

- **The National Health Service Corps Loan Repayment Program for 2008 will be submitted in two parts:**
 - **Supplemental forms** must be downloaded, completed, printed, signed and sent by mail or delivery service by April 2, 2008. Applicants are advised to submit their forms, as a single, complete package, as soon as they are able.
 - **An application must be submitted on-line.** The deadline for submission of both the application and supplemental forms is April 2, 2008.
- **If you have [signed up to receive e-mail notification when the application is published](#),** you will receive an e-mail when the on-line application is available and the application deadline is known.

Please send completed forms and contract to:

**Discovery Logic
National Health Service Corps
Division of Applications and Awards
1375 Piccard Drive, Suite 360
Rockville, MD 20850**



NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

FISCAL YEAR 2008 *APPLICANT INFORMATION BULLETIN*

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
Division of Applications and Awards
5600 Fishers Lane, Room 8A-55
Rockville, Maryland 20857

For inquires specific to the National Health Service Corps (NHSC)
Loan Repayment Program (LRP) application process contact: CallCenter@hrsa.gov
or

1-800-221-9393 Monday through Friday (except Federal holidays), 9 am to 5:30 pm ET.

Authority: Section 338B of the Public Health Service Act, as amended



DISCRIMINATION PROHIBITED

Title VI of the Civil Rights Act of 1964 states: "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Title IX of the Education Amendments of 1972, as amended, and its implementing regulation, 45 Code of Federal Regulations (CFR) Part 86, provide that no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, and implementing regulation 45 CFR Part 84, provide that no otherwise qualified individual with a disability in the United States shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Title III of the Age Discrimination Act of 1975, as amended, provides the general rule that no person in the United States shall, on the basis of age, be excluded from participation in, be denied benefits of, or be subject to discrimination under, any program or activity receiving Federal financial assistance.

This *Applicant Information Bulletin* describes the NHSC LRP authorized by Section 338B of the Public Health Service Act [42 United States Code 254I-1], as amended October 26, 2002, by Public Law 107-251, the NHSC LRP's implementing regulations [42 Code of Federal Regulations Part 62, Subpart B] and NHSC LRP guidelines in effect on January 2008. Future changes in the governing statute, the implementing regulations, and NHSC LRP guidelines may also be applicable to your participation in the NHSC LRP. The NHSC LRP is listed as number 93.162 in the *Catalog of Federal Domestic Assistance*.

**PLEASE PRINT AND KEEP THIS *BULLETIN*
FOR FUTURE REFERENCE**

This *Applicant Information Bulletin* explains in detail the contractual obligations of the participants in the NHSC LRP. Before signing an NHSC LRP contract, applicants should review the entire *Bulletin* and the contract to ensure a complete understanding of the obligation to serve two years in a health professional shortage area, and the financial consequences of failing to perform that obligation (see Section J of this *Bulletin*). **Before signing an NHSC LRP contract, applicants may want to seek legal counsel to review the *Bulletin* and the contract.**

ALL MATERIALS SUBMITTED BECOME PROPERTY OF THE NHSC LRP AND WILL NOT BE RETURNED.

PRIVACY ACT NOTIFICATION STATEMENT

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 94-579), as amended, for individuals supplying information for inclusion in a system of records.

Authority

Section 338B of the Public Health Service (PHS) Act.

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to attract and retain primary care clinicians in eligible communities of need designated as health professional shortage areas. While employment at an eligible site is a requirement to qualify for this program, it is not a guarantee of an award. Clinicians who serve in areas with the greatest need receive a funding preference. The information you supply will be used to evaluate your qualifications and suitability for participating in the NHSC LRP.

A participant's contract, application and related data, documentation and correspondence are maintained in a system of records to be used within the Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the General Accounting Office, and pursuant to court order and various routine uses.

The name of an NHSC LRP participant, specialty, business address and telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the reply to Section I, Item H (Race/Ethnicity) on the Application for NHSC LRP, OMB form 0915-0127, a contract application will be considered incomplete.

**National Health Service Corps
Loan Repayment Program
Summary of Important Dates**

Issues

Important Deadlines

Issues	Important Deadlines
Submit NHSC LRP Application	April 2, 2008 (Electronic submission date)
Submit Supplemental Forms (pdf, 606 KB): Community Site Information Form Loan Information and Verification Form(s) Biographical Statement Payment Information Form NHSC LRP Checklist Signed and Dated NHSC LRP Contract Authorization to Release Information Form	April 2, 2008 (postmark date)
Submit Loan Information and Verification Form(s)	April 2, 2008 (postmark date)
Submit Biographical Statement	April 2, 2008 (postmark date)
Submit Payment Information Form	April 2, 2008 (postmark date)
Submit NHSC LRP Checklist	April 2, 2008 (postmark date)
Submit Signed and Dated NHSC LRP Contract	April 2, 2008 (postmark date)
Submit Authorization to Release Information Form	April 2, 2008 (postmark date)
Submit Proof of U.S. Citizenship or U.S. National	April 2, 2008 (postmark date)
Submit Documentation of Status as a Member of Reserve Component of the Armed Forces (if applicable)	April 2, 2008 (postmark date)
Submit Letter from Entity to which Existing Service Obligation is Owed (if applicable)	April 2, 2008 (postmark date)
Submit Two Letters of Reference (dated after 10/1/2007)	April 2, 2008 (postmark date)
Submit Current Resume/Curriculum Vitae	April 2, 2008 (postmark date)
Submit Disadvantaged Background Documentation (if applicable)	April 2, 2008 (postmark date)
Submit Exceptional Financial Need Documentation (if applicable)	April 2, 2008 (postmark date)
Submit Copy of the Original Loan Applications, Promissory Notes, Disclosure Statements, Truth-in-Lending Statements	April 2, 2008 (postmark date)
Submit Copy of Current Account Statements for each loan submitted	April 2, 2008 (postmark date)
Submit Copy of Your Specialty Board Certification or Residency Completion Certificate	April 2, 2008 (postmark date)
Submit Copy of Your Health Professional Degree or Certificate	April 2, 2008 (postmark date)
Submit Copy of Your National Certification (PAs, NPs, NMs, PNSs, LPCs, MFTs)	April 2, 2008 (postmark date)
Submit Copy of Your Permanent License in the State of Practice	April 2, 2008 (postmark date)
Submit Copy of Your National Board Examination Results (SW/DH/CP)	April 2, 2008 (postmark date)
Submit copy of the National Practitioner Data Bank (NPDB) "Response to Your Self-Query" and associated documents.	April 2, 2008 (postmark date)
Submit copy of the Healthcare Integrity Protection Data Bank (HIPDB) "Response to your self-Query" and associated documents.	April 2, 2008 (postmark date)
** New physicians and dentists only: Submit letter of good standing from Residency Program Director	April 2, 2008
**New physicians and dentists only: Submit copy of Residency Completion Certificate	July 1, 2008
Last Date to Submit a Request to Terminate an NHSC LRP Contract	August 17, 2008
Notify Applicants of Award	ongoing, March 2008 to April 2, 2008

Fund Qualified Applicants at HPSAs with scores ≥ 14	from March 2008, until due date of April 2, 2008
Notify Applicants of Non-Selection for an Award	August to September 2008
Complete All Awards	September 30, 2008

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A. INTRODUCTION

1. Purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP)

The purpose of the NHSC LRP is to ensure an adequate supply of health professionals to provide primary health services (through a culturally competent, interdisciplinary team of clinicians) to populations located in selected health professional shortage areas (HPSAs) identified by the Secretary of the Department of Health and Human Services. HPSAs can be found in rural and urban communities across the Nation. The NHSC LRP recruits fully trained health professionals who agree to provide primary health services in NHSC community sites. In return, the NHSC LRP assists clinicians in their repayment of qualifying educational loans that are still owed. The NHSC is seeking clinicians who demonstrate the characteristics for and interest in serving the Nation's medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service to medically underserved populations is the primary purpose of the NHSC LRP and not the repayment of educational loans.

2. Important Items for Applicants to Consider:

- The NHSC LRP is a highly competitive program with limited funding. An NHSC LRP contract award is contingent upon availability of funds.
- The Application Checklist at the back of this Bulletin identifies all of the documents that must be submitted for an application to be complete. **An application will not be considered complete unless all required information, as listed in the Application Checklist, is submitted by the application deadline** (no fewer than 30 days after the on-line application is published). Applications that are incomplete are ineligible.
- Reference materials needed to complete this application are available on the [NHSC Web site](#).
- Employment at a community site posted on the NHSC Opportunities List does not guarantee an NHSC LRP contract award.
- No service credit will be given for employment at a community site before the effective date of an NHSC LRP contract award. The effective date of a contract award is the date the contract is countersigned by the Secretary of Health and Human Services or his/her Designee. Service credit will commence upon the effective date of the contract or the date service begins, whichever is later. The applicant's signature alone on this contract does not constitute a contractual agreement.
- **Only the Secretary of the Department of Health and Human Services or his/her Designee can make an NHSC LRP contract award. An NHSC LRP contract award cannot be guaranteed by a community site, a Health Resources and Services Administration (HRSA) Field Office, a Primary Care Office (PCO), a Primary Care Association (PCA), or any other person or entity.**
- Funds provided under the NHSC LRP for loan repayment must be used to repay qualifying educational loans.
- NHSC LRP participants cannot be guaranteed a contract amendment (additional loan repayment funds) for continued participation in the program beyond the initial 2-year contract period.

It is imperative that applicants/participants promptly provide the NHSC LRP with written notification of any changes in their contact information (e-mail address, mailing address, or telephone number.)

3. Statutory Authority and Program Administration

The NHSC LRP is authorized by Public Law 100-147, enacted December 1, 1987 [Section 338B of the Public Health Service (PHS) Act, 42 United States Code, Section 254l-1], as amended on November 16, 1990, by Public Law 101-597 and on October 26, 2002, by Public Law 107-251. It is administered by the Bureau of Clinician Recruitment and Service, Health Resources and Services Administration, an agency of the U.S. Department of Health and Human Services.

B. DEFINITIONS

Commercial Loans - Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

Division of Applications and Awards (DAA) – A division of the Bureau of Clinician Recruitment and Service, Health Resources and Services Administration.

Fiscal Year (FY) - The Federal FY is defined as October 1 through September 30.

Full-Time Clinical Practice - Working a minimum of 40 hours per week, for a minimum of 45 weeks per service year in a primary care setting. Please refer to page 20 of this bulletin for a more detailed explanation of the full-time clinical practice requirement.

Government Loans - Government loans are loans made by Federal, State, county or city agencies authorized by law to make such loans.

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other facility determined by the Secretary of Department of Health and Human Services to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Shortage Designation Branch, Bureau of Health Professions pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5). Specific NHSC sites are approved by the Bureau of Clinician Recruitment and Service, pursuant to Sections 333 and 333A of the PHS Act (Title 42, U.S. Code, Sections 254f and 254f-1)

Health Resources and Services Administration (HRSA) - An operating agency of the U.S. Department of Health and Human Services.

Holder - The commercial or Government institution that currently holds the promissory note for the qualifying educational loan.

Lender - The commercial or Government institution that initially made the qualifying loan.

National Health Service Corps (NHSC) - "The Emergency Health Personnel Act of 1970," Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps (NHSC) Loan Repayment Program (LRP) -

The NHSC LRP is authorized by Section 338B of the PHS Act. Under the NHSC LRP, clinicians provide primary care health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved communities.

Qualifying Educational Loans - Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant prior to his or her receipt of the health professions degree being utilized by the NHSC LRP. Such loans must have documentation that is contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has consolidated educational loans with any other debt or consolidated his/her loans with loans of another individual, the consolidated loan is ineligible. Residency relocation loans are not eligible.

Reasonable Educational Expenses - Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

Reasonable Living Expenses - Reasonable living expenses are the costs of room and board, transportation and commuting costs, and other costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

State - As used in this *Bulletin*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Marianas, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

C. ELIGIBILITY REQUIREMENTS AND FUNDING PREFERENCES

1. Eligibility Requirements to Participate

a. Citizenship

Applicants for the NHSC LRP must be citizens of the United States (either U.S. born or naturalized) or U.S. nationals. All applicants must submit documentation to verify U.S. citizenship or status as a U.S. national. (e.g., a copy of a birth certificate, a certificate of citizenship, passport or naturalization certificate) with the application material. Permanent residents of the U.S. are not eligible to apply.

b. Completed Training and Other Requirements for Clinicians

Primary Care

- **Allopathic (MD) or Osteopathic (DO) physicians** must have:

- 1) certification in a primary care specialty from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association, **OR**
- 2) completed a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

The primary care specialties for physicians are family medicine, obstetrics/gynecology, general internal medicine, general pediatrics, or general psychiatry.

- **Primary Care Certified Nurse Practitioners (NPs)** must have:

- 1) a master's degree or a post-baccalaureate certificate, from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, in the nurse practitioner primary care specialties of adult, family, pediatric, psychiatric/mental health, gerontological or women's health, **AND**
- 2) national certification by the American Nurses Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP), the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation.

- **Certified Nurse-Midwives (NMs)** must have:

- 1) a master's degree or post-baccalaureate certificate, from a school accredited by the American College of Nurse-Midwives (ACNM), **AND**
- 2) national certification by the American Midwifery Certification Board (formerly know as the ACNM Certification Council).

- **Primary Care Physician Assistants (PAs)** must have:

- 1) graduated from an accredited full 4-year baccalaureate physician assistant training program with a bachelor's degree, **OR**
- 2) graduated from an accredited certificate, post-baccalaureate certificate, associate or master's degree physician assistant training program of at least 12 months **and** demonstrate a broad background knowledge of the medical environment, practices, and procedures such as would be acquired by:
 - ◆ a bachelor's degree in a health care occupation such as nursing, medical technology, or physical therapy; **OR**
 - ◆ three years of responsible and progressive health care experience such as a medical corpsman, nursing assistant, or medical technician; **OR**
 - ◆ one year of physician assistant experience under minimal supervision. The required experience must have demonstrated the ability to perform professional-caliber medical work as a physician assistant with minimal supervision, including the exercise of a degree of judgment in integrating and interpreting diagnostic findings and in determining the need for referral to a physician, **AND**
- 3) national certification by the National Commission on Certification of Physician Assistants.

PA training programs must be accredited by the Accreditation Review Commission on Education for the Physician Assistant and affiliated schools must be accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency.

Dental Health

- **General Practice Dentists** must have a **D.D.S.** or **D.M.D.** degree, from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation.

- **Pediatric Dentists** must have a D.D.S. or D.M.D. degree, from a program accredited by the American Dental Association (ADA) and have successfully completed an additional 2 year training program in the specialty of pediatric dentistry that is accredited by the ADA Commission on Dental Accreditation.

- **Registered Clinical Dental Hygienists (DHs)** must have:
 - 1) graduated from a 4-year program with a bachelor's degree in dental hygiene, **OR**
 - 2) graduated from a 2-year dental hygiene training program with a diploma, certificate or associate degree **and** have at least one year of experience as a licensed clinical dental hygienist, **AND**
 - 3) successfully passed the National Board Dental Hygiene Examination.

The programs must be accredited by the American Dental Association, Commission on Dental Accreditation.

Behavioral and Mental Health

The NHSC recognizes that States have varying educational, experience and testing requirements for the licensing of behavioral and mental health clinicians. The NHSC adheres to the requirements listed below to assure that its behavioral and mental health clinicians will have the ability to obtain licensure in multiple States throughout the country, should the need for a transfer arise.

- **Health Service Psychologists (HSP)** (formerly Clinical and Counseling Psychologists) must:
 - 1) have a doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a school accredited by the American Psychological Association, Committee on Accreditation, **AND**
 - 2) have a minimum of one year of post-graduate supervised clinical experience, **AND**
 - 3) have successfully passed the Examination for Professional Practice of Psychology (EPPP), **AND**
 - 4) be able to practice independently and unsupervised as a health service psychologist.

Individuals practicing as school psychologists are not eligible to participate in the NHSC LRP.

- **Licensed Clinical Social Workers (LCSWs)** must:
 - 1) have a master's or doctoral degree in social work from a school accredited by the Council on Social Work Education and a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, **AND**
 - 2) have two years post-graduate supervised clinical experience, **AND**
 - 3) have passed the Association of Social Work Boards (ASWB) Clinical or Advanced licensing exam prior to July 1, 1998, or the ASWB Clinical exam on or after July 1, 1998, **AND**
 - 4) be able to practice independently and unsupervised as a licensed clinical social worker.

- **Psychiatric Nurse Specialists (PNSs)** must be registered nurses, **AND**
 - 1) have a master's or higher degree in nursing from an accredited program with a specialization in psychiatric/mental health **and** 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing, **OR**
 - 2) have a baccalaureate or higher degree in nursing from an accredited program, **AND**
 - 3) be certified by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing.

Nursing programs must be accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education

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- **Marriage and Family Therapists (MFTs)** must:
 - 1) have completed a master's or doctoral program in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or earned a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy, **AND**

- 2) have at least 2 years of post-graduate supervised clinical experience in practice as a marital and family therapist, **OR**
 - 3) be clinical members of the American Association for Marriage and Family Therapy (AAMFT).
- **Licensed Professional Counselors (LPCs)** must:
 - 1) have a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, **AND**
 - 2) have at least 2 years of post-graduate supervised counseling experience, **AND**
 - 3) be certified as a National Certified Counselor (NCC) or a Certified Clinical Mental Health Counselor (CCMHC) by the National Board for Certified Counselors.

School and Career LPCs are not eligible to participate in the NHSC LRP.

c. Licensure Requirements

Applicants for the NHSC LRP must have a current unrestricted health professional license (or, if applicable, a current unrestricted certificate or registration) which 1) displays an expiration date and 2) is from the State in which they intend to practice. In addition:

- **Psychiatric Nurse Specialists** who intend to practice in a State where advanced practice licensure is not available must be licensed as a registered nurse in that State.
- **Health Service Psychologists** must be licensed to engage in the independent and unsupervised practice of clinical or counseling psychology.
- **Clinical Social Workers** must obtain the level of licensure that allows them to practice independently and unsupervised as a Clinical Social Worker.
- **Marriage and Family Therapists** must be licensed to practice independently and unsupervised in the State of practice or, if licensure is not available in the State of practice, must be licensed to practice independently and unsupervised as a Marriage and Family Therapist in a State.
- **Licensed Professional Counselors** must obtain the level of licensure that allows them to practice independently and unsupervised in the State of practice or, if licensure is not available in the State of practice, must be licensed to practice independently and unsupervised as a Licensed Professional Counselor in a State.

d. Professional Competence and Conduct

Applicants must have their satisfactory professional competence and conduct corroborated by two letters of recommendation (see Section W of this *Bulletin*, item 10), the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank reports (see Section Q of this *Bulletin*), and if necessary, information from State licensing and/or professional review boards, etc.

e. Employment at Eligible Community Site

Applicants for the NHSC LRP must have accepted an offer of employment from an NHSC community site before they apply for the program. "Accepted an offer of employment " means

that the applicant has 1) received a signed job offer from the site which he or she has accepted in writing or 2) signed an employment contract with the site. For more information about eligible community sites, see Section G of this *Bulletin*. Employment at the NHSC community site must begin no later than September 30, 2008.

f. Medicare/Medicaid/State Children's Health Insurance Program Participation

Applicants for the NHSC LRP must participate or be eligible to participate as a provider in the Medicare, Medicaid and State Children's Health Insurance Programs. All NHSC community sites and clinicians must accept assignment under the Medicare Program and enter into appropriate agreements with the Medicaid and State Children's Health Insurance Programs. Therefore, all NHSC LRP clinicians, and/or their community sites, must be eligible to receive Medicare/Medicaid/State Children's Health Insurance Program payment for any items or services furnished, ordered or prescribed by NHSC LRP participants.

g. No Judgment Lien for a Federal Debt

An applicant must be free of any judgment liens against his/her property arising from a debt owed to the United States. Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.

h. No Other Service Obligations

All applicants who have an outstanding contractual obligation for health professional service to the Federal Government (e.g., an active military obligation or a Nursing Education Loan Repayment Program obligation), a State (e.g., State Loan Repayment Program or Scholarship Program obligation) or other entity are ineligible to participate in the NHSC LRP, unless that service obligation will be satisfied completely before September 30, 2008. Beware that certain bonus clauses in employment contracts may impose a service obligation. **Clinicians who enter into a service obligation with another entity after applying to NHSC LRP are ineligible for an NHSC LRP award and must notify the NHSC immediately that they wish to withdraw their NHSC LRP application.**

i. Members of a Reserve Component of the Armed Forces

Individuals in the Reserve component of the Armed Forces or National Guard are eligible to participate in the NHSC LRP. However, reservists should understand the following:

- Placement opportunities for reservists may be limited by the NHSC in order to minimize the negative impact that a deployment would have on the vulnerable populations served by the reservist.
- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, will exceed 7 weeks (35 workdays) per service year, the participant should request a suspension. See Sections H and K of this *Bulletin* for more information. The NHSC service commitment end date will be extended to compensate for the break in NHSC service.
- If the site where the reservist is serving at the time of his/her deployment is unable to reemploy that reservist, the NHSC will reassign the participant to another service site to complete his or her remaining NHSC service commitment. Because it is sometimes difficult to identify short-term assignments, a participant may be asked by the community site to sign an employment contract, which extends beyond the completion date of his or her NHSC service commitment.

j. Non-Delinquency of Child Support Order

In keeping with the President's Executive Orders concerning compliance with child support orders, the NHSC LRP stresses the importance of honoring any child support obligations the applicant may have. Federal payments to a participant may be offset due to delinquencies in court-ordered child support payments.

k. Compliance with Prior Obligations

Applicants must have complied or currently be in compliance with certain obligations previously incurred. As a result:

- Applicants who have defaulted on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, etc.) or non-Federal loans will not be selected to participate in the NHSC LRP, **even if they are currently considered to be in good standing by that creditor.**
- Applicants who have defaulted on a prior service obligation to the Federal government or a State or local government will not be selected to participate in the NHSC LRP, **even if they subsequently satisfied that obligation (through service, monetary payment, or other means).**
- Applicants who have had any Federal or non-Federal debt written off as uncollectible or who have had any Federal service or payment obligation waived will not be selected to participate in the NHSC LRP.
- NHSC LRP recipients who did not apply all NHSC LRP funds previously received toward their qualifying educational loans, during their contract periods, will not be selected to participate in the NHSC LRP.

2. Funding Preferences

Among applicants who have submitted timely and complete applications and have been determined by the NHSC to meet the eligibility criteria, the following funding preferences apply:

- a. Information provided in an applicant's Biographical Statement and an applicant's disadvantaged background status will be considered. The NHSC is seeking individuals who demonstrate characteristics that they are likely to remain in a HPSA.
- b. A funding preference will be given to applicants serving in HPSAs of greatest need (based on the HPSA scores). The verified HPSA score will be used for the FY 2008 award process. Awards will be made on an ongoing basis to applicants who propose to serve an NHSC community with a HPSA score of 14 or above. Applicants who propose to serve an NHSC community with a HPSA score of less than 14 will not be funded until after the application deadline, and will be funded after that date, by decreasing HPSA score, only to the extent funding remains available.
- c. In order to distribute the number of NHSC LRP clinicians across many NHSC community sites, the number of new NHSC placements through the Loan Repayment Program allowed at any one site (parent sites as well as satellite sites) is limited to the following:

- **Primary Health Care: no more than 2 allopathic (MD) or osteopathic (DO) physicians, and no more than a combined total of 2 Nurse Practitioners, Physician Assistants, or Certified Nurse Midwives. (Mental health clinicians in these disciplines are not included.)**
 - **Dental Care: no more than 2 Dentists and 2 Dental Hygienists.**
 - **Behavioral and Mental Health: no more than 2 Psychiatrists (MD or DO), and no more than a combined total of 2 Clinical or Counseling Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, Marriage and Family Therapists, or Psychiatric Nurse Specialists.**
- d. If funding is available after applying the above criteria, the NHSC LRP may allow up to four 2-year contract awards per discipline category for each community site. Eligible applicants would be funded by decreasing HPSA score.
 - e. If the number of eligible clinician applicants at the community sites exceeds the number of awards allowed per site, the loan repayment awards will be offered to clinicians in the order in which the clinicians were determined to be eligible based on their completed applications.
 - f. Community demand for each discipline category may be considered, in the event funding is insufficient to fund all eligible applicants at sites which have the same HPSA score.
 - g. All FY 2008 NHSC LRP 2-year contracts will be awarded no later than September 30, 2008.
 - h. Applicants who are not selected to participate in the NHSC LRP will receive notice of their non-selection via-email. Applicants should promptly inform the NHSC LRP of any change in their email addresses.

D. SERVICE REQUIREMENTS

1. Two-Year Service Requirement

Every NHSC LRP participant must sign a contract agreeing to provide two years of full-time clinical service in a community site/vacancy on the NHSC Opportunities List. See Sections G and H of this *Bulletin*.

2. Contract Amendment Awards

Participants in good standing may have the opportunity to request amendments of their NHSC LRP contracts to continue their service obligation at the approved site(s) they are serving when their existing contract ends, to the extent those participants continue to have unpaid qualifying educational loans. Amendments to NHSC LRP contracts will be made at the Government's discretion and are subject to the availability of funds appropriated by the United States Congress for the NHSC LRP. There is no guarantee that a two-year service commitment (contract) will be amended beyond the initial two years.

Applicants for contract amendments must, at a minimum:

- continue to meet the program eligibility criteria;
- be in full compliance with their existing NHSC LRP service obligation;
- be planning to work for the duration of the contract amendment at the same approved site(s) they are serving when their existing contract ends; and
- have applied all NHSC LRP payments received to reduce their qualifying educational loans during the contract period (payment histories from the lenders will be required) .

Participants who fail to meet one or more of the above criteria will not receive a contract amendment. **Complete contract amendment requirements can be found on the NHSC website at www.nhsc.bhpr.hrsa.gov.**

The amendment service period must begin immediately following the completion of the initial service commitment (i.e., no break in service between the contracts is allowed). The contract amendment will not become effective until the participant has fully completed the initial NHSC LRP service commitment.

E. BENEFITS

1. Loan Repayments

The NHSC LRP will provide funds to program participants to repay their outstanding qualifying educational loans (See Section F).

a. The NHSC LRP will pay up to \$50,000 for two years of service, based on the participant's outstanding balance of qualifying educational loans. If the total amount of the participant's qualifying educational loans is less than \$50,000, the NHSC LRP will pay the remaining balance of the total qualifying educational loans for two years of service.

b. All loan repayments paid to the participant must be used by the participant to repay the approved qualifying educational loans during his/her contract period.

2. Method of Disbursing Payment

To assist NHSC LRP participants in reducing their educational debts in a shorter period of time and reduce the cost of these loans to the Federal government, the NHSC LRP will disburse payments to participants in the form of a lump sum payment. The lump sum payment will be electronically issued to the awardee approximately 90 days after their contract start date.

Applicants should contact their lenders regarding prepayment options. Some lenders will accept the advanced payment, but expect the participant to continue to make monthly payments.

Note: Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for delinquent Federal and State debts, including delinquent child support payments.

3. Salary

The NHSC LRP participant will receive a salary and benefits from the employing community site. Employment compensation packages are negotiated between the professional and the community site and agreed-upon terms of employment are typically reduced to an employment contract. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the contract is signed. Applicants may want to seek legal guidance from private counsel before entering into an employment contract. Employment contract negotiations are solely the responsibility of the LRP applicant.

The community site cannot guarantee an NHSC LRP contract award. Therefore, the NHSC loan repayments must not be part of the salary negotiations between clinicians and community sites.

F. QUALIFYING EDUCATIONAL LOANS

1. **Loans Qualifying for Repayment** - NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of **Government (Federal, State, or local) and commercial loans** obtained by the participant for: school tuition; other reasonable educational expenses (see Definitions, Section B of this *Bulletin*); and reasonable living expenses (see Definitions, Section B of this *Bulletin*). The loans for tuition and expenses are limited to those incurred by the participant for undergraduate or graduate education pursued prior to obtaining a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

If applicants are currently in school working towards another health profession degree, those loans will not be considered for repayment until the applicant has finished that future degree and is applying to participate in the NHSC LRP in that new health profession. For example: an applicant currently applying as a Licensed Professional Counselor (LPC) may only submit educational loans incurred prior to receipt of the LPC degree. If the applicant is pursuing further education and incurring loans towards obtaining his/her Health Service Psychologist (HSP) degree, only the loans incurred prior to the LPC degree will be eligible for repayment at this time. Upon the applicant **completing** his/her HSP degree, those loans may become eligible for repayment only if the applicant reapplies to participate in the LRP as a HSP.

Applicants must submit the following proof of their qualifying educational loans: original loan applications, promissory notes, disclosure statements, and statements from the current holder indicating the borrower's name, original amount borrowed, date of original disbursement, and type of loans. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 90 days before the postmark date of NHSC application receipt. Additional loan documentation may be required during the review process to determine the eligibility of the loan.

2. **Loans Not Qualifying for Repayment** - The following are examples of financial obligations that **do not** qualify for repayment by the NHSC LRP:
 - a. loans for which the associated documentation does not identify the loans as applicable to undergraduate or graduate education;
 - b. loans not obtained from a Government entity or commercial lending institution (see Definitions, Section B of this *Bulletin*). Most loans made by private foundations or individuals are not eligible for repayment;
 - c. loans, or that portion of loans, obtained for educational or living expenses which exceed the school's estimated standard student budget in the year the loan was made and the student is unable to substantiate, to the NHSC LRP's satisfaction, that the excess educational and/or living expenses were reasonable;
 - d. loans that have been repaid in full;
 - e. loans for residency relocation (i.e., Medex loans); and
 - f. PLUS loans (made to parents).

3. Consolidated/Refinanced Loans

If eligible educational loans are consolidated and/or refinanced, the original loan documentation must be submitted to establish the educational purpose and contemporaneous nature of such loans. The consolidated/refinanced loan must be from a Government (Federal, State, or local) or commercial lender and be for the applicant's qualifying educational loans only. If an eligible educational loan is consolidated/refinanced with any other debt other than another eligible educational loan of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

For eligible loans to remain eligible for the NHSC LRP, applicants/participants must keep their eligible educational loans segregated from all other debts. Also, eligible educational loans should not be consolidated with loans owed by any other person, such as a spouse or child. Finally, borrowers should be sure to get a disclosure statement on the consolidated loans from their lenders.

G. COMMUNITY SITE EMPLOYMENT

1. General Information

In exchange for NHSC LRP benefits, NHSC LRP participants must be engaged in the full-time clinical practice (see Section H.) of their professions at community sites on the NHSC Opportunities List. The NHSC Opportunities List includes specific primary health care employment opportunities in federally designated HPSAs that have been identified by the NHSC as significantly lacking certain health professionals. The NHSC community sites provide outpatient primary health services to populations residing in HPSAs throughout the Nation. Hospital day treatment centers and inpatient facilities do not qualify as NHSC service sites.

School or home-based health programs serving HPSA populations may appear on the NHSC Opportunities List if the program/site position meets the full-time clinical practice requirements (see Section H of the *Bulletin*). Please note that if a school-based program only provides clinical services to students during the school year, a clinician will need an additional service site in the approved HPSA during the summer months in order to participate in the NHSC LRP and remain in compliance with NHSC full-time clinical practice requirements.

The NHSC Opportunities List is prepared each year by the Division of Applications and Awards. This list reflects approved NHSC vacancies. The NHSC Opportunities List for FY 2008 will be posted on the NHSC Web Site under [Job Opportunities](#). Only those vacancies posted on the NHSC Opportunities List on or before April 2, 2008 will be considered for FY 2008 NHSC LRP two-year contract awards.

Community sites may have several vacancies per discipline category posted on the NHSC Opportunities List. Please see section C. 2.c. of this *Bulletin* for further information on funding levels per discipline category per site. If funding remains available, the NHSC LRP may fund beyond two two-year contract awards **per discipline category** for each community site.

At the time the application is submitted, the applicant must have accepted an offer of employment from an NHSC community site and must begin employment **on or before September 30, 2008**. See Section C. of the *Bulletin* for the definition of "accepted an offer of employment." The NHSC LRP Community Site Information Form (CSIF) (see Section P of this *Bulletin*), documents the applicant's employment status. This form must be submitted with the application by April 2, 2008. **The applicant must include a separate CSIF for each location or employment site.**

An applicant's acceptance of an offer of employment to fill a vacancy on the NHSC Opportunities List does not guarantee that the applicant will subsequently receive an NHSC LRP contract award. See Section C of this *Bulletin* describing the eligibility requirements and funding preferences used by the NHSC LRP to determine which applicants will receive NHSC LRP contract awards. In addition, eligible sites could have certain positions that do not meet NHSC service requirements. It is important for an NHSC LRP applicant to determine that the site has requested a vacancy for the applicant's position and that the position is in compliance with NHSC full-time service requirements.

Applicants become participants in the NHSC LRP (i.e., the contract becomes effective) on the date the Secretary of Health and Human Services or his/her Designee countersigns the NHSC LRP contract. The applicant's signature alone on this contract **does not** constitute a contractual agreement.

When the employment start date precedes the effective date of the NHSC LRP contract, no NHSC LRP service credit will be approved for employment prior to the effective date of the contract and no loan repayments will be made for any professional practice performed before the effective date of the contract.

Please contact your state [Primary Care Organization \(PCO\)](#) or [Primary Care Association \(PCA\)](#) representative for further assistance regarding site or HPSA questions.

2. Serving Under a Private Practice Assignment (PPA) Agreement

Under the PPA, an individual employed by a public or private entity on the NHSC Opportunities List is subject to the personnel system of the entity to which he or she is assigned and must receive an income at least equal to the income he or she would have received as a civilian employee of the U.S. Government. Entities employing Private Practice Assignees are required to accept assignment under the Medicare Program, to enter into appropriate agreements with the Medicaid and State Children's Health Insurance Programs, and to utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient's ability to pay. Failure of a site to comply with the above will result in NHSC providers being unable to serve at the site.

3. Serving Under a Private Practice Option (PPO) Agreement

Under the PPO, an individual is self-employed or is a salaried employee of a public or private entity. The PPO Agreement requires that a participant: accept Medicare assignment; enter into appropriate agreements under the Medicaid and State Children's Health Insurance Programs; utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient's ability to pay, and submit reports and documents, as required, relating to the conduct of his or her practice.

H. FULL-TIME CLINICAL PRACTICE

Every participant is required to engage in the full-time outpatient clinical practice of the profession for which he or she was awarded an NHSC LRP contract.

A full-time practice is defined as a minimum of 40 hours per week. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked over the required 40 hours per week will not be applied to any other workweek.

No more than 7 weeks (35 workdays) per service year can be spent away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. For absences

of greater than 7 weeks in an NHSC LRP service year, the participant should request a suspension. See Section K of the *Bulletin*. A break in service will extend the service commitment end date.

A full-time *clinical* practice is defined as follows:

For all health professionals, except obstetrician/gynecologist (OB/GYN) physicians, family medicine physicians who practice obstetrics on a regular basis, certified nurse midwives, and behavioral and mental health providers, at least 32 of the minimum 40 hours per week must be spent providing direct outpatient care. These services must be conducted during normally scheduled clinic hours in an ambulatory care setting in the office(s) specified in the PPA or PPO Agreement. The remaining hours must be spent providing inpatient care to patients of that clinic (as appropriate to meet the needs of the patients and to assure continuity of care) and/or in practice-related administrative activities.

For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, and certified nurse midwives, at least 21 of the minimum 40 hours per week must be spent providing direct outpatient care. These services must be conducted during normally scheduled clinic hours in an ambulatory outpatient care setting in the office(s) specified in the PPA or PPO Agreement. The remaining hours must be spent providing inpatient care to patients of that clinic and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours per week.

For behavioral and mental health providers, at least 32 hours of the minimum 40 hours per week must be spent providing direct clinical services. Of the 32 clinical hours, 21 hours of the 32 clinical hours per week must be spent providing direct patient counseling during normally scheduled office hours in an ambulatory outpatient care setting in the office(s) specified in the PPA or PPO Agreement. The remaining hours must be spent providing direct clinical services, or performing practice-related administrative activities, with administrative activities not to exceed 8 hours per week.

Practice-related administrative activities include teaching, attending staff meetings, supervision of other clinicians, court appearances, and other non-treatment related activities pertaining to the clinician's approved NHSC practice. Supervision of other clinicians is defined as an administrative activity if the clinician being supervised is treating the patient and billing for such treatment in his or her name. If the supervising clinician is treating the patient and billing for such treatment under his or her name, this activity would be counted as direct clinical services for the supervising clinician.

Every NHSC LRP participant must complete and submit a verification form for each 6 months of service. The form, which is signed by the participant and an appropriate official at the NHSC community site, will verify the participant's compliance/noncompliance with the full-time clinical practice requirement during that 6-month period. The form will also record the participant's time spent away from the practice site during that 6-month period. Failure to submit 6 month verification forms may jeopardize participants from receiving future amendment awards.

I. LEAVING THE COMMUNITY SITE (CHANGING JOBS)

The NHSC LRP contract does not specify a particular community site. However, the NHSC expects that a participant will fulfill his or her service commitment at the initial placement site. A clinician who is not committed to remaining at the initial site for the duration of the two-year NHSC LRP contract should not apply for an NHSC LRP award. Transfers are rare, and will only be approved in limited circumstances.

Should participants be unable to complete their agreed upon obligations at their initial NHSC community sites, they must notify NHSC **immediately, in writing**, and describe the problems they are experiencing. Participants should not leave their initial service sites without the prior written approval of the NHSC. If the clinician leaves the initial service site without advance approval from the NHSC, he or she may be placed in default.

Before approving a transfer, the NHSC will contact the initial site regarding the need for a transfer. Participants who are unable to complete service at their initial sites through no fault of their own may be transferred to another NHSC site to complete their service obligation. The transfer site will be based on the needs of the NHSC. Final approval of all transfers rests with the NHSC, and priority will be to sites of equal or greater need (i.e., equal or greater HPSA score) than the original site. A participant who does not accept a transfer assignment may be placed in default of his or her NHSC LRP contract. **Participants who voluntarily resign from their sites without prior approval of the NHSC or are terminated by their sites for cause may not receive a transfer to another site and may be placed in default.**

If a site asks a participant to work at a satellite clinic which is not listed on his or her PPO or PPA Agreement, the participant should immediately notify the NHSC. Although a site may need to reassign its staff to address needs within the organization, the site should not reassign NHSC clinicians to other satellite sites without prior approval from the NHSC. The NHSC must first assure that each new site is an eligible NHSC site. If the assignment to the satellite clinic is approved by the NHSC, the participant will receive an amended PPA or be asked to sign an amended PPO Agreement that reflects the additional/new approved site.

If an LRP awardee is not employed at the site(s) indicated in the LRP application at the time of receipt of the LRP award, the LRP awardee must notify the NHSC immediately. Failure to do so may result in being placed in default.

J. BREACHING THE NHSC LRP CONTRACT

1. A participant who breaches the NHSC LRP contract by failing to begin or complete the required NHSC LRP service will be placed in default and obligated to pay the United States an amount equal to the sum of the following:
 - a. the total of the amounts paid by the NHSC LRP to, or on behalf of, the participant for loan repayments for any period of obligated service not served;
 - b. an amount equal to the number of months of obligated service not completed multiplied by \$7,500; and
 - c. interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach;

except that the amount the United States is entitled to recover will not be less than \$31,000.

2. Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of breach. Failure to pay the NHSC LRP debt by the due date has the following consequences:
 - a. **The debt will be reported to credit reporting agencies**— During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due, it will be reported as “delinquent.”
 - b. **The debt will be referred to a debt collection agency and the Department of Justice**— Any NHSC LRP debt past due for three months will be referred to a debt collection agency. If

the debt collection agency is unsuccessful in receiving payment in full, the debt will be referred to the Department of Justice for enforced collection.

- c. **Administrative offset**—Federal and/or State payments due to the participant (e.g., an IRS income tax refund) may be offset by the Department of Treasury to repay a delinquent NHSC LRP debt. Also, recovery through Administrative Wage Garnishment may be enforced to repay a delinquent NHSC LRP debt.
- d. **Bankruptcy** - A financial obligation under the NHSC LRP may only be discharged in bankruptcy if the discharge is granted more than seven years after the due date and only if a bankruptcy court determines that the non-discharge of the debt would be unconscionable.

K. SUSPENSION, WAIVER, CANCELLATION AND TERMINATION

The Secretary of Health and Human Services may suspend or waive, in whole or in part, a service or payment obligation. Requests for suspensions and waivers are processed and reviewed by the Legal and Compliance Office (LCO). In addition, the Secretary may cancel or terminate an NHSC LRP contract under very limited circumstances.

Suspension—A suspension of the NHSC LRP obligation may be granted if compliance with the obligation would be 1) temporarily impossible or 2) would temporarily involve an extreme hardship such that enforcement of the obligation would be temporarily unconscionable. The major categories of suspensions are set forth below. A request for a suspension must be submitted in writing to the **Division of Scholar and Clinician Support (DSCS)** at 5600 Fishers Lane, Room 8A-55, Rockville, Maryland 20857, telephone 1-800-221-9393. Except as noted below, the **Legal and Compliance Office** will respond to the clinician's request. Periods of approved suspension will extend the service obligation end date. All periods of time away from the site should be documented by the participant on the 6-month verification form.

Suspensions for Medical and Personal Reasons

A suspension may be granted, for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or a terminal illness of an immediate family member, that results in the participant's temporary inability to perform the NHSC LRP obligation. Upon receipt of the written suspension request, the LCO will mail the participant instructions for documenting that request.

Maternity Suspensions

Maternity leave of **12 weeks or less** should be documented on the six month employment verification form after the DSCS has been notified. If the participant's maternity or paternity leave will **exceed 12 weeks** during that service year, the participant must request a suspension from the NHSC. Suspensions may be granted by LCO based on documented medical need. Upon receipt of the written recommendation for a suspension from DSCS, the LCO will mail the instructions for documenting that request to the clinician.

Call to Active Duty in the Armed Forces

NHSC LRP reservists who are called to active duty will be granted a suspension, for up to one year, beginning on the activation date described in the order. In addition to the written request for a suspension, a copy of the order to active duty must be submitted to the LCO. The suspension will be extended if the applicable Armed Forces entity continues the period of

active duty. The period of active military duty will not be credited toward the NHSC service obligation.

Waiver—A waiver may be granted if the compliance with the obligation 1) is impossible or 2) would involve extreme hardship and if enforcement of the obligation would be unconscionable. A waiver request must be in writing and should specify the reason the waiver is being sought. The participant will be contacted directly by the Legal and Compliance Office regarding the medical and financial documentation necessary to process the waiver request.

Cancellation—The obligation will be cancelled in its entirety upon the death of the participant.

Termination—The Secretary may terminate an NHSC LRP Contract awarded in FY 2008 if, no later than 45 days before the end of this Fiscal Year (i.e., no later than August 17, 2008), the NHSC has received from the participant: 1) a written request to terminate that contract and 2) repayment of **all** amounts of loan repayments paid to, or on behalf of, the participant under that contract. Requests for terminations must be submitted in writing to the Division of Application and Awards. ****It is important to note the August 17 deadline is established by statute and applies to all applicants (whether they received notification of their award prior to or after August 17). Requests to terminate an award after August 17th will not be honored.** For further information, contact the, Division of Applications and Awards at 1-800-221-9393.

L. BIOGRAPHICAL STATEMENTS

Applicants must submit a biographical statement. Biographical statements must be typed, dated and signed and must provide, at a minimum, information regarding:

1. Student or work experience with medically underserved populations (e.g., community or migrant health centers, free clinics, public health departments, and rural health clinics) during or after the applicant's health professions training. The statement should include:
 - Location
 - Start and end dates for each student/work experience
 - Number of hours per week spent on the student/work experience
 - Brief description of the experience
 - The knowledge, skills, or abilities gained from the experience
 - Community effort which lead to improved delivery of health services to underserved populations
 - Total number of years/months as a clinician providing primary care to underserved populations
 - Published primary care articles
 - Awards for primary care community efforts
2. Language skills (including level of proficiency), if any, that the applicant uses or will use to provide services to the patient population of the NHSC community site.
3. Awareness of the values, beliefs, and practices as they relate to the health of the population served by the NHSC community site. Include any knowledge, skills, and abilities that will be incorporated into practice to improve the delivery of health services to the population of the community site.

M. THE APPLICATION PROCESS

Submit a complete contract application package by the application deadline (no fewer than 30 days after the on-line application is published - not yet determined).

The Application **Checklist at Section W** of this Bulletin describes every item that must be submitted for an application to be considered complete and is provided to assist applicants in reviewing the completeness of their application. **Please note that certain documents must be dated after October 1, 2007, and you must use the current application cycle forms from this bulletin.**

The application must be submitted electronically by the application deadline and all applicable items on the Checklist must be submitted by the application deadline. It is the applicant's responsibility to submit a complete FY 2008 NHSC LRP application. Only applications with all required supporting documentation will be reviewed and processed. Submitted Applications lacking all required supporting documentation will not be considered for a FY 2008 NHSC LRP contract award.

NHSC LRP awards will be made on an ongoing basis for eligible applicants whose applications are complete and who apply to serve at an approved NHSC LRP site with a HPSA score of 14 and above. Complete applications from eligible applicants applying to serve at a site with a HPSA score below 14 will be awarded after the application deadline if funding is still available. Therefore, it is in the best interest of the NHSC LRP applicant at a site with a HPSA score of 14 or above to submit a complete application as soon as possible.

N. INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR NHSC LRP (O.M.B. 0915-0127) *(Instructions are given only for selected items on the application.)*

Power-Of-Attorney

If you are submitting and executing an application on behalf of another person, it is mandatory that a copy of the notarized agreement granting you current Power-of-Attorney be submitted with the application materials.

SECTION I: General

We frequently correspond with applicants by email. Please make certain you check your email frequently during the application process for correspondence from our office and notify us promptly, in writing, of any changes made to your email address, address or phone numbers.

Item F. Social Security Number

An applicant who is awarded an NHSC LRP contract will be required to provide his or her Social Security Number. See Privacy Act Notification Statement) Applicants without a Social Security Number should apply for a number immediately by calling their local office of the Social Security Administration.

Item G.1. Citizenship, G.2. Place of Birth, & G.3. Date of Birth

Applicants must be a **citizen** of the United States (either born or nationalized) or a U.S. national to be eligible for an NHSC LRP contract award. All applicants must submit proof of U.S. citizenship or status as a U.S National. Proof of citizenship includes a copy of a birth certificate, a certificate of citizenship, passport, or naturalization certificate. Permanent residents of the U.S. are not eligible.

Item H. (a/b) Race/Ethnicity

Completion of this question is voluntary. This information is used to measure the extent to which members of minority ethnic and racial groups apply for and receive NHSC LRP contract awards. Answering or failing to answer this question will have no effect on your consideration for this program.

Item I.1. Existing Service Obligation, I.2. Month, Day and Year When Service Obligation Will Be Completed

Except as noted below, applicants already obligated to a Federal, State, or other entity for health professional practice are not eligible for the NHSC LRP unless that obligation will be satisfied completely on or before September 29, 2008.

Applicants who are currently members of a Reserve Component of the Armed Forces are eligible to participate in the NHSC LRP. If you are a reservist, enter a "Yes" reply to Item I.1., and provide documentation of your status as a reservist.

Item J.1. Former Exceptional Financial Need (EFN) Participant

This question is to be answered only by physicians (Allopathic and Osteopathic) and dentists. If you answer "Yes", enclose a copy of a statement from a school official.

Item J.2. Disadvantaged Background

Some health professions schools provide financial or other assistance to students identified as having a "disadvantaged background." If your school so identified you, indicate "Yes" here, even though you may not have actually received assistance, and enclose a copy of a statement from a school official certifying that you were identified as having a "disadvantaged background." Documentation must be submitted to confirm that your school identified you as having a "disadvantaged background."

Item K. Availability to Begin Service Obligation

Indicate the date you began or will begin working at the NHSC community site. Indicate the name of the community site and the city and State where it is located. Applicants must begin employment at an NHSC community site on or before September 30, 2008.

SECTION II – EDUCATIONAL AND PRACTICE EXPERIENCES

Part A. Item 1. Professional School Code

Print the name of the school and location. Enter the professional school code number (see Appendix 2) corresponding to the name of the professional school from which you obtained your degree for the profession which would be utilized by the NHSC LRP. Schools are listed by State, discipline, school code, and name of training facility. Different disciplines taught at the same university will have different code numbers. Be sure you use the code number representing the school you have attended and your discipline. If the school code is not listed, please enter the code "9999".

Part A. Item 2. Dates and Types of Degrees

In Item 2.a., enter the date you began your college or university education after high school. This date is used to determine the first possible year for qualifying educational loans that NHSC LRP may repay.

In Item 2.b., enter the date you completed your work for the professional degree program you stated in Section I. Item A. This date is used to determine the last possible year for qualifying educational loans that NHSC LRP may repay.

Part A. Item 4. Completion of Residency Programs (For Physicians and Dentists)

If you completed training following the granting of your medical or dental degree that equips you to be certified in a specialty of your health discipline, mark "Yes." For example, a M.D. who has completed a family medicine residency or a dentist who has completed a postgraduate year of general dentistry would indicate "Yes." - If you had no training of this type (or did not complete such training), mark "No."

Part A. Item 5. Completion Date of Residency Program (For Physicians and Dentists)

Residency must be completed and verification of completion must be submitted by April 2, 2008

Part A. Item 6. Identify the Professional Residency Program From Which You Received Your Training (for physicians and dentists)

In Item 6.1., type the name of the program.

In Item 6.2., type the location of the program (city and state).

Part A. Item 7. (For Mental Health Professionals)

Indicate in Item 7.a. whether you are eligible to practice your profession independently. If you answer "No", indicate in 7.b. when your supervisory period will be completed. Your supervisory period must be completed and verification of completion must be submitted by April 2, 2008.

Part A. Item 9a., 9b., and 9c. Are You Presently Holding a Permanent License?

You must be licensed in the State where you intend to practice under the NHSC LRP. See Section C.1.c. of this *Bulletin*. In Item 9.b., please darken the circle for each State in which you hold a permanent license. In Item 9.c., if you are not licensed in the State in which you would be serving, please indicate the month and year you plan to take the licensure examination for that State. Licensure must be obtained and verification of licensure must be submitted by 3/28/08.

If licensure or certification as a Marriage and Family Therapist (MFT) or Licensed Professional Counselor (LPC) is not available in the State where you intend to practice under the NHSC LRP, you must have a license to practice independently and unsupervised as an MFT or LPC in another State. See Section C.1.c. of this *Bulletin*. If you do not have such a license, please respond to item 9.c. by indicating the month and year you plan to take the licensure examination to practice independently and unsupervised in a State. Licensure must be obtained and verification of licensure must be submitted by April 2, 2008.

Part A. Item 9d and 9e. Licensure Restriction

Identify any type of restriction you have on your professional license in the space provided and enclose a separate statement explaining the restrictions.

Part B. Item 1., 2., 3., and 4. Judgment Arising from a Federal Debt and Default on Any Debt.

In Item 1, applicants for the NHSC LRP must certify “Yes” or “No” that they do or do not have a judgment lien arising from Federal debt.

In Item 2, applicants for the NHSC LRP must certify “Yes” or “No” that they have or have not defaulted on any Federal debt or non-Federal loan.

In Item 3, applicants for the NHSC LRP must certify “Yes” or “No” that they have or have not had a Federal debt or non-Federal debt terminated (written off as uncollectible).

In Item 4, applicants for the NHSC LRP must certify “Yes” or “No” that they have or have not defaulted on a health professional service obligation to a Federal, State, or local government entity, or had a Federal service/payment obligation waived.

O.

FORMS

P.

NHSC LOAN REPAYMENT PROGRAM COMMUNITY SITE INFORMATION FORM

If applicant works at more than one site, a separate Community Site Information Form must be completed for each site.

APPLICANT'S NAME: _____

APPLICANT'S SOCIAL SECURITY NUMBER: _____ - _____ - _____

APPLICANT'S DISCIPLINE/SPECIALTY: _____ / _____
(See Appendix 1 for Specialty codes)

SITE NAME: _____

SITE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SITE CONTACT PERSON: _____

SITE CONTACT EMAIL ADDRESS: _____

SITE PHONE NUMBER: _____ FAX Number: _____

UDS NUMBER: _____

HPSA I.D. NUMBER: _____

HPSA SCORE: _____

I certify that I have accepted an offer of employment from the above-named site.

_____ Check if applicable

Applicant's Signature

Date Signed

I certify that the above-named applicant has accepted an offer of employment from the above-named site.

Executive Director Signature

Date Signed

E-mail Address

*Acceptance of an offer of employment means the applicant has 1) received a signed job offer from the site which the applicant has accepted in writing or 2) signed an employment contract with the site.

Q.

INDIVIDUAL REQUEST FOR INFORMATION DISCLOSURE (SELF-QUERY) FORM

- The "Response to Your Self-Query" must postdate October 1, 2007.
- Applicants must submit a copy of the entire response they receive in response to a self-query of the Data Banks. This includes the following documents:
 - 1) "Response to Your Self-Query"
 - 2) " NPDB Response to Self-Query" and any associated NPDB reports
 - 3) "HIPDB Response to Self-Query" and any associated HIPDB reports
- To obtain these documents, applicants must complete an "Individual Self-Query" form which is available only on the NPDB-HIPDB web site at <http://www.npdb-hipdb.hrsa.gov/welcomesq.html> or by calling 1-800-767-6732.
- Each Data Bank Self-Query Form request is assessed an \$8.00 fee for each Data Bank, for a total of \$16.00. Self-queries are automatically submitted to both the NPDB and HIPDB. The fee must be paid for by credit card (VISA, MasterCard, or Discover). Forms that are missing credit card information are rejected.
- The completed "Individual Self-Query" form must be notarized prior to submission and sent to:

**NPDB-HIPDB
PO Box 10832
Chantilly, Virginia 20153-0832**

Once you receive the "Response to Your Self-Query" you must mail these documents, along with all other supporting documentation, to the address below:

**Discovery Logic
National Health Service Corps
Division of Applications and Awards
1375 Piccard Drive, Suite 360
Rockville, MD 20850**

- NHSC is not responsible for mailing the notarized requests to NPDB-HIPDB.
- The "Response to Self-Query" and associated documents from the NPDB and HIPDB must be submitted with the application by April 2, 2008.

R. INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION AND VERIFICATION FORM

Please complete a Loan Information and Verification Form for each loan you wish the NHSC LRP to consider for repayment. This form authorizes your lender to release information about your loan to the NHSC LRP. These forms must be enclosed with your application.

You are required to send in documents verifying your loans. This includes a copy of the original loan applications, a copy of the promissory notes, disclosure statements, and statements from the current holder, indication the borrower's name, original amount borrowed, date of original disbursements, and the type of loan.

In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 90 days before the postmark date of NHSC application submission. Applications without the required loan documents will be ineligible.

Do not send the Loan Information and Verification Form to your lender. The NHSC LRP will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.

LOAN CONSOLIDATION: If you have consolidated your educational loans you may fill out one loan form for the consolidation, but you must list the original date and amount of each educational loan in item 9 and 10. The total amount of the consolidated loan should be entered in item 11. If there is not enough room in items 9 and 10, you may attach this information to the loan form. This list should include the original disbursement date, the amount, and the loan type.

NHSC LRP participants will receive monies to be applied to the principal, interest, and related expenses of Government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition;
- b. other reasonable educational expenses (see Definitions, Section B); and
- c. reasonable living expenses (see Definitions, Section B)

The tuition and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education prior to obtaining a degree in the health profession in which the participant will satisfy his or her NHSC LRP service commitment.

If an eligible educational loan is consolidated or refinanced with any debt other than another eligible education loan of the applicant, NO portion of the consolidated/refinance loan will be eligible for loan repayment.

S.

Note: Do not send this form to your lender; send it to the Division of Applications and Awards, NHSC Loan Repayment Program.

LOAN INFORMATION AND VERIFICATION FORM

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT AND SERVICE
DIVISION OF APPLICATIONS AND AWARDS

NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM

INSTRUCTIONS:

APPLICANT: Complete one copy of this form for each loan you are applying to have considered for repayment under the NHSC Loan Repayment Program. To each form, attach a copy of the original loan application, promissory notes, disclosure statements, and statements from the current holder, indicating the borrower's name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. The current account statement must be dated not more than 90 days before the postmark date of NHSC application submission. Please print clearly and complete all this form to expedite verification. Please note that incomplete information may delay verification of your loan or render your loans ineligible.

1. Applicant's Name (Last, First, Middle) _____ 2. Applicant's Social Security No. _____

3. Applicant's Complete Address _____ 4. Applicant's Telephone No. _____

5. Name of Lending Institution _____ 5.a. Lender's Telephone No. _____ 6. Loan Account No. _____

7. Full Address of Lending Institution _____

8. Was the loan sold? (If you are not sure, check with your lender) If "yes," give the secondary loan holder's name and full address.

Yes No

9. Original Date of the Loan _____ 10. Original Amount of the Loan _____

11a. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11b. Interest Rate _____

12. Purpose of the Loan as Indicated on the Loan Application: _____

13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type. _____

14. Loan in Default? Yes No Date of Default: _____

15. Loan Under a Federal Court Judgment? Yes No Date of the Judgment: _____

FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS - If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. Please read page 18 of the Bulletin under bullet number [3 -Consolidated/Refinanced Loans](#) for more detail.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a Federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and further certify that the above-identified loan was incurred solely for the costs of undergraduate or graduate education pursued prior to my receipt of the degree in the health profession in which I would satisfy my NHSC LRP service commitment. I hereby authorize the Government or financial institution named in item 5 or 8 above to release this information about the loan to the administrators of the NHSC Loan Repayment Program.

SIGNATURE OF APPLICANT

DATE

T.

Instructions please print, sign and mail this form back with your application packet

Authorization to Release Information

As a National Health Service Corps (NHSC) Loan Repayment Program applicant, I,

_____,
(Print Name – First, Middle, Last)

hereby authorize the Government or Commercial Institution where I have an outstanding educational loan balance to disclose information pertaining to my educational loans to the Department of Health and Human Services, Bureau of Clinician Recruitment and Service (BCRS). The BCRS administers the NHSC Loan Repayment Program. "Information pertaining to my educational loans" includes, but is not limited to, my outstanding "Pay Off" balance and whether I have defaulted on my payment obligation.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NHSC Loan Repayment Program, this authorization shall remain in effect until the date my NHSC Loan Repayment Program obligation, including any extension of the obligation pursuant to contract amendments, has been fulfilled. If I do not become a participant in the NHSC Loan Repayment Program, this authorization shall remain in effect until September 30, 2008.

I also authorize any program to which I owe a health profession service obligation to release information relating to that obligation to BCRS. This authorization will take effect on the date that I sign this release form and shall remain in effect until September 30, 2008.

(Signature)

(Date)

(Social Security Number)

U.

**INSTRUCTIONS
FOR COMPLETING THE PAYMENT INFORMATION FORM
FOR DIRECT DEPOSIT**

(TO A CHECKING OR SAVINGS ACCOUNT ONLY – DEPOSIT CANNOT BE MADE TO MONEY MARKET ACCOUNTS)

The enclosed form must be completed as part of your application package in order to directly deposit your LRP disbursements into your personal banking account and to ensure the uninterrupted flow of your loan repayment funds. This form should identify your bank not your student loan lender.

To Be Completed by the Applicant

Print or type your name.

Print or type your address including street, city, state and zip code.

Print or type your telephone number.

Print or type your social security number

To Be Completed by Financial Institution Representative

1. Print or type the name of the applicant's financial institution (where the applicant's checking or savings account is located).
2. Print or type the address of the applicant's financial institution (where the applicant's checking or savings account is located) including street, city, state and zip code.
3. The financial institution representative needs to print or type the 9-digit ABA routing number for transfer of applicant's funds.
4. Print or type the name(s) of the applicant's account whether it is a CHECKING account or a SAVINGS account. Identify only one type of account. Deposits cannot be made to money market accounts.
5. Print or type the account number of the applicant's account identified in item #4.
6. Print or type an X identifying the type of account where the applicant's funds will be deposited.
7. Sign your name, and print or type your title, telephone number, and the date.

Applicant: Please verify the information, and sign and date the bottom of the form.

(Revised 6/06 - DNHSC, BHP, HRSA, DHHS)

V.

PAYMENT INFORMATION FORM

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM SUPPORT CENTER
FINANCIAL MANAGEMENT SERVICE
DIVISION OF FINANCIAL OPERATIONS**

National Health Service Corps
Loan Repayment Program

5600 Fishers Lane, Room 8A-55
Rockville, MD 20857

THE INFORMATION REQUESTED ON THIS FORM CONCERNS YOUR FINANCIAL INSTITUTION, YOUR ACCOUNT AT THAT INSTITUTION, AND PERSONAL INFORMATION WHICH NEEDS TO BE VERIFIED AND COMPLETED.

PRIVACY ACT STATEMENT

THE FOLLOWING INFORMATION IS PROVIDED TO COMPLY WITH THE PRIVACY ACT OF 1974 (P.L. 93-579). ALL INFORMATION COLLECTED ON THIS FORM IS REQUIRED UNDER THE PROVISIONS OF 31 USC 3322 AND 31 CFR 210. THIS INFORMATION WILL BE USED BY THE TREASURY DEPARTMENT TO TRANSMIT PAYMENT DATA BY ELECTRONIC MEANS TO YOUR FINANCIAL INSTITUTION. FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY DELAY OR PREVENT THE RECEIPT OF PAYMENTS THROUGH THE AUTOMATED CLEARINGHOUSE PAYMENT SYSTEM.

CHECK ONE: FEDERAL EMPLOYEE X CONTRACTOR X VENDOR

NAME _____

ADDRESS _____

TELEPHONE (____) _____

SSN _____ *(No 1099 or W-2; Tax Exempt)*

THE FOLLOWING INFORMATION MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION REPRESENTATIVE.

1. NAME OF FINANCIAL INSTITUTION: _____ FAX NUMBER _____

2. ADDRESS OF FINANCIAL INSTITUTION: _____

3. FINANCIAL INSTITUTION'S 9-DIGIT ABA ROUTING NUMBER FOR TRANSFER OF FUNDS: _____

4. DEPOSITOR ACCOUNT TITLE : _____

5. DEPOSITOR ACCOUNT NUMBER : _____

6. TYPE OF ACCOUNT : CHECKING _____ SAVINGS _____

7. SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL AT FINANCIAL INSTITUTION

SIGNATURE TITLE
TELEPHONE NUMBER: (____) _____ DATE: _____

THE FOLLOWING IS TO BE COMPLETED BY PAYEE (APPLICANT)

I HAVE VERIFIED THE INFORMATION ON THIS FORM.

SIGNATURE DATE

NOTE: ALL THE ABOVE INFORMATION MUST BE PROVIDED AND BOTH SIGNATURES ARE REQUIRED.

W.

THE NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM APPLICATION CHECKLIST

Application Deadline - Not Yet Determined

You must initial each item on this **Checklist**, and sign and date the Checklist below. Your signature indicates that you have read this *Bulletin* and that you understand all items required by the application. **Return the Checklist with your application. Keep a copy of the application package for your records, and submit the original. No application materials will be returned to applicants. Deadline of application submission is April 2, 2008.**

* Indicates that the checklist item must be dated after October 1, 2007

- _____ 1. *Completed the **on line** application for National Health Service Corps (NHSC) Loan Repayment Program (LRP).
- _____ 2. *Completed **Loan Information and Verification Forms** for each loan for which you are seeking repayment assistance from the NHSC LRP.
- _____ 3. Copies of your **original loan applications, promissory notes, disclosure statements, and statements from current holder indicating the borrower's name, amount borrowed, date of original disbursement, and type of loans.**
- _____ 4. **Copy of complete loan payment history of previous awarded funds (applicable to past NHSC LRP award recipients.)**
- _____ 5. Copies of **current account statement** showing your loan balance for each loan submitted. The current account statement must be dated not more than 90 days before the postmark date of NHSC application receipt.
- _____ 6. *Completed **Payment Information Form.**
- _____ 7. *Completed NHSC LRP **Community Site Information Form.**
- _____ 8. *Completed **Authorization to Release Information Form.**
- _____ 9. ***Completed Certification of Accuracy of Information Provided Form.**
- _____ 10. *Signed and dated **NHSC Loan Repayment Program Contract.**
- _____ 11. Copy of your health professional **degree or certificate**
- _____ 12. Copy of your **permanent license with an expiration date from the State in which you intend to practice.** Marriage and Family Therapists and Licensed Professional Counselors who are not required to have a license in the State in which they intend to practice must submit a copy of their license to practice independently and unsupervised from another State. Also, if applicable, submit a statement describing any licensure restrictions.
- _____ 13. *A copy of the entire response you receive in response to a self-query of the Data Banks. This includes the following documents:
 - A) "Response to Your Self-Query"
 - B) "NPDB Response to Self-Query" and any associated NPDB Reports
 - C) "HIPDB Response to Self-Query" and any associated HIPDB reports

To obtain these reports, see instructions (**insert link**)at **Section Q.** of this *Bulletin*.
- _____ 14. ***Letters of reference** from at least two individuals (including your current employer unless you are self-employed) who are in a position to evaluate your **current** clinical skills. If you are self-employed, one of the reference letters must be from the chief of the medical staff or the credentials committee at the hospital where you have admitting privileges (if you are a physician), or from an objective source such as a hospital or clinic credentials committee, a physician with whom you have a collaborative practice agreement, or the director of your training program (if you are not a physician). If you are a student or in a residency program, one reference letter can be from the director of your training program.

Reference letters must be written on letterhead and include the following: a statement of the writer's relationship to you; an evaluation of your current clinical skills; the length of time the writer has known you in a professional capacity; and the writer's typed or printed name and telephone number. These documents cannot be dated prior to October 1, 2007.

- _____ 15. **Proof of U.S. citizenship** or status as a U.S National. A copy of U.S. Passport, Birth Certificate, or Naturalization Certificate.
- _____ 16. Power-of-Attorney (applicable if you are completing the application on behalf of another person)
- _____ 17. Signed and dated **Biographical Statement**.
- _____ 18. Copy of your **specialty board certification or residency completion certificate** (applicable to physicians and dentists.) **For new physicians and dentists in training, a letter of good standing from your Residency Program Director; due: not yet determined and Residency completion certificates due July 1, 2008.)
- _____ 19. Copy of your **national certification** (applicable to PAs, NPs, NMs, LPCs and some PNSs), or professional association membership (applicable to some MFTs).
- _____ 20. Copy of your **national board/licensing examination results** (applicable to SWs, HSPs, and DHs).
- _____ 21. Copy of your current **curriculum vitae/resume**.
- _____ 22. Letter, on business letterhead, from entity to which **existing service obligation is owed** indicating that the obligation will end on or before September 29, 2008 (applicable to applicants with existing service obligations). Letter must state the nature of the obligation and the projected end date of the service obligation. You must subsequently submit a letter from the entity verifying that your service obligation has been completed (except, if your existing service obligation is under the NHSC Scholarship Program).
- _____ 23. Documentation of status as a member of a **Reserve Component of the Armed Forces** (applicable to applicants who are reservists)
- _____ 24. Proof of **disadvantaged background** from school official (where applicable)
- _____ 25. Proof of exceptional financial need (EFN) scholarship (MDs, DOs, and dentists, where applicable).
- _____ 26. I know the current health professional shortage area (HPSA) score for the community site in which I am interested. I understand a funding preference will be given to applicants serving in HPSAs of greatest need (based on the HPSA scores). I understand awards will be made on an ongoing basis to eligible applicants with complete applications who propose to serve an NHSC community with a HPSA score of 14 or above. I understand eligible applicants with complete applications who propose to serve an NHSC community with a HPSA score of less than 14 will not be funded until after April 2, 2008, and will be funded after that date, by decreasing HPSA score, only to the extent funding remains available.
- _____ 27. I have read this entire *Bulletin* and understand that it is my responsibility to submit a complete application. I understand that my complete application must be submitted by April 2, 2008. If my application is incomplete, I will not be considered for an FY 2008 NHSC LRP contract award. Incomplete applications will not be reconsidered.
- _____ 28. I understand that an NHSC LRP contract award cannot be part of my employment contract. Community sites do not have any authority to guarantee an NHSC LRP contract award.
- _____ 29. I understand that the NHSC LRP contract is not in effect until it is countersigned by the Secretary of Health and Human Services and his/her Designee. I also understand that any practice at the NHSC community site before the contract takes effect is not eligible for NHSC loan repayments and will not count as NHSC service.
- _____ 30. *Initialed, signed, and dated **Checklist**.

I have read and understand the items on this Checklist.

Name (Print)	Date	Signature

(Revised 01/08 - DAA, BCRS, HRSA, DHHS)

Y.

CONTRACT

**NATIONAL HEALTH SERVICE CORPS
LOAN REPAYMENT PROGRAM
FY 2008 CONTRACT**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF CLINICIAN RECRUITMENT SERVICE
DIVISION OF APPLICATIONS AND AWARDS**

Section 338B of the Public Health Service Act ("Act") authorizes the Secretary of Health and Human Services ("Secretary") to repay the graduate and/or undergraduate educational loans of applicants selected to be participants in the National Health Service Corps Loan Repayment Program ("Loan Repayment Program"). In return for these loan repayments, applicants must agree to provide primary health services in a manner determined by the Secretary for a period of obligated service in a Health Professional Shortage Area ("HPSA") designated by the Secretary pursuant to section 332 of the Act. An applicant becomes a participant in the Loan Repayment Program only if this contract is signed by the applicant and by the Secretary's designee.

The terms and conditions of participating in the Loan Repayment Program are set forth below.

Section A—Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the National Health Service Corps (NHSC), the Secretary agrees to:

1. Pay, in the amount provided in paragraph 2 of this section, the undersigned applicant's qualifying graduate and/or undergraduate educational loans for actual costs paid for:
 - a. tuition expenses;
 - b. all other reasonable educational expenses, including fees, books, and laboratory expenses, incurred by the applicant; or
 - c. reasonable living expenses as determined by the Secretary.Qualifying graduate and/or undergraduate educational loans consist of the principal, interest, and related expenses of the government and commercial loans received by the applicant for the above-listed expenses incurred prior to obtaining a degree in the health profession in which the applicant will serve his or her period of obligated service.
2. Pay \$50,000 for two years of service except that, if the applicant's total outstanding balance of qualifying educational loans is less than \$50,000, the Secretary will pay the outstanding loan balance for two years of service.
3. Accept the applicant into the NHSC or release the applicant, pursuant to section 338D of the Act, to enter into full-time private clinical practice of the applicant's health profession in a HPSA selected by the Secretary.
4. Make loan repayments for a year of obligated service no later than the end of the fiscal year in which the applicant completes such year of service.

Section B—Obligations of the Applicant

1. The applicant agrees to:
 - a. Accept loan repayments from the Secretary and apply those loan repayments, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.
 - b. Serve his or her period of obligated service by providing primary health services, as determined by the Secretary:
 - i. in the full-time clinical practice (as defined in paragraph iii below) of his or her health profession in the HPSA (designated under section 332 of the Act) to which the applicant is assigned by the Secretary as a member of the NHSC, either as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service, as a civilian employee of the United States, or as an individual who is not an employee of the United States; or
 - ii. in the full-time private clinical practice (as defined in paragraph iii below) of his or her health profession pursuant to a Private Practice Option Agreement under section 338D of the Act in a HPSA (designated under 332 of the Act) selected by the Secretary.
 - iii. A full-time clinical practice is defined as a minimum of 40 hours per week. For all health professionals except as noted below, at least 32 of the minimum 40 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting at the approved practice site, during normally scheduled office hours. For an OB/GYN, FP/OB, or CNM practitioner, at least 21 of the minimum 40 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting at the approved practice site, during normally scheduled office hours. The remaining hours (19 for OB/GYNs, FP/OBs and CMNs, 8 for all others (except behavioral and mental health practitioners discussed

below) must be spent providing inpatient care appropriate to meet the needs of the patients of the approved practice site and/or performing practice-related administrative activities. For behavioral and mental health practitioners, at least 32 hours of the minimum 40 hours per week must be spent providing direct clinical services, with at least 21 of the 32 hours per week being spent providing direct patient counseling in the ambulatory care setting of the approved practice site, during normally scheduled office hours. The remaining 19 hours shall be spent providing direct clinical services or performing practice-related administrative activities.

For all practitioners, practice-related administrative activities shall not exceed 8 hours per week. The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Time spent "on-call" will not count toward the 40-hour week. No more than 7 weeks (35 workdays) per service year can be spent away from the practice for holidays, vacation, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a service year will extend the service obligation end date.

- c. Serve in accordance with paragraph b. of this section for two (2) years. Contract extension for additional years may be available under the terms and conditions specified in Section E of the Contract.
- d. Comply with the provisions of Title 42, Code of Federal Regulations, Part 62, Subpart B.

Section C—Breach of Written Loan Repayment Contract

1. If the applicant, for any reason, fails to complete the 2-year period of obligated service, he or she shall be liable to the United States for an amount equal to the sum of:
 - a. the total of the amounts paid by the United States to, or on behalf of, the applicant under Paragraph 2 of Section A of this Contract for any period of obligated service not served;
 - b. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
 - c. interest on the amounts described in (a) and (b) of this paragraph at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach; except that the amount the United States is entitled to recover shall not be less than \$31,000.
2. Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary determines that the applicant is in breach of this written Contract.

Section D—Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the applicant under this Contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this Contract if the applicant's compliance with the terms and conditions of this Contract is:
 - a. impossible or
 - b. would involve extreme hardship and enforcement would be unconscionable.

Section E—Contract Amendment

1. The applicant may, in accordance with procedures established by the Secretary, request an extension of this Contract.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Loan Repayment Program and the NHSC, the Secretary may approve a request for Contract extension in accordance with the Secretary's established policies in effect at the time of the extension.
3. A request for an extension of this Contract will not be approved if prior loan repayments received under this Contract were not applied, during the period of obligated service, to reduce the applicant's qualifying graduate and/or undergraduate educational loans.

Section F—Contract Termination

1. The Secretary may terminate this Contract if, on or before August 17, 2008, the applicant:
 - a. submits a written request to terminate this Contract and
 - b. repays all amounts paid to, or on behalf of, the applicant under Paragraph 2 of Section A of this Contract.

Applicant Name (please print):	Applicant's Social Security Number:
Applicant's Signature:	Date:
Secretary of Health and Human Services or Designee:	Date:
HRS-860 (Revised 6/04 - DNHSC, BHP, HRSA, DHHS)	

The Secretary or his or her authorized representative must sign this Contract before it becomes effective.

Z.

**DISCIPLINE, SPECIALTY, AND
PROFESSIONAL SCHOOL CODES**

1. DISCIPLINE CODES

1. **Allopathic Medicine (MD)**
2. **Osteopathic Medicine (DO)**
3. **Nurse Practitioner (NP)**
4. **Nurse-Midwifery (NM)**
5. **Physician Assistant (PA)**
6. **Dentist (DD)**
7. **Dental Hygienist (DH)**
8. **Health Service Psychologist (HSP)**
9. **Clinical Social Worker (SW)**
10. **Marriage and Family Therapist (MFT)**
11. **Psychiatric Nurse Specialist (PNS)**
12. **Licensed Professional Counselor (LPC)**

2. SPECIALTY CODES

A. Allopathic Medicine (MD) and Osteopathic Medicine (DO) use:

FM	Family Medicine
INT	General Internal Medicine
OBG	Obstetrics and Gynecology
PED	General Pediatrics
PSY	General Psychiatry

B. Nurse Practitioner use:

ADU	Adult Nurse Practitioner
FP	Family Nurse Practitioner
PED	Pediatric Nurse Practitioner
WH	Women's Health Nurse Practitioner
PSY	Psychiatric/Mental Health Nurse Practitioner
GER	Gerontological Nurse Practitioner

C. Psychiatric Nurse use:

ADU	Adult Psychiatric/Mental Health
PED	Child/Adolescent Psychiatric/Mental Health

3. PROFESSIONAL SCHOOL CODES

The discipline and associated professional school/program code table that follows is provided to make it easier to report the name and address of the school from which the applicant received qualified training for his or her profession. The information is used to support the recruitment process for health professionals as well as verify that training has been completed. If the professional school or program code isn't listed, please enter the code "9999". Psychiatric nurse specialist, marriage and family therapists, and licensed professional counselors should use the program codes provided for the other mental health disciplines.

SCHOOLS OF ALLOPATHIC MEDICINE (MD)

ALABAMA		
0055	UNIV OF ALABAMA SCH OF MEDICINE	BIRMINGHAM
0096	UNIV OF SOUTH ALABAMA COLL OF MEDICINE	MOBILE
ARIZONA		
0056	UNIVERSITY OF ARIZONA COLL OF MEDICINE	TUCSON
ARKANSAS		
0057	UNIV OF ARKANSAS COL OF MEDICINE	LITTLE ROCK
CALIFORNIA		
0061	UNIV OF CALIFORNIA @ DAVIS SCH	
0062	UNIV OF CALIF @ IRVINE COLL OF MEDICINE	IRVINE
0059	UNIV OF CAL SAN DIEGO SCH OF MEDICINE	LA JOLLA
0025	LOMA LINDA UNIV SCH OF MEDICINE	LOMA LINDA
0058	UNIV OF CALIF @ LOS ANGELES SCH OF MEDICINE	LOS ANGELES
0099	UNIV OF SOUTHERN CAL SCH OF MEDICINE	LOS ANGELES
0046	STANFORD UNIVERSITY SCH OF MEDICINE	PALO ALTO
0060	UNIV OF CALIF @ SAN FRANCISCO SCH OF MEDICINE	SAN FRANCISCO
COLORADO		
0065	UNIV OF COLORADO SCH OF MEDICINE	DENVER
CONNECTICUT		
0066	UNIV OF CONNECTICUT SCH OF MEDICINE	FARMINGTON
0115	YALE UNIVERSITY SCH OF MEDICINE	NEW HAVEN
DISTRICT OF COLUMBIA		
0017	GEORGE WASHINGTON UNIV SCH OF MEDICINE	WASHINGTON
0018	GEORGETOWN UNIV SCH OF MEDICINE	WASHINGTON
0021	HOWARD UNIV COLL OF MEDICINE	WASHINGTON
FLORIDA		
3124	UNIVERSITY OF FLORIDA	GAINESVILLE

0067	UNIV OF FLORIDA COLL OF MEDICINE	GAINESVILLE
0078	UNIVERSITY OF MIAMI SCH OF MEDICINE	MIAMI
2864	FLORIDA STATE UNIVERSITY	TALLAHASSE
0098	UNIV OF SOUTH FLORIDA COLL OF MEDICINE	TAMPA
GEORGIA		
0016	EMORY UNIV SCH OF MEDICINE	ATLANTA
0133	MOREHOUSE SCH OF MED	ATLANTA
0031	MEDICAL COLL OF GEORGIA SCH OF MEDICINE	AUGUSTA
0144	MERCER UNIV SCH OF MEDICINE	MACON
HAWAII		
0068	UNIV OF HAWAII SCH OF MEDICINE	HONOLULU
ILLINOIS		
3189	CHICAGO SCHOOL OF PROFESSIONAL PSY	CHICAGO
0069	FINCH UNIV OF HLT SCI-CHICAGO MEDICAL SCH	CHICAGO
0040	NORTHWESTERN UNIV MEDICAL SCH	CHICAGO
0043	RUSH MEDICAL COLLEGE	CHICAGO
0063	UNIV OF CHICAGO PRITZKER SCH OF MEDICINE	CHICAGO
0070	UNIV OF ILLINOIS COLL OF MEDICINE	CHICAGO
0028	LOYOLA UNIV OF CHICAGO STRITCH SCH OF MED	MAYWOOD
0071	UNIV OF ILLINOIS PEORIA MEDICAL SCH	PEORIA
0141	UNIV OF ILLINOIS ROCKFORD MEDICAL SCH	ROCKFORD
0044	SOUTHERN ILLINOIS UNIV SCH OF MEDICINE	SPRINGFIELD
0140	UNIV OF ILLINOIS URBANA MEDICAL SCH	URBANA
INDIANA		
0022	INDIANA UNIV SCH OF MEDICINE	INDIANAPOLIS
IOWA		
0072	UNIVERSITY OF IOWA COLL OF MEDICINE	IOWA CITY
KANSAS		
0073	UNIV OF KANSAS SCH OF MEDICINE	KANSAS CITY
KENTUCKY		
0074	UNIV OF KENTUCKY COLL OF MEDICINE	LEXINGTON
0075	UNIV OF LOUISVILLE SCH OF MEDICINE	LOUISVILLE
LOUISIANA		
0026	LA STATE UNIV @ NEW ORLEANS SCH OF MED	NEW ORLEANS
0054	TULANE UNIV SCH OF MEDICINE	NEW ORLEANS
0027	LA STATE UNIV @ SHREVEPORT SCII OF MED	SHREVEPORT

MARYLAND		
0024	JOHNS HOPKINS UNIV SCH OF MEDICINE	BALTIMORE
0076	UNIV OF MARYLAND @ BALTIMORE SCH OF MED	BALTIMORE
MASSACHUSETTS		
0004	BOSTON UNIV SCH OF MEDICINE	BOSTON
0020	HARVARD MEDICAL SCH	BOSTON
0053	TUFTS UNIVERSITY SCH OF MEDICINE	BOSTON
0077	UNIV OF MASSACHUSETTS MEDICAL SCH	WORCESTER
MICHIGAN		
0079	UNIV OF MICHIGAN MEDICAL SCH	ANN ARBOR
0113	WAYNE STATE UNIV SCH OF MEDICINE	DETROIT
0036	MICHIGAN STATE UNIV COLL OF HUMAN MEDICINE	EAST LANSING
MINNESOTA		
0080	UNIV OF MINNESOTA DULUTH MEDICAL SCH	DULUTH
0081	UNIV OF MINNESOTA @ MINNEAPOLIS MEDICAL SCH	MINNEAPOLIS
0029	MAYO MEDICAL SCH	ROCHESTER
MISSISSIPPI		
0082	UNIV OF MISSISSIPPI SCH OF MEDICINE	JACKSON
MISSOURI		
0083	UNIV OF MISSOURI @ COLUMBIA SCH OF MEDICINE	COLUMBIA
0084	UNIV OF MISSOURI @ KANSAS CITY SCH OF MED	KANSAS CITY
0045	ST LOUIS UNIV SCH OF MEDICINE	ST. LOUIS
0112	WASHINGTON UNIV SCH OF MEDICINE	ST. LOUIS
3039	FOREST INSTITUTE OF PROFESSIONAL PSY	SPRINGFIELD
NEBRASKA		
0012	CREIGHTON UNIV SCH OF MEDICINE	OMAHA
0085	UNIV OF NEBRASKA COLL OF MEDICINE	OMAHA
NEVADA		
0086	UNIVERSITY OF NEVADO @ RENO	RENO
NEW HAMPSHIRE		
0013	DARTMOUTH MEDICAL SCH	HANOVER
NEW JERSEY		
0008	UMDNJ-NEW JERSEY MEDICAL SCHOOL	NEWARK

0009	UMDNJ-R.W. JOHNSON MEDICAL SCHOOL	PISCATAWAY
NEW MEXICO		
0087	UNIVERSITY OF NEW MEXICO SCH OF MEDICINE	ALBUQUERQUE
NEW YORK		
0001	ALBANY MEDICAL COLLEGE	ALBANY
0002	ALBERT EINSTEIN COLL OF MED OF YESHIVA UNIV	BRONX
0049	SUNY HLTH SCI CTR @ BROOKLYN/DOWNSTATE MED	BROOKLYN
0047	SUNY AT BUFFALO SCH OF MEDICINE	BUFFALO
0010	COLUMBIA UNIV COLL OF PHYSICIANS & SURGEONS	NEW YORK
0011	CORNELL UNIV MEDICAL COLL	NEW YORK
0037	MOUNT SINAI SCH OF MEDICINE OF CUNY	NEW YORK
0039	NEW YORK UNIV SCH OF MEDICINE	NEW YORK
0095	UNIV OF ROCHESTER SCH OF MEDICINE	ROCHESTER
0048	SUNY AT STONY BROOK HLTH SCI CTR SCH OF MED	STONY BROOK
0050	SUNY @ SYRACUSE/COLLEGE OF MEDICINE	SYRACUSE
0038	NEW YORK MEDICAL COLLEGE	VALHALLA
NORTH CAROLINA		
0088	U OF N.C. @ CHAPEL HILL/SCH OF MED	CHAPEL HILL
0014	DUKE UNIV SCH OF MEDICINE	DURHAM
0134	EAST CAROLINA UNIV SCH OF MEDICINE	GREENVILLE
0005	WAKE FOREST UNIVERSITY SCH OF MEDICINE	WINSTON-SALEM
NORTH DAKOTA		
0089	UNIV OF NORTH DAKOTA SCH OF MEDICINE	GRAND FORKS
OHIO		
0064	UNIV OF CINCINNATI COLL OF MEDICINE	CINCINNATI
0007	CASE WESTERN RESERVE UNIV SCH OF MEDICINE	CLEVELAND
0041	OHIO STATE UNIV SCH OF MEDICINE	COLUMBUS
0126	WRIGHT STATE UNIV SCH OF MEDICINE	DAYTON
0127	NORTHEASTERN OHIO UNIV COLL OF MED	ROOTSTOWN
0032	MEDICAL COLL OF OHIO AT TOLEDO	TOLEDO
OKLAHOMA		
0090	UNIV OF OKLAHOMA COLL OF MEDICINE	OKLAHOMA CITY
OREGON		
0091	OREGON HEALTH SCIENCES UNIV/SCH OF MED	PORTLAND
PENNSYLVANIA		
3080	CLARION	CLARION
0042	PENNSYLVANIA STATE UNIV COLL OF MEDICINE	HERSHEY

0023	JEFFERSON MEDICAL COLLEGE	PHILADELPHIA
0033	MCP-HAHNEMANN UNIV/SCH OF MEDICINE	PHILADELPHIA
0051	TEMPLE UNIV SCH OF MEDICINE	PHILADELPHIA
0092	UNIV OF PENNSYLVANIA SCH OF MEDICINE	PHILADELPHIA
0093	UNIV OF PITTSBURGH SCH OF MEDICINE	PITTSBURGH
PUERTO RICO		
0142	UNIVERSIDAD CENTRAL DEL CARIBE	BAYAMON
0136	PONCE SCHOOL OF MEDICINE	PONCE
0094	UNIV OF PUERTO RICO SCH OF MEDICINE	SAN JUAN
RHODE ISLAND		
0006	BROWN UNIV PROGRAM IN MEDICAL SCI	PROVIDENCE
SOUTH CAROLINA		
0030	MED UNIV OF SOUTH CAROLINA COLL OF MEDICINE	CHARLESTON
0128	UNIV OF SOUTH CAROLINA SCH OF MED	COLUMBIA
SOUTH DAKOTA		
0097	UNIV OF SOUTH DAKOTA SCH OF MEDICINE	SIOUX FALLS
TENNESSEE		
0135	EAST TENNESSEE STATE UNIV COLL OF MED	JOHNSON CITY
0100	UNIV OF TENNESSEE COLL OF MEDICINE	MEMPHIS
0035	MEHARRY MED COLL SCH OF MEDICINE	NASHVILLE
0110	VANDERBILT UNIV SCH OF MEDICINE	NASHVILLE
TEXAS		
0129	TEXAS A & M UNIV COLL OF MEDICINE	COLLEGE STATION
0104	UNIV OF TEXAS SOUTHWESTERN MEDICAL SCH	DALLAS
0101	UNIV OF TEXAS MED BRANCH AT GALVESTON	GALVESTON
0003	BAYLOR COLL OF MEDICINE	HOUSTON
0102	UNIV OF TEXAS MED SCH AT HOUSTON	HOUSTON
0052	TEXAS TECHNICAL UNIVERSITY SCH OF MEDICINE	LUBBOCK
0103	UNIV OF TEXAS MEDICAL SCH @ SAN ANTONIO	SAN ANTONIO
UTAH		
0105	UNIV OF UTAH COLL OF MEDICINE	SALT LAKE CITY
VERMONT		
0106	UNIV OF VERMONT COLL OF MEDICINE	BURLINGTON
VIRGINIA		
0107	UNIV OF VIRGINIA SCH OF MEDICINE	CHARLOTTESVILLE

2892	EASTERN VIRGINIA MEDICAL SCHOOL	NORFOLK
0015	MEDICAL COLLEGE OF HAMPTON ROADS	NORFOLK
0111	VIRGINIA COMMONWEALTH UNIV MED COLL OF VA	RICHMOND
WASHINGTON		
0108	UNIV OF WASHINGTON SCH OF MEDICINE	SEATTLE
WEST VIRGINIA		
0130	MARSHALL UNIV SCH OF MEDICINE	HUNTINGTON
0114	WEST VIRGINIA UNIVERSITY SCH OF MEDICINE	MORGANTOWN
WISCONSIN		
0109	UNIV OF WISCONSIN MEDICAL SCH	MADISON
0034	MEDICAL COLL OF WISCONSIN	MILWAUKEE

SCHOOLS OF OSTEOPATHIC MEDICINE (DO)

CALIFORNIA		
0138	WESTERN UNIVERSITY OF HEALTH SCIENCES	POMONA
FLORIDA		
0143	NOVA SOUTHEASTERN UNIV COLL OF OSTEO MED	NORTH MIAMI BCH
ILLINOIS		
0116	MIDWESTERN UNIV CHICAGO COLL OF OSTEO MED	CHICAGO
IOWA		
0117	DES MOINES UNIV-OSTEOPATHIC MED CENTER	DES MOINES
MAINE		
0137	UNIV OF NEW ENGLAND COLL OF OSTEOPATHIC MED	BIDDEFORD
MICHIGAN		
0121	MICHIGAN STATE UNIV COLL OF OSTEOPATHIC MED	EAST LANSING
MISSOURI		
0119	UNIV OF THE HLTH SCIENCES COLL OSTEO MED	KANSAS CITY
0120	KIRKSVILLE COLL OF OSTEOPATHIC MEDICINE	KIRKSVILLE
NEW JERSEY		

0131	UNIV OF MED & DENT OF NJ-SCH OF OSTEO MED	STRATFORD
NEW YORK		
0132	NY COLL OF OSTEO MED OF NY INSTITUTE OF TECH	OLD WESTBURY
OHIO		
0125	UNIV COLL OF OSTEOPATHIC MEDICINE	ATHENS
OKLAHOMA		
0122	OKLAHOMA STATE UNIV/COLL OF OSTEO MED	TULSA
PENNSYLVANIA		
2988	LAKE ERIE COLLEGE OF OSTEO MED	ERIE
0123	PHILADELPHIA COLL OF OSTEOPATHIC MEDICINE	PHILADELPHIA
TEXAS		
0124	UNIV OF NORTH TEXAS HLTH SCI CTR	FORT WORTH
WEST VIRGINIA		
0118	WEST VIRGINIA SCHOOL OF OSTEOPATHIC MEDICINE	LEWISBURG

SCHOOLS OF DENTISTRY (DD)

ALABAMA		
0178	UNIV OF ALABAMA @ BIRMINGHAM	BIRMINGHAM
CALIFORNIA		
0179	UNIV OF CALIFORNIA @ LOS ANGELES	LOS ANGELES
0201	UNIV OF SOUTHERN CALIF-SCH OF DENTISTRY	LOS ANGELES
0205	UNIVERSITY OF THE PACIFIC	SAN FRANCISCO
COLORADO		
0181	UNIVERSITY OF COLORADO MEDICAL CENTER	DENVER
CONNECTICUT		
0182	UNIV OF CONNECTICUT SCH OF DENTAL MEDICINE	FARMINGTON
DISTRICT OF COLUMBIA		
0161	HOWARD UNIV COLLEGE OF DENTISTRY	WASHINGTON
FLORIDA		

0184	UNIV OF FLORIDA COLL OF DENTISTRY	GAINESVILLE
GEORGIA		
0167	MEDICAL COLL OF GEORGIA DENTAL SCH	AUGUSTA
ILLINOIS		
0171	NORTHWESTERN UNIV DENTAL SCH	CHICAGO
0185	UNIV OF ILLINOIS @ CHICAGO-COLL OF DENTISTRY	CHICAGO
IOWA		
0186	UNIV OF IOWA COLLEGE OF DENTISTRY	IOWA CITY
KENTUCKY		
0187	UNIV OF KENTUCKY COLL OF DENTISTRY	LEXINGTON
0188	UNIV OF LOUISVILLE DENTAL SCH	LOUISVILLE
MASSACHUSETTS		
0152	BOSTON UNIV DENTAL SCH	BOSTON
0160	HARVARD SCH OF DENTAL MED	BOSTON
0177	TUFTS UNIV DENTAL SCH	BOSTON
MICHIGAN		
0183	UNIV OF DETROIT MERCY-SCH OF DENTISTRY	DETROIT
MINNESOTA		
0191	UNIV OF MINNESOTA DENTAL SCH	MINNEAPOLIS
MISSOURI		
0193	UNIV OF MISSOURI @ KANSAS CITY	KANSAS CITY
NEBRASKA		
0156	CREIGHTON UNIV DENTAL SCH	OMAHA
0194	UNIV OF NEBRASKA DENTAL SCH	OMAHA
NEW JERSEY		
0154	UNIV OF MED AND DENT OF NJ DENTAL SCH	NEWARK
NEW YORK		
0174	STATE UNIV OF N.Y. @ BUFFALO	BUFFALO
0155	COLUMBIA UNIV DENTAL SCH	NEW YORK
0170	NEW YORK UNIVERSITY- COLL OF DENTISTRY	NEW YORK
NORTH CAROLINA		

0195	UNIV OF NORTH CAROLINA DENTAL SCH	CHAPEL HILL
OKLAHOMA		
0196	UNIV OF OKLAHOMA DENTAL SCH	OKLAHOMA CITY
OREGON		
0197	OREGON HEALTH SCIENCES UNIV – DENTAL	PORTLAND
PENNSYLVANIA		
0176	TEMPLE UNIV DENTAL SCH	PHILADELPHIA
0198	UNIV OF PENNSYLVANIA DENTAL SCH	PHILADELPHIA
0199	UNIV OF PITTSBURGH DENTAL SCH	PITTSBURGH
PUERTO RICO		
0200	UNIVERSITY OF PUERTO RICO MEDICAL SCIENCE	SAN JUAN
SOUTH CAROLINA		
0168	MED UNIV OF SOUTH CAROLINA DENTAL SCH	CHARLESTON
TENNESSEE		
0169	MEHARRY MED COLL DENTAL SCH	NASHVILLE
TEXAS		
0203	UNIV OF TX @ HOUSTON HLTH SCI CTR	HOUSTON
0204	UNIV OF TX HLTH SCI CTR @ SAN ANTONIO	SAN ANTONIO
WASHINGTON		
0206	UNIV OF WASHINGTON SCH OF DENTISTRY	SEATTLE
WEST VIRGINIA		
0209	WEST VIRGINIA UNIV DENTAL SCH	MORGANTOWN
WISCONSIN		
0166	MARQUETTE UNIV-SCH OF DENTISTRY	MILWAUKEE

PROGRAMS FOR DENTAL HYGIENISTS (DH)

ALASKA		
2689	UNIVERSITY OF ALASKA ANCHORAGE	ANCHORAGE
ARIZONA		

2428	NORTHERN ARIZONA UNIV	FLAGSTAFF
2681	PHOENIX COLLEGE	PHOENIX
2021	APOLLO COLLEGE	TUCSON
ARKANSAS		
1516	UNIV OF ARKANSAS	LITTLE ROCK
CALIFORNIA		
1724	FOOTHILL COLLEGE	LOS ALTOS HILLS
1706	MONTEREY PENINSULA COLLEGE	MONTEREY
1770	SACRAMENTO CITY COLLEGE	SACRAMENTO
0251	RANCHO SANTIAGO COLLEGE	SANTA ANA
COLORADO		
2257	UNIV OF COLORADO	DENVER
1522	COLORADO NORTHWESTERN COMM COLLEGE	RANGELY
HAWAII		
2816	UNIV OF HAWAII DEPT OF DENTAL HYGIENE	HONOLULU
KANSAS		
1946	HASKELL JUNIOR COLLEGE	LAWRENCE
MAINE		
3117	UNIVERSITY COLLEGE OF BANGOR	BANGOR
0379	UNIV OF MAINE	ORONO
3178	UNIV OF NEW ENGLAND	PORTLAND
2961	WESTBROOK COLLEGE	PORTLAND
MASSACHUSETTS		
2727	FORSYTH SCHOOL FOR DENTAL HYGIENISTS	BOSTON
MINNESOTA		
2419	UNIV OF MINNESOTA	MINNEAPOLIS
NEW MEXICO		
0679	UNIV OF NEW MEXICO	ALBUQUERQUE
0252	NAVAJO COMMUNITY COLLEGE	SHIPROCK
NORTH CAROLINA		
2072	BUNCOMBE TECHNICAL COLLEGE	ASHEVILLE

0680	UNIV OF NORTH CAROLINA CHAPEL HILL	CHAPEL HILL
NORTH DAKOTA		
2785	NORTH DAKOTA COLLEGE OF SCIENCE	WAHPETON
OKLAHOMA		
0715	EAST CENTRAL OKLAHOMA STATE UNIV	ADA
2483	ROSE STATE COLLEGE	CLAREMORE
0717	ROSE STATE COLLEGE	MIDWEST CITY
0716	UNIV OF OKLAHOMA	NORMAN
2441	UNIV OF OKLAHOMA HLTH SCI CTR	OKLAHOMA CITY
0714	TULSA JUNIOR COLLEGE	TULSA
OREGON		
0681	LANE COMM COLLEGE	EUGENE
TEXAS		
2781	BAYLOR COLLEGE/DENTISTRY	DALLAS
2986	UNIV-TX HEALTH SCI CENTER	SAN ANTONIO
3160	UNIVERSITY OF TX SAN ANTONIO	SAN ANTONIO
UTAH		
0682	WEBER STATE COLLEGE	OGDEN
WASHINGTON		
2713	GRAYS HARBOR COLLEGE	ABERDEEN
3083	EASTERN WASHINGTON UNIVERSITY	CHENEY
2760	PIERCE COLLEGE	TACOMA
0835	YAKIMA VALLEY COMMUNITY COLLEGE	YAKIMA
WEST VIRGINIA		
3188	WEST LIBERTY STATE COLLEGE	WEST LIBERTY

PROGRAMS FOR NURSE PRACTITIONERS (NP & NPC)

ALABAMA		
2990	SAMFORD UNIVERSITY	BIRMINGHAM
1635	UNIV OF ALABAMA IN BIRMINGHAM NURSE PRACTIT	BIRMINGHAM
2531	UNIV OF ALABAMA HUNTSVILLE COL OF NURS	UNTSVILLE
2992	UNIVERSITY OF MOBILE	MOBILE
2873	UNIVERSITY OF SOUTH ALABAMA	MOBILE
2848	TROY STATE UNIVERSITY @ MONTGOMERY	MONTGOMERY
2852	TROY STATE UNIVERSITY @ PHENIX CITY	PHENIX CITY
2991	TROY STATE UNIVERSITY	TROY

ALASKA		
2532	UNIV OF ALASKA COL OF NURS & HLTH SCI	ANCHORAGE
ARIZONA		
2993	NORTHERN ARIZONA UNIVERSITY	FLAGSTAFF
3100	UNIVERSITY OF PHOENIX	PHOENIX
1638	ARIZONA STATE UNIV COLL OF NURSING	TEMPE
1641	UNIV OF ARIZONA COLL OF NURSING TUCSON	
ARKANSAS		
2975	ARKANSAS STATE UNIVERSITY	ARKANSAS
1644	UNIV OF ARKANSAS COLL OF NURSING	LITTLE ROCK
2955	ARKANSAS STATE UNIVERSITY	STATE UNIVERSITY
CALIFORNIA		
2869	AZUSA PACIFIC UNIVERSITY	AZUSA
2933	CALIFORNIA STATE UNIVERSTIY, BAKERSFIELD	BAKERSFIELD
1658	UNIV OF CAL DAVIS SCH OF NURSING	DAVIS
1748	CAL STATE UNIV @ FRESNO	FRESNO
3143	UNIV OF PHOENIX @ SOUTHERN CALIF	GARDENA
2995	UNIVERSITY OF CALIFORNIA @ IRVINE	IRVINE
2589	UNIV OF CAL, SAN FRAN/SAN DIEGO	LA JOLLA
2842	LOMA LINDA UNIV NURSE PRACTITIONER PROG	LOMA LINDA
1650	CAL STATE UNIV @ LONG BEACH	LONG BEACH
1659	UNIV OF CAL LOS ANGELES NURSING	LOS ANGELES
2883	UNIVERSITY OF SOUTHERN CALIFORNIA	LOS ANGELES
2857	SAMUEL MERRITT COL NURSE PRACTIT PROG	OAKLAND
2870	STANFORD UNIV MED CTR	PALO ALTO
2533	SONOMA STATE UNIV DEPT OF NURSING	ROHNERT PARK
2822	UNIVERSITY OF CALIFORNIA-DAVIS	SACRAMENTO
3099	UNIVERSITY OF PHOENIX @ SACRAMENTO	SACRAMENTO
2534	UNIV OF SAN DIEGO HAHN SCH OF NURSING	SAN DIEGO
2893	SAN FRANCISCO STATE UNIVERSITY	SAN FRANCISCO
1662	UNIV OF CAL SAN FRANCISCO NURSING	SAN FRANCISCO
1773	UNIVERSITY OF SAN FRANCISCO	SAN FRANCISCO
COLORADO		
3147	UNIV OF COLORADO @ COLORADO SPRINGS	COLORADO SPRINGS
2863	REGIS UNIVERSITY	DENVER
1665	UNIV OF COLORADO HEALTH SCIENCES CENTER	DENVER
2994	UNIVERSITY OF NORTHERN COLORADO	GREELEY
CONNECTICUT		
2903	SACRED HEART UNIV, DEPT OF NURS	FAIRFIELD
2996	SOUTHERN CONNECTICUT STATE UNIV	NEW HAVEN
1671	YALE UNIV SCH OF NURSING NURSE PRACT PROG	NEW HAVEN

3180	YALE UNIVERSITY SCHOOL OF NURSING	NEW HAVEN
2603	UNIV OF CONNECTICUT SCH OF NURSING	STORRS
2997	SAINT JOSEPH COLLEGE	WEST HARTFORD
DELAWARE		
2934	WILMINGTON COLLEGE	NEW CASTLE
2850	UNIV OF DELAWARE NURSE PRACTIT PROG	NEWARK
DISTRICT OF COLUMBIA		
1677	CATHOLIC UNIV OF AMERICA SCH OF NURSING	WASHINGTON
2535	GEORGETOWN UNIV SCH OF NURSING/NURSE PRACTIT	WASHINGTON
2537	HOWARD UNIVERSITY COLLEGE OF NURSING	WASHINGTON
FLORIDA		
2904	FLORIDA ATLANTIC UNIV, COLL OF NURS	BOCA RATON
1680	UNIV OF FLORIDA @ GAINESVILLE NURSING	GAINESVILLE
2538	UNIV OF MIAMI SCH OF NURS NURSE PRACTITIONER	MIAMI
2905	BARRY UNIVERSITY, SCH OF NURS	MIAMI SHORES
3134	FLORIDA INTERNATIONAL UNIVERSITY	NORTH MIAMI
2962	FLORIDA INTERNATIONAL UNIVERSITY	NORTH MIAMI BEACH
2998	UNIVERSITY OF CENTRAL FLORIDA	ORLANDO
2835	FLORIDA STATE UNIV GRAD NURSG PRG/NURSE PRAC	TALLAHASSEE
2539	UNIV OF SOUTH FLORIDA COLL OF NURSING	TAMPA
2999	UNIVERSITY OF TAMPA	TAMPA
GEORGIA		
2879	ALBANY STATE COLLEGE	ALBANY
1683	EMORY UNIV WOODRUFF SCH OF NURSING	ATLANTA
2540	GEORGIA STATE UNIV NURSE PRACTITIONER PROG	ATLANTA
2921	MEDICAL COLLEGE OF GEORGIA	AUGUSTA
3000	BRENAU UNIVERSITY	GAINESVILLE
2906	GEORGIA COLLEGE, SCH OF NURSING	MILLEDGEVILLE
2592	GEORGIA SOUTHERN COLL DEPT OF NURS/NP PROG	STATESBORO
HAWAII		
2607	UNIV OF HAWAII @ MANOA/N.P. PROGRAM	HONOLULU
3037	UNIVERSITY OF PHOENIX @ HAWAII	HONOLULU
IDAHO		
2836	IDAHO STATE UNIV NURSING DEPT NURSE PRACTIT	POCATELLO
ILLINOIS		
3001	MENNONITE COLLEGE OF NURSING	BLOOMINGTON
3154	DEPAUL	CHICAGO
3078	LOYOLA UNIVERSITY COLLEGE	CHICAGO

1701	RUSH UNIVERSITY/COLL OF NURSING	CHICAGO
2820	ST XAVIER UNIV SCH OF NURS-NURSE PRACT	CHICAGO
1704	UNIV OF ILLINOIS COLL OF NURSING NURSE PRACT	CHICAGO
3002	NORTHERN ILLINOIS UNIVERSITY	DEKALB
2977	SOUTHERN ILLINOIS UNIV @ EDWARDSVILLE	EDWARDSVILLE
INDIANA		
2935	UNIV OF SOUTHERN INDIANA	EVANSVILLE
3003	SAINT FRANCIS COLLEGE	FORT WAYNE
2881	PURDUE UNIVERSITY @ CALUMET	HAMOND
1707	INDIANA UNIV SCH OF NURSING	INDIANAPOLIS
3004	UNIVERSITY OF INDIANAPOLIS	INDIANAPOLIS
2855	INDIANA WESLEYAN UNIV NURSE PRACTITIONER	MARION
2907	BALL STATE UNIVERSITY SCH OF NURSING	MUNCIE
2899	INDIANA STATE UNIVERSITY	TERRE HAUTE
2936	VALPARAISO UNIVERSITY	VALPARAISO
IOWA		
3127	DRAKE UNIVERSITY	DES MOINES
3118	GRACELAND COLLEGE	LAMONI
KANSAS		
2895	FORT HAYS STATE UNIVERSITY	HAYS
2847	UNIVERSITY OF KANSAS SCHOOL OF NURSING	KANSAS CITY
3005	PITTSBURG STATE UNIVERSITY	PITTSBURG
2846	WICHITA STATE UNIV/SCH OF NURSING	WICHITA
KENTUCKY		
3008	WESTERN KENTUCKY UNIVERSITY	BOLLING
2937	NORTHERN KENTUCKY UNIVERSITY	HIGHLAND HEIGHTS
1716	UNIV OF KENTUCKY COLLEGE OF NURSING	LEXINGTON
2840	SPALDING UNIVERSITY	LOUISVILLE
3007	MURRAY STATE UNIVERSITY	MURRAY
3006	EASTERN KENTUCKY UNIVERSITY	RAWLETTE
LOUISIANA		
3101	LOUISIANA STATE UNIV MED CTR @ NEW ORLEANS	NEW ORLEANS
2541	NORTHWESTERN STATE UNIV NURSE PRACT PROGRAM	SHREVEPORT
MAINE		
2939	HUSSON COLL/EASTERN MAINE MED CTR	BANGOR
2729	UNIVERSITY OF MAINE @ ORONO	ORONO
2900	UNIV OF SOUTHERN MAINE/NP PROGRAM	PORTLAND
MARYLAND		
2589	COPPIN STATE UNVERSTY	

2849	JOHNS HOPKINS UNIV SCHOOL OF NURSING	BALITMORE
2601	UNIV OF MARYLAND SCH OF NURS/NURSE PRACT	BALTIMORE
3009	BOWIE STATE UNIVERSITY	BOWIE
3010	SALSBURY STATE UNIVERSITY	SALISBURY
MASSACHUSETTS		
2821	UNIV OF MASS @ AMHERST SCH OF NURSING	AMHERST
2626	M.G.H. INST OF HLTH PROFESSIONS/NURSE PRACT	BOSTON
2545	NORTHEASTERN UNIV GRAD SCH OF NURS	BOSTON
2542	SIMMONS COLLEGE SCHOOL OF NURSING	BOSTON
2938	UNIV OF MASS @ BOSTON	BOSTON
1722	BOSTON COLL SCH OF NURSING	CHESTNUT HILL
2543	UNIV OF MASS AT LOWELL COLL OF HLTH PROF	LOWELL
3098	REGIS COLLEGE	WESTON
2544	UNIV OF MASSACHUSETTS-WORCHESTER	WORCESTER
MICHIGAN		
1644	GRAND VALLEY STATE UNIV COLL OF NURSING	GRAND RAPIDS
2546	UNIV OF MICH SCH OF NURSING NURSE PRACT PRO	ANN ARBOR
3128	UNIVERSITY OF DETROIT MERCY	DETROIT
1739	MICH STATE UNIV COL OF NURSING NURSE PRACT	EAST LANSING
2882	NORTHERN MICHIGAN UNIVERSITY	MARQUETTE
3011	SAGINAW VALLEY STATE UNIVERSITY	UNIVERSITY CENTER
MINNESOTA		
2901	COLLEGE OF SAINT SCHOLASTICA	DULUTH
3012	MANKATO STATE UNIVERSITY	MANKATO
1740	UNIV OF MINNESOTA SCH OF NURSING	MINNEAPOLIS
2839	WINONA STATE UNIV NURSE PRACTITIONER PROG	ROCHESTER
MISSISSIPPI		
2940	DELTA STATE UNIVERSITY	CLEVELAND
2548	MISS UNIV FOR WOMEN NURSE PRACTIT PROG	COLUMBUS
2908	UNIV OF SOUTHERN MISSISSIPPI	HATTIESBURG
2834	UNIV OF MISS MED CTR SCHOOL OF NURSING	JACKSON
3013	ALCORN STATE UNIVERSITY	NATCHEZ
MISSOURI		
1749	UNIV OF MISSOURI COLUMBIA SCH OF NURSING	COLUMBIA
2875	GRACELAND COLLEGE	INDEPENDENCE
1746	UNIV OF MISSOURI KANSAS CITY SCH OF NURS	KANSAS CITY
2909	SAINT LOUIS UNIV, SCH OF NURS	ST. LOUIS
2844	UNIV OF MISSOURI @ ST. LOUIS SCH OF NURSING	ST. LOUIS
3041	WEBSTER UNIVERSITY	ST. LOUIS
MONTANA		

2871	MONTANA STATE UNIV SCH OF NURSING	BOZEMAN
NEBRASKA		
2924	CLARKSON COLLEGE	OMAHA
2941	CREIGHTON UNIV/SCH OF NURSING	OMAHA
2824	UNIV OF NEBRASKA MED CTR COLL. OF NURSING	OMAHA
NEVADA		
2910	UNIV OF NEVADA @ LAS VEGAS	LAS VEGAS
2880	UNIVERSITY OF NEVADA @ RENO	RENO
NEW HAMPSHIRE		
2829	UNIV OF NEW HAMPSHIRE DEPT OF NURSING	DURHAM
3015	RIVIER COLLEGE	NASHUA
NEW JERSEY		
2942	COLLEGE OF NEW JERSEY	EWING
3016	FELICIAN COLLEGE	LODI
3017	RUTGERS, THE STATE UNIV OF N.J.	NEWARK
2898	UMDNJ-SCHOOL OF NURSING	NEWARK
1757	TRENTON STATE COLLEGE TRENTON	
NEW MEXICO		
2606	UNIV OF NEW MEXICO COLL OF NURSING	ALBUQUERQUE
3144	UNIV OF PHOENIZ @ NEW MEXICO CAMPUS	ALBUQUERQUE
NEW YORK		
2550	SUNY AT BINGHAMTON DECKER SCH OF NURSING	BINGHAMTON
2912	SUNY HSC @ BROOKLYN, COLL OF NURSING	BROOKLYN
2872	D'YOUVILLE COLLEGE/SCH OF NURSING	BUFFALO
2567	SUNY AT BUFFALO SCH OF NURSING	BUFFALO
2925	ADELPHI UNIVERSITY	GARDEN CITY
2911	COLLEGE OF NEW ROCHELLE, SCH OF NURS	NEW ROCHELLE
1764	COLUMBIA UNIV SCH OF NURSING/NURSE PRACT	NEW YORK
3169	COLUMBIA UNIVERSITY/ETP PROGRAM	NEW YORK
2547	PACE UNIVERSITY @ NEW YORK CAMPUS	NEW YORK
3018	NIAGARA UNIVERSITY	NIAGARA UNIVERSITY
2549	PACE UNIV LIENHARD SCH OF NURSING	PLEASANTVILLE
1788	UNIV OF ROCHESTER SCH OF NURSING/NURSE PRACT	ROCHESTER
2943	WAGNER COLLEGE	STATEN ISLAND
1782	STATE UNIV OF NEW YORK @ STONY BROOK	STONY BROOK
3019	SUNY @ SYRACUSE	SYRACUSE
2845	RUSSELL SAGE COLLEGE, NURSE PRACT PROGRAM	TROY
NORTH CAROLINA		
1791	UNIV OF NORTH CAROLINA @ CHAPEL HILL	CHAPEL HILL

3020	UNIV OF NORTH CAROLINA @ CHARLOTTE	CHARLOTTE
2896	DUKE UNIVERSITY/SCH OF NURSING	DURHAM
3014	EAST CAROLINA UNIVERSITY	GREENVILLE
NORTH DAKOTA		
2877	UNIV OF MARY/DIVISION OF NURSING	BISMARCK
1692	UNIV OF NORTH DAKOTA/COLL OF NURSING	GRAND FORKS
2552	MINOT STATE UNIVERSITY	MINOT
OHIO		
2553	UNIV OF CINCINNATI COL OF NURS & HLTH	CINCINNATI
2597	CASE WESTERN RESERVE UNIV/SCH OF NURSING	CLEVELAND
3177	OHIO STATE UNIVERSITY COLL OF NURSING	COLUMBUS
2914	WRIGHT STATE UNIV, SCH OF NURS	DAYTON
2913	MEDICAL COLLEGE OF OHIO, SCH OF NURS	TOLEDO
2876	OTTERBEIN COLLEGE	WESTERVILLE
OKLAHOMA		
2758	UNIV OF OKLAHOMA COLL OF NURSING/N.P. PROG	OKLAHOMA CITY
OREGON		
2554	OREGON HLTH SCI UNIV SCH OF NURSING	PORTLAND
PENNSYLVANIA		
2556	ALLENTOWN COLLEGE OF ST. FRANCES DE SALE	CENTER VALLEY
2917	WIDENER UNIVERSITY, SCH OF NURS	CHESTER
3081	CLARION	CLARION
2915	COLLEGE MISERICORDIA, DIV OF NURS	DALLAS
3024	EDINBORO UNIVERSITY	EDINBORO
3119	GANNON UNIVERSITY	ERIE
3120	GWYNEED	GWYNEED
2944	MILLERSVILLE UNIVERSITY	MILLERSVILLE
3021	ALLEGHENY UNIV OF THE HLTH SCIENCES	PHILADELPHIA
2916	THOMAS JEFFERSON UNIV, DEPT OF NURS	PHILADELPHIA
1815	UNIV OF PENNSYLVANIA SCH OF NURSING	PHILADELPHIA
3042	ALLEGHENY (HAHNEMANN) UNIVERSITY	PHILADELPHIA
2945	LA ROCHE COLLEGE	PITTSBURGH
3022	CARLOW COLLEGE	PITTSBURGH
3187	DUQUESNE UNIVERSITY SCHOOL OF NURSING	PITTSBURGH
2557	UNIV OF PITTSBURGH SCH OF NURSING	PITTSBURGH
3025	UNIVERSITY OF SCRANTON	SCRANTON
3023	CLARION UNIV/SLIPPERY ROCK UNIV	SLIPPERY ROCK
2946	PENN STATE UNIVERSITY	UNIVERSITY PARK
RHODE ISLAND		
1820	UNIV OF RHODE ISLAND COLL OF NURSING	KINGSTON

SOUTH CAROLINA		
2932	MEDICAL UNIV OF SOUTH CAROLINA	CHARLESTON
3030	CLEMSON UNIVERSITY	CLEMSON
1822	UNIV OF SOUTH CAROLINA COLUMBIA NURSE PRACT	COLUMBIA
SOUTH DAKOTA		
2558	SOUTH DAKOTA STATE UNIV COLL OF NURSING	BROOKINGS
TENNESSEE		
3032	UNIV OF TENNESSEE-CHATTANOOGA	CHATTANOOGA
2841	EAST TENN STATE UNIV/COLLEGE OF NURSING	JOHNSON CITY
1823	UNIV OF TENNESSEE KNOXVILLE NURSE PRACT	KNOXVILLE
2493	UNIV OF TENNESSEE-MEMPHIS/SCH OF NURSING	MEMPHIS
3026	BELMONT UNIVERSITY	NASHVILLE
3031	TENNESSEE STATE UNIV/SCH OF NURSING	NASHVILLE
1824	VANDERBILT UNIVERSITY SCHOOL OF NURSING	NASHVILLE
TEXAS		
3109	ABILENE INTERCOLLEGIATE SCHOOL OF NURSING	ABILENE
1830	UNIV OF TEXAS AT ARLINGTON SCH OF NURSING	ARLINGTON
2827	UNIV OF TEXAS @ AUSTIN/SCH OF NURS/N.P. PROG	AUSTIN
2856	WEST TEXAS STATE UNIV/DIV OF NURSING	CANYON
2559	TEXAS A&M UNIV @ CORPUS CHRISTI	CORPUS CHRISTI
1827	TEXAS WOMAN'S UNIV COLL OF NURSING	DENTON
2926	UNIV OF TEXAS AT EL PASO	EL PASO
2563	UNIV OF TEXAS MEDICAL BRANCH	GALVESTON
2561	U OF TX HLTH SCI CTR @ HOUSTON/SCH OF NURS	HOUSTON
2843	TEXAS TECH UNIV HLTH SCI CTR/N.P. PROG	LUBBOCK
2562	UNIV OF TEXAS HLTH SCI CTR @ SAN ANTONIO	SAN ANTONIO
3027	UNIV OF TEXAS @ TYLER/DIV OF NURSING	TYLER
2851	MIDWESTERN STATE UNIV NURSE PRACTIT PROG	WICHITA FALLS
UTAH		
2492	BRIGHAM YOUNG UNIV NURSE PRACTIT PROG	PROVO
1848	UNIV OF UTAH COLL OF NURSING	SALT LAKE CITY
3033	WESTMINSTER COLLEGE	SALT LAKE CITY
VERMONT		
3135	UNIVERSITY OF VERMONT	BURLINGTON
VIRGINIA		
2868	MARYMOUNT UNIVERSITY	ARLINGTON
1851	UNIV OF VIRGINIA SCH OF NURSING	CHARLOTTESVILLE
2564	GEORGE MASON UNIV SCH OF NURSING	FAIRFAX
2598	HAMPTON UNIV SCH OF NURSING P-M CERTIFICATE	HAMPTON

2565	OLD DOMINION UNIV SCH OF NURS/NURSE PRACT	NORFOLK
1854	VIRGINIA COMMONWEALTH UNIV SCH OF NURSING	RICHMOND
3034	SHENANDOAH UNIVERSITY	WINCHESTER
WASHINGTON		
3028	SAINT MARTIN'S COLLEGE	LACEY
2854	SEATTLE PACIFIC UNIVERSITY	SEATTLE
3139	SEATTLE UNIVERSITY SCH OF NURSING	SEATTLE
1857	UNIV OF WASHINGTON SCH OF NURSING	SEATTLE
2866	GONZAGA UNIV-DEPT OF NURSING	SPOKANE
2969	GONZAGA UNIVERSITY	SPOKANE
2959	INTERCOLLEGIATE CTR FOR NURS EDUC	SPOKANE
2927	WASHINGTON STATE UNIV	SPOKANE
2853	PACIFIC LUTHERAN UNIV/SCH OF NURSING	TACOMA
WEST VIRGINIA		
2605	MARSHALL UNIVERSITY SCH OF NURSING	HUNTINGTON
2918	WEST VIRGINIA UNIVERSITY	MORGANTOWN
3129	WHEELING JESUIT UNIVERSITY	WHEELING
WISCONSIN		
2919	UNIV OF WISCONSIN @ EAU CLAIRE SCH OF NURS	EAU CLAIRE
1863	UNIV OF WISCONSIN MADISON SCH OF NURSING	MADISON
3029	CONCORDIA UNIVERSITY MEQUON	
2963	PLANNED PARENTHOOD WOMEN HLTH NP PROG	MILWAUKEE
2897	UNIV OF WISCONSIN @ MILWAUKEE SCH OF NURS	MILWAUKEE
1866	UNIV OF WISCONSIN OSHKOSH SCH OF NURSING	OSHKOSH
WYOMING		
2566	UNIV OF WYOMING SCH OF NURS/NURSE PRACT	LARAMIE

PROGRAMS FOR NURSE-MIDWIFERY (NM & NMC)

CALIFORNIA		
3138	EDUCATION PROGRAM ASSOC/BACC DEGREE	CAMPBELL
2971	EDUCATION PROGRAM ASSOC/CERTIFICATE	CAMPBELL
2507	UNIV OF CALIF SAN DIEGO NURSE MIDWIFERY	LA JOLLA
2585	CHARLES R DREW UNI OF MED & SCI NURS MIDWIFE	LOS ANGELES
3096	CHARLES R. DREW UNIV OF MED & SCI	LOS ANGELES
2929	UNIV OF CALIFORNIA @ LOS ANGELES	LOS ANGELES
3045	UNIV OF CALIF @ SAN FRAN/SCHOOL OF NURSING	SAN FRANCISCO
COLORADO		
1619	UNIV OF COLORADO SCH OF NURSING	DENVER
CONNECTICUT		

1614	YALE UNIV SCH OF NURSING	NEW HAVEN
DISTRICT OF COLUMBIA		
1621	GEORGETOWN UNIV SCH OF NURSING	WASHINGTON
FLORIDA		
2494	UNIV OF MIAMI NURSE MIDWIFERY	CORAL GABLES
2508	UNIV OF FLORIDA HLTH SCI CTR COLL OF NURSING	JACKSONVILLE
GEORGIA		
1618	EMORY UNIV WOODRUFF SCH OF NURSING (MIDWIFE)	ATLANTA
ILLINOIS		
1617	UNIV OF ILLINOIS @ CHICAGO	CHICAGO
KENTUCKY		
2928	*FRONTIER SCH OF MIDWIFERY & FAM NURSING	HYDEN
MASSACHUSETTS		
2756	BOSTON UNIV SCH OF PUB HLTH NURSE MIDWIFERY	BOSTON
MICHIGAN		
2509	UNIV OF MICH SCH OF NURSING NURSE MIDWIFERY	ANN ARBOR
MINNESOTA		
1624	UNIV OF MINNESOTA SCH OF NURSING (MIDWIFERY)	MINNEAPOLIS
MISSOURI		
1626	UNIVERSITY OF MISSOURI @ COLUMBIA	COLUMBIA
NEW JERSEY		
2888	*UNIV OF MED & DENT OF NEW JERSEY	NEWARK
NEW MEXICO		
2510	UNIV OF NEW MEXICO COLL OF NURSING	ALBUQUERQUE
NEW YORK		
2887	*SUNY HEALTH SCIENCE CENTER @ BROOKLYN	BROOKLYN
3044	SUNY HSC AT BROOKLYN, COL OF NURSING	BROOKLYN
1629	COLUMBIA UNIV SCH OF NURSING/MIDWIFERY	NEW YORK

3170	COLUMBIA UNIV/ETP PROGRAM	NEW YORK
3179	COLUMBIA UNIVERSITY SCHOOL OF NURSING	NEW YORK
2865	NEW YORK UNIV/N.M. EDU PROGRAM	NEW YORK
3097	STATE UNIVERSITY OF NEW YORK @ STONY BROOK	STONY BROOK
NORTH CAROLINA		
2838	EAST CAROLINA UNIV/SCH OF NURSING	GREENVILLE
OHIO		
3176	UNIVERSITY OF CINCINNATI	CINCINNATI
2504	CASE WESTERN RESERVE UNIV NURSE-MIDWIFERY	CLEVELAND
3175	OHIO STATE UNIVERSITY	COLUMBUS
OREGON		
2505	OREGON HEALTH SCIENCES UNIV SCH OF NURS	PORTLAND
PENNSYLVANIA		
1630	UNIV OF PENNSYLVANIA SCH OF NURSING	PHILADELPHIA
RHODE ISLAND		
2890	UNIVERSITY OF RHODE ISLAND	KINGSTON
SOUTH CAROLINA		
1622	MED UNIV OF SOUTH CAROLINA NURSE MIDWIFERY	CHARLESTON
TENNESSEE		
2984	VANDERBILT	NASHVILLE
3094	VANDERBILT UNIV/SCH OF NURS/N.M. PROG	NASHVILLE
TEXAS		
2930	*PARKLAND SCH OF NUR/UNIV OF TX SWMC	DALLAS
2837	UNIV OF TEXAS @ EL PASO NURSE-MIDWIFERY	EL PASO
2983	UNIV OF TX MED BRANCH @ GALVESTON	GALVESTON
3095	BAYLOR COLL OF MED/N.M. PROG	HOUSTON
UTAH		
1632	UNIV OF UTAH COLL OF NURSING	SALT LAKE CITY
WASHINGTON		
2981	UNIVERSITY OF WASHINGTON	SEATTLE

WISCONSIN		
2982	MARQUETTE UNIV/COLL OF NURSING	MILWAUKEE

PROGRAMS FOR PHYSICIAN ASSISTANT (PA & PA-C)

ALABAMA		
3055	UNIVERSITY OF SOUTH ALABAMA	MOBILE
ALASKA		
0698	ANCHORAGE COMMUNITY COLLEGE	ANCHORAGE
ARIZONA		
3148	**MIDWESTERN UNIVERSITY @ GLENDALE CAMPUS	GLENDALE
2950	ARIZONA SCHOOL OF HEALTH SCIENCES	PHOENIX
ARKANSAS		
3132	HARDING UNIVERSITY	SEARCY
CALIFORNIA		
1772	CAL STATE UNIV DOMINQUEZ HILLS	LOS ANGELES
2573	CHARLES R. DREW UNIV OF MED & SCIENCE	LOS ANGELES
2511	UNIVERSITY OF SOUTHERN CALIFORNIA	LOS ANGELES
3161	**RIVERSIDE COMMUNITY COLLEGE	MORENO VALLEY
3162	**SAMUEL MERRITT COLLEGE	OAKLAND
1719	STANFORD UNIV/FOOTHILL COLLEGE	PALO ALTO
2527	WESTERN UNIVERSITY OF HEALTH SCIENCES	POMONA
1918	UNIVERSITY OF CALIFORNIA-DAVIS	SACRAMENTO
3203	**LOMA LINDA UNIVERSITY	LOMA LINDA
COLORADO		
1670	UNIV OF COL SCH OF MED PHY ASST PRG	DENVER
3131	**RED ROCK COMMUNITY COLLEGE	WHEAT RIDGE
CONNECTICUT		
2923	QUINNIPIAC COLLEGE	HAMDEN
2512	YALE UNIV SCH OF MED PHY ASST PROG	NEW HAVEN
DISTRICT OF COLUMBIA		
2513	GEORGE WASHINGTON UNIVERSITY	WASHINGTON
2514	HOWARD UNIV COLL OF ALLIED HLTH SCI	WASHINGTON
FLORIDA		
2515	UNIVERSITY OF FLORIDA	GAINESVILLE

1660	MIAMI DADE COMMUNITY COLLEGE	MIAMI
3088	BARRY UNIVERSITY	MIAMI SHORES
2858	NOVA SOUTHEASTERN UNIV PHY ASST PROG	NORTH MIAMI BEACH
GEORGIA		
2516	EMORY UNIV SCH OF MEDICINE PHY ASST PROG	ATLANTA
2517	MEDICAL COLL OF GA PHY ASST PROG	AUGUSTA
3056	SOUTH COLLEGE	SAVANNAH
IDAHO		
2979	IDAHO STATE UNIVERSITY	POCATELLO
ILLINOIS		
3057	SOUTHERN ILLINOIS UNIV-CARBONDALE	CARBONDALE
2574	COOK COUNTY HOSP/MALCOLM X COLLEGE	CHICAGO
2825	MIDWESTERN UNIVERSITY	DOWNERS GROVE
2826	FINCH UNIV OF HLTH SCI/CHICAGO MED SCH	NORTH CHICAGO
INDIANA		
2980	UNIVERSITY OF SAINT FRANCIS	FORT WAYNE
2948	BUTLER UNIV/METHODIST HOSP	INDIANAPOLIS
IOWA		
1637	DES MOINES UNIVERSITY	DES MOINES
2615	UNIV OF IOWA PHYS ASST PROGRAM	IOWA CITY
KANSAS		
1853	WICHITA STATE UNIV/COLL OF HLTH PROFESSIONS	WICHITA
KENTUCKY		
1569	UNIV OF KENTUCKY PHY ASST PROG	LEXINGTON
LOUISIANA		
2947	LOUISIANA STATE UNIV MED CTR	SHREVEPORT
MAINE		
3059	UNIVERSITY OF NEW ENGLAND	BIDDEFORD
MARYLAND		
3058	ANNE ARUNDEL COMMUNITY COLLEGE	ARNOLD
2575	COMMUNITY COLL OF BALTIMORE COUNTY-ESSEX	BALTIMORE
MASSACHUSETTS		

2519	MASSACHUSETTS COLLEGE OF PHARMACY, BOSTON	BOSTON
2528	NORTHEASTERN UNIV PHY ASST PROG	BOSTON
2949	SPRINGFIELD COLLEGE/BACHELORS PROGRAM	SPRINGFIELD
3196	SPRINGFIELD COLLEGE/CERTIFICATE PROGRAM	SPRINGFIELD
MICHIGAN		
3048	GRAND VALLEY STATE UNIVERSITY	ALLENDALE
2529	UNIVERSITY OF DETROIT MERCY	DETROIT
3061	WAYNE STATE UNIVERSITY	DETROIT
1867	WESTERN MICHIGAN UNIV PHY ASST PROG	KALAMAZOO
3060	CENTRAL MICHIGAN UNIVERSITY	MOUNT PLEASANT
MINNESOTA		
2886	AUGSBURG COLLEGE	MINNEAPOLIS
MISSOURI		
3172	**SOUTHWEST MISSOURI STATE UNIVERSITY	SPRINGFIELD
2526	ST. LOUIS UNIV-CERT/BACHELORS PROG	ST. LOUIS
3197	ST. LOUIS UNIV-MASTERS PROGRAM	ST. LOUIS
MONTANA		
3062	ROCKY MOUNTAIN COLLEGE	BILLINGS
2753	MONTANA STATE UNIVERSITY	BOZEMAN
NEBRASKA		
3063	UNION COLLEGE	LINCOLN
2101	UNIV OF NEBRASKA PHYSICIAN ASSISTANT PROGRAM	OMAHA
NEW HAMPSHIRE		
3132	**NOTRE DAME COLLEGE	MANCHESTER
NEW JERSEY		
2978	SETON HALL UNIV-UMDNJ-MASTERS PROGRAM	NEWARK
2525	RUTGERS UNIV/UNIV OFMED & DENT OF N.J.	PISCATAWAY
NEW MEXICO		
3064	UNIVERSITY OF NEW MEXICO SCH OF MEDICINE	ALBUQUERQUE
3204	**UNIVERSITY OF ST. FRANCIS	ALBUQUERQUE
NEW YORK		
2570	ALBANY MED COLL & HUDSON VALLEY COM COL	ALBANY
3049	DAEMEN COLLEGE/BACHELORS PROGRAM	AMHERST
3198	DAEMEN COLLEGE/MASTERS PROGRAM	AMHERST
2578	TOURO COLLEGE SCH OF HEALTH SCIENCES	BAYSHORE

2931	BRONX LEBANON HOSPITAL CENTER	BRONX
2571	BROOKLYN HOSP CTR/LONG ISLAND UNIV	BROOKLYN
2830	STATE UNIV OF N.Y. HLTH SCI CTR @ BROOKLYN	BROOKLYN
2862	D'YOUVILLE COLLEGE/P.A. PROGRAM	BUFFALO
3163	**MERCY COLLEGE	DOBBS FERRY
2922	CATHOLIC MED CTR OF BROOKLYN & QUEENS	FRESH MEADOWS
3164	**TOURO COLLEGE	NEW YORK
2577	CITY UNIV OF N.Y. & HARLEM HOSPITAL CTR	NEW YORK
2633	CORNELL UNIVERSITY MEDICAL COLLEGE	NEW YORK
3194	PACE UNIVERSITY	NEW YORK
3173	**NEW YORK INSTITUTE OF TECHNOLOGY	OLD WESTBURY
2867	ROCHESTER INSTITUTE OF TECHNOLOGY	ROCHESTER
2576	SISTERS OF CHARITY MED CTR/BAYLEY SETON	STATEN ISLAND
3065	WAGNER COLLEGE/STATEN ISLAND UNIV HOSP	STATEN ISLAND
2572	STATE UNIVERSITY OF NEW YORK @ STONY BROOK	STONY BROOK
3066	LE MOYNE COLLEGE	SYRACUSE
NORTH CAROLINA		
2518	DUKE UNIV MED CTR PHY ASST PRG	DURHAM
3067	METHODIST COLLEGE	FAYETTEVILLE
3068	EAST CAROLINA UNIVERSITY	GREENVILLE
2099	WAKE FOREST UNIV SCH OF MEDICINE	WINSTON-SALEM
OHIO		
3195	UNIVERSITY OF FINDLAY FINDLAY	
1565	KETTERING COLL OF MED ARTS/BACHELOR PA PROG	KETTERING
3158	KETTERING COLL OF MED ARTS/CERTIFICATE PROG	KETTERING
2579	CUYAHOGA COMM COLL PRY ASST PROG	PARMA
3069	MEDICAL COLLEGE OF OHIO	TOLEDO
OKLAHOMA		
1718	UNIV OF OKLAHOMA HLTH SCI CTR/PA PROG	OKLAHOMA CITY
2228	BRIAN INSTITUTE	TULSA
OREGON		
3070	PACIFIC UNIVERSITY	FOREST GROVE
2957	OREGON HLTH SCI UNIV PA PROG	PORTLAND
PENNSYLVANIA		
3073	ALLENTOWN COLLEGE OF ST. FRANCIS DE SALES	CENTER VALLEY
3079	CLARION UNIVERSITY	CLARION
2580	GANNON UNIVERSITY P.A. PROGRAM	ERIE
3071	BEAVER COLLEGE	GLENSIDE
3074	SETON HALL COLLEGE	GREENSBURG
3050	LOCK HAVEN UNIVERSITY	LOCK HAVEN
2582	SAINT FRANCIS COLL PHY ASST PROG	LORETTO
3130	**PHILADELPHIA COLLEGE OF OSTEO MEDICINE	PHILADELPHIA
1780	MCP-HAHNEMANN UNIVERSITY	PHILADELPHIA

2958	PHILADELPHIA UNIVERSITY	PHILADELPHIA
3116	ALLEGHENY UNIVERSITY	PHILADELPHIA
2989	CHATHAM COLLEGE	PITTSBURGH
2634	DUQUESNE UNIV-RANGOS SCH OF HLTH SCI-P.A.	PITTSBURGH
2102	MARYWOOD UNIVERSITY	SCRANTON
2581	KING'S COLL PHY ASST PROG	WILKES-BARRE
3072	PENNSYLVANIA COLLEGE OF TECHNOLOGY	WILLIAMSPORT
SOUTH CAROLINA		
2891	MEDICAL UNIVERSITY OF SOUTH CAROLINA	CHARLESTON
SOUTH DAKOTA		
2920	UNIVERSITY OF SOUTH DAKOTA	VERMILLION
TENNESSEE		
2583	TREVECCA NAZARENE COLL PHY ASST PROG	NASHVILLE
TEXAS		
2522	UNIV OF TEXAS SW MED CTR PHY ASST PROG	DALLAS
3174	**UNIVERSITY OF TEXAS-PAN AMERICAN	EDINBURG
3075	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CTR	FORT WORTH
2521	UNIV OF TEXAS MED BRANCH PRY ASST PROG	GALVESTON
2520	BAYLOR COLL OF MEDICINE PHY ASST PROG	HOUSTON
3165	**TEXAS TECH UNIV HLTH SCI CTR	MIDLAND
3043	UNIVERSITY OF TX SAN ANTONIO	SAN ANTONIO
3205	**UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER	SAN ANTONIO
UTAH		
2523	UNIVERSITY OF UTAH SCHOOL OF MEDICINE	SALT LAKE CITY
VIRGINIA		
3166	**JAMES MADISON UNIVERSITY	HARRISONBURG
3133	**EASTERN VIRGINIA MEDICAL SCHOOL	NORFOLK
3076	THE COLLEGE OF HEALTH SCIENCES	ROANOKE
WASHINGTON		
0699	UNIVERSITY OF WASHINGTON/MEDEX NORTHWEST	SEATTLE
WEST VIRGINIA		
2889	THE COLLEGE OF WEST VIRGINIA	BECKLEY
2530	ALDERSON-BROADDUS COLLEGE	PHILIPPI
WISCONSIN		
2960	UNIV OF WISCONSIN-LACROSSE	LACROSSE

2524	UNIV OF WISCONSIN-MADISON-PSY ASST PROG	MADISON
3089	MARQUETTE UNIVERSITY	MILWAUKEE

PROGRAMS FOR HEALTH SERVICE PSYCHOLOGISTS (HSPs)

ARIZONA		
1865	NORTHERN ARIZONA UNIV	FLAGSTAFF
2662	UNIVERSITY OF ARIZONA	TUCSON
ARKANSAS		
3090	UNIVERSITY OF ARKANSAS	FAYETTEVILLE
CALIFORNIA		
3185	WRIGHT UNIVERSITY	BERKELEY
3040	UNIV CA/SAN DIEGO STATE UNIV	LAJOLLA
2137	CALIFORNIA SCH OF PROFESSIONAL PSYCHOLOGY	LOS ANGELES
2797	FULLER THEOLOGICAL SEMINARY	PASADENA
3152	THE FIELDING INSTITUTE	SANTA BARBARA
COLORADO		
2798	UNIVERSITY OF COLORADO	DENVER
2976	UNIVERSITY OF DENVER	DENVER
2818	COLORADO STATE UNIVERSITY	FORT COLLINS
DISTRICT OF COLUMBIA		
2643	GEORGE WASHINGTON UNIVERSITY	WASHINGTON
FLORIDA		
3046	NOVA SOUTHEASTERN UNIVERSITY	FT. LAUDERDALE
3123	UNIVERSITY OF FLORIDA	GAINESVILLE
2952	FLORIDA INSTITUTE OF TECH	MELBOURNE
GEORGIA		
3036	GEORGIA SCH OF PROFESSIONAL PSYCHOLOGY	ATLANTA
HAWAII		
3035	AMERICAN SCH OF PROFESSIONAL PSYCHOLOGY	HONOLULU
2815	UNIV OF HAWAII DEPT OF PSYCHOLOGY	HONOLULU
ILLINOIS		
3167	SOUTHERN IL UNIV-CARBONDALE	CARBONDALE
3191	CHICAGO SCHOOL OF PROFESSIONAL PSY	CHICAGO
1577	ILLINOIS SCHOOL OF PROF PSYCHOLOGY	CHICAGO
3087	NORTHWESTERN UNIVERSITY	CHICAGO

INDIANA		
3149	BALL STATE UNIVERSITY	MUNCIE
2951	INDIANA STATE UNIVERSITY	TERRA HAUTE
IOWA		
3104	UNIVERSITY OF IOWA	IOWA CITY
MASSACHUSETTS		
3112	UNIV OF MASSACHUSETTS	AMHERST
2953	MASSACHUSETTS SCHOOL OF PSYCHOLOGY	WEST ROXBURY
MICHIGAN		
3190	ANDREWS UNIVERSITY	BERRIEN SPRING
3106	CENTRAL MICHIGAN UNIVERSITY	MT. PLEASANT
MINNESOTA		
0773	UNIV OF MINNESOTA	DULUTH
3092	MANKATO STATE UNIVERSITY	MANKATO
2796	MN SCHOOL OF PROFESSIONAL PSYCHOLOGY	MINNEAPOLIS
MISSOURI		
2967	UNIVERSITY OF MISSOURI	COLUMBIA
3091	FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY	SPRINGFIELD
NEBRASKA		
2092	UNIV OF NEBRASKA LINCOLN	LINCOLN
NEW HAMPSHIRE		
3125	ANTIOCH/ NEW ENGLAND	KEENE
NEW MEXICO		
2708	WESTERN NEW MEXICO UNIVERSITY	SILVER CITY
NEW YORK		
3155	YESHIVA UNIV FERKAUF GRAD SCH OF PSY	BRONX
3047	HOFSTRA	LONG ISLAND
NORTH DAKOTA		

3102	UNIVERSITY OF NORTH DAKOTA	GRAND FORKS
OHIO		
2965	THE UNION INSTITUTE	CINCINNATI
3114	UNIVERSITY OF CINCINNATI	CINCINNATI
2956	WRIGHT STATE UNIVERSITY	DAYTON
OKLAHOMA		
3153	UNIVERSITY OF OKLAHOMA	NORMAN
3121	OKLAHOMA STATE UNIVERSITY	STILLWATER
3136	UNIV OF TULSA	TULSA
OREGON		
2985	PACIFIC UNIVERSITY SCHOOL OF PSY	FOREST GROVE
3052	GEORGE FOX UNIVERSITY	NEWBERG
PENNSYLVANIA		
3113	INDIANA UNIV OF PENNSYLVANIA	INDIANA
SOUTH DAKOTA		
1868	UNIV OF SOUTH DAKOTA	VERMILLION
TENNESSEE		
3111	UNIVERSITY OF TENNESSEE	KNOXVILLE
TEXAS		
3077	UNIVERSITY OF TEXAS AT AUSTIN	AUSTIN
2954	UNIVERSITY OF TEXAS AT GALVESTON	GALVESTON
3053	OUR LADY OF THE LAKE	SAN ANTONIO
2987	BAYLOR UNIVERSITY	WACO
UTAH		
1525	UTAH STATE UNIV	LOGAN
3086	BRIGHAM YOUNG UNIVERSITY	PROVO
3192	BRIGHAM YOUNG UNIVERSITY	PROVO
WASHINGTON		
1856	WASHINGTON STATE UNIV DEPT OF PSYCH	PULLMAN
WISCONSIN		
3038	UNIVERSITY OF WISCONSIN	MADISON
3150	MARQUETTE UNIVERSITY	MILWAUKEE

3051	WISCONSIN SCHOOL OF PROFESSIONAL PSY	MILWAUKEE
WYOMING		
3054	UNIVERSITY OF WYOMING	LARAMIE

PROGRAMS FOR SOCIAL WORKERS (SW)

ALABAMA		
1917	UNIV OF ALABAMA SCH OF SOC WORK	TUSCALOOSA
ARIZONA		
1920	ARIZONA STATE UNIV	TEMPE
2266	UNIVERSITY OF ARIZONA	TUCSON
ARKANSAS		
1923	UNIV OF ARKANSAS	LITTLE ROCK
CALIFORNIA		
1941	UNIV OF CAL BERKELEY SCH OF SOC WELFARE	BERKELEY
1926	CAL STATE UNIV FRESNO SCH OF SOC WORK	FRESNO
1944	UNIV OF CAL LOS ANGELES SCH OF SOC WORK	LOS ANGELES
1947	UNIV OF SOUTHERN CAL SCH OF SOC WORK	LOS ANGELES
1929	CAL STATE UNIV SACRAMENTO SOC WORK	SACRAMENTO
1935	SAN DIEGO STATE SCH OF SOC WORK	SAN DIEGO
1936	SAN FRANCISCO STATE UNIV SCH OF SOC WELFARE	SAN FRANCISCO
1932	CAL STATE UNIV OF SAN JOSE SOC WORK	SAN JOSE
COLORADO		
1950	UNIV OF DENVER SCH OF SOC WORK	DENVER
2641	COLORADO STATE UNIVERSITY	FORT COLLINS
CONNECTICUT		
1953	UNIV OF CONNECTICUT HARTFORD SCH OF SOC WORK	WEST HARTFORD
DISTRICT OF COLUMBIA		
1956	CATHOLIC UNIV OF AMERICA SOCIAL SERVICE	WASHINGTON
1959	HOWARD UNIV SCH OF SOC WORK	WASHINGTON
FLORIDA		
1962	BARRY COLL SCH OF SOC WORK	MIAMI SHORES
1965	FLORIDA STATE UNIV SCH OF SOC WORK	TALLAHASSEE
GEORGIA		

1971	UNIV OF GEORGIA SCH OF SOC WORK	ATHENS
1968	ATLANTA UNIV SCH OF SOC WORK	ATLANTA
HAWAII		
1974	UNIV OF HAWAII SCH OF SOC WORK	HONOLULU
ILLINOIS		
1980	LOYOLA UNIV OF CHICAGO SCH OF SOC WORK	CHICAGO
1983	UNIV OF CHICAGO SOCIAL SERVICE ADMIN	CHICAGO
1986	UNIV OF ILLINOIS CHICAGO JANE ADDAMS SCH	CHICAGO
1977	GEORGE WILLIAMS COLL SOC WORK EDUC	DOWNERS GROVE
1989	UNIV OF ILLINOIS URBANA SCH OF SOC WORK	URBANA
INDIANA		
1992	INDIANA UNIV SCH OF SOC SERVICE	INDIANAPOLIS
IOWA		
1995	UNIV OF IOWA SCH OF SOC WORK	IOWA CITY
KANSAS		
1998	UNIV OF KANSAS SCH OF SOC WELFARE	LAWRENCE
KENTUCKY		
2001	UNIV OF KENTUCKY SOCIAL PROFESSIONS	LEXINGTON
2005	UNIV OF LOUISVILLE RAYMOND KENT SCH	LOUISVILLE
LOUISIANA		
2008	LOUISIANA STATE UNIV SCH OF SOC WELFARE	BATON ROUGE
2010	TULANE UNIV SCH OF SOC WORK	NEW ORLEANS
MAINE		
3151	UNIVERSITY OF NEW ENGLAND	BIDDEFORD
MARYLAND		
2013	UNIV OF MARYLAND BALTIMORE SOC WORK	BALTIMORE
MASSACHUSSETTS		
2019	BOSTON UNIV SCH OF SOC WORK	BOSTON
2022	SIMMONS COLL SCH OF SOC WORK	BOSTON
2016	BOSTON COLL SCH OF SOC WORK	CHESTNUT HILL
2025	SMITH COLL SCH FOR SOC WORK	NORTHAMPTON
MICHIGAN		

2031	UNIV OF MICHIGAN SCH OF SOC WORK	ANN ARBOR
2034	WAYNE STATE UNIV SCH OF SOC WORK	DETROIT
2028	MICHIGAN STATE UNIV SCH OF SOC WORK	EAST LANSING
2037	WESTERN MICHIGAN UNIV SCH OF SOC WORK	KALAMAZOO
3126	EASTERN MICHIGAN UNIV	YPSILANTI
MINNESOTA		
2040	UNIV OF MINNESOTA DULUTH SCH OF SOC WORK	DULUTH
2043	UNIV OF MINNESOTA MPLS SCH OF SOC WORK	MINNEAPOLIS
2272	UNIV OF MINNESOTA	MORRIS
MISSISSIPPI		
2046	UNIV OF SOUTHERN MISSISSIPPI SOC WORK	HATTIESBURG
MISSOURI		
2052	UNIV OF MISSOURI COLUMBIA SCH OF SOC WORK	COLUMBIA
2049	ST. LOUIS UNIV SCH OF SOC WORK	ST. LOUIS
2055	WASHINGTON UNIV B W BROWN SCH	ST. LOUIS
MONTANA		
2252	EASTERN MONTANA COLL	BILLINGS
NEBRASKA		
2058	UNIV OF NEBRASKA SCH OF SOC WORK	OMAHA
NEVADA		
3159	UNIVERSITY OF NEVADA	LAS VEGAS
NEW JERSEY		
2061	RUTGERS UNIV SCH OF SOC WORK	NEW BRUNSWICK
NEW MEXICO		
1910	NEW MEXICO HIGHLAND UNIV	LAS VEGAS
NEW YORK		
2079	SUNY AT ALBANY SCH OF SOC WELFARE	ALBANY
2082	SUNY AT BUFFALO SCH OF SOC WORK	BUFFALO
2064	ADELPHI UNIV SCH OF SOC WORK	GARDEN CITY
2067	COLUMBIA UNIV SCH OF SOC WORK	NEW YORK
2070	CUNY HUNTER COLL SCH OF SOC WORK	NEW YORK
2073	FORDHAM UNIV SCH OF SOC SERVICE	NEW YORK
2076	NEW YORK UNIV SCH OF SOC WORK	NEW YORK
2091	YESHIVA UNIV WURZWEILER SCH OF SOC WORK	NEW YORK
2085	SUNY AT STONY BROOK SCH OF SOC WELFARE	STONY BROOK

2088	SYRACUSE UNIV SCH OF SOC WORK	SYRACUSE
NORTH CAROLINA		
2094	UNIV OF NORTH CAROLINA	CHAPEL HILL
NORTH DAKOTA		
3103	UNIVERSITY OF NORTH DAKOTA	GRAND FORKS
OHIO		
3110	UNIVERSITY OF CINCINNATI	CINCINNATI
2097	CASE WESTERN RESERVE UNIV APPLIED SOC WORK	CLEVELAND
2100	OHIO STATE UNIV	COLUMBUS
OKLAHOMA		
2242	SOUTHEASTERN STATE UNIV	DURANT
2103	UNIV OF OKLAHOMA SCH OF SOC WORK	NORMAN
OREGON		
2106	PORTLAND STATE UNIV	PORTLAND
1682	UNIV OF PORTLAND	PORTLAND
PENNSYLVANIA		
2109	BRYN MAWR COLL	BRYN MAWR
2115	TEMPLE UNIV SCH OF SOC ADMIN	PHILADELPHIA
2118	UNIV OF PENNSYLVANIA	PHILADELPHIA
2121	UNIV OF PITTSBURGH	PITTSBURGH
2112	MARYWOOD COLL SCH OF SOC WORK	SCRANTON
PUERTO RICO		
2124	UNIV OF PUERTO RICO SCH OF SOC WORK	RIO PIEDRAS
RHODE ISLAND		
2234	RHODE ISLAND COLL	PROVIDENCE
SOUTH CAROLINA		
2127	UNIV OF SOUTH CAROLINA COLL OF SOC WORK	COLUMBIA
SOUTH DAKOTA		
2194	BLACK HILLS STATE COLL	SPEARFISH
TENNESSEE		

2130	UNIV OF TENNESSEE KNOXVILLE SCH OF SOC WORK	KNOXVILLE
2133	UNIV OF TENNESSEE MEMPHIS SCH OF SOC WORK	MEMPHIS
2136	UNIV OF TENNESSEE NASHVILLE SCH OF SOC WORK	NASHVILLE
TEXAS		
2145	UNIV OF TEXAS AT ARLINGTON SCH OF SOC WORK	ARLINGTON
2146	UNIV OF TEXAS AT AUSTIN SCH OF SOC WORK	AUSTIN
2142	UNIV OF HOUSTON SCH OF SOC WORK	HOUSTON
2139	OUR LADY OF THE LAKE COLL WORDEN SCH	SAN ANTONIO
UTAH		
2148	UNIV OF UTAH SCH OF SOC WORK	SALT LAKE CITY
VIRGINIA		
2152	NORFOLK STATE COLL SCH OF SOC WORK	NORFOLK
2151	VIRGINIA COMMONWEALTH UNIV SCH OF SOC WORK	RICHMOND
WASHINGTON		
2155	EASTERN WASHINGTON UNIV EMPIRE SCH	CHENEY
2154	UNIV OF WASHINGTON SCH OF SOC WORK	SEATTLE
0274	SPOKANE FALLS COMM COLL	SPOKANE
1681	UNIV OF PUGET SOUND	TACOMA
2720	WALLA WALLA COLLEGE	WALLA WALLA
WEST VIRGINIA		
2157	WEST VIRGINIA UNIV SCH OF SOC WORK	MORGANTOWN
WISCONSIN		
2160	UNIV OF WISCONSIN MADISON SCH OF SOC WORK	MADISON
2163	UNIV OF WISCONSIN MILWAUKEE SOCIAL WELFARE	MILWAUKEE
WYOMING		
0834	UNIV OF WYOMING	LARAMIE

PROGRAMS FOR MARRIAGE AND FAMILY THERAPISTS (MFT)

ARKANSAS		
3157	HARDING UNIVERSITY	SEARCY
CALIFORNIA		
3082	FULLER THEOLOGICAL	PASADENA
2974	THE FIELDING INSTITUTE	SANTA BARBARA

FLORIDA		
3084	UNIVERSITY OF FLORIDA	GAINESVILLE
GEORGIA		
3142	UNIVERSITY OF GEORGIA	ATHENS
ILLINOIS		
3108	NORTHERN ILLINOIS UNIVERSITY	DEKALB
KANSAS		
3137	KANSAS STATE UNIV	MANHATTAN
KENTUCKY		
3168	MOREHEAD STATE UNIVERSITY	MOREHEAD
SOUTH DAKOTA		
3085	SOUTH DAKOTA STATE UNIV	BROOKINGS
3105	NORTH AMERICAN BAPTIST SEMINARY	SIoux FALLS

* Certificate Program
** Provisional Program