring culturally diverse staff?

No  Yes  (If yes, check all that apply; attach documentation for each item checked.)

- \_\_\_\_\_ The site lists language skills or a bicultural background as a requirement for hiring in job descriptions;
- \_\_\_\_\_ The site places job announcements in non-English media;
- \_\_\_\_\_ The site sends job announcements to universities;
- \_\_\_\_\_ The site disseminates job announcements through local community groups;
- \_\_\_\_\_ The site highlights its organization’s mission in job announcements;
- \_\_\_\_\_ The site hires from within the local community;
- \_\_\_\_\_ The site offers incentives to bilingual employees;
- \_\_\_\_\_ The site hires interpreters who have completed local training programs;
- \_\_\_\_\_ The site works with local chapters of professional associations;
- \_\_\_\_\_ Other activities.

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- s. Describe the methods by which the site accommodates patients of diverse ethnicities, the disabled, and other underserved populations (*See instructions. Attach additional pages as needed.*):

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**III. Debt Information**

- t. List all loan debt for undergraduate or graduate education, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the Federal Higher Education Act. (Use additional sheets if necessary.)

Creditor Name	Creditor Address	Original Amount Borrowed	Current Balance

**TOTALS**    \$ \_\_\_\_\_    \$ \_\_\_\_\_

- u. Amount of funding requested from PCSC (not to exceed \$60,000): \$ \_\_\_\_\_

- v. Requested term of contract (check one):
- Full time (2 years – Maximum \$60,000)
- Part-time (2 years – Maximum \$30,000)
- Part-time (4 years – Maximum \$60,000)

Requested start date of service obligation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**IV. Participation in Loan Repayment or Scholarship Programs**

- w. Have you applied for or are you currently serving in any other government scholarship and/or loan forgiveness program?

No     Yes    If yes, please fill in boxes below, as applicable.

Applied To	Award Received	Amount	Date of Award	Length of Service Obligation
National Health Service Corps Scholarship	Yes / No / DP		/ /	
National Health Service Corps Loan Repayment Award	Yes / No / DP		/ /	
Other Program (Please specify):	Yes / No / DP		/ /	

(DP = decision pending)

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x. Are you in breach of any current or past health professional service obligation under any of these programs?

No     Yes

NOTE: If you checked “yes” in EITHER item w. or x. – **STOP – you are not eligible to apply!**

**V. Applicant Statement:**

To the best of my knowledge, the information presented in this application is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VI. Please attach your employment contract for employment at the site(s) listed in item I above.**