



National Health Service Corps Loan Repayment Program

Fiscal Year 2021 Continuation Application & Program Guidance

September 2020

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, Maryland 20857

For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) 8:00 a.m. to 8:00 p.m. ET.

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended
Section 331(i) of the Public Health Service Act (42 USC 254d(i)), as amended
Future changes in the governing statute, implementing regulations and Program Guidances may also be applicable to National Health Service Corps Loan Repayment Program participants.*

CFDA Number 93.162

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PRIVACY ACT NOTIFICATION STATEMENT

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended.

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to recruit and retain primary care clinicians in eligible communities of need designated as Health Professional Shortage Areas. The information supplied by applicants will be used to evaluate their eligibility, qualifications, and suitability for being awarded an NHSC LRP Continuation Contract. Information from other sources (e.g., credit bureau reports and National Practitioner Data Bank reports) will also be considered.

An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records to be used within the U.S. 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 Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses described in the [System of Record Notice 09-15-0037](#). An NHSC LRP participant's, name, discipline, specialty, business address, 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 replies to questions related to Race/Ethnicity (Section 2 of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

The purpose of this information collection is to obtain information through the National Health Service Corps (NHSC) Loan Repayment Program (LRP), NHSC Substance Use Disorder (SUD) Workforce LRP, and the NHSC Rural Community LRP applications, which are used to assess an LRP applicant's eligibility and qualifications for the LRP and to obtain information for NHSC site applicants. Clinicians interested in participating in a NHSC LRP must submit an application to the NHSC to participate in one of the NHSC programs, and health care facilities must submit an NHSC Site Application and Site Recertification Application to determine the eligibility of sites to participate in the NHSC as an approved service site. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 03/31/2023. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Non-Discrimination Policy Statement

In accordance with applicable federal laws and U.S. Department of Health and Human Services policy, the Department does not discriminate on the basis of any non-merit factor, including race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

Please read this Application and Program Guidance (Guidance) in its entirety before proceeding with an application. This Guidance explains in detail the rights and obligations of individuals selected to continue participating in the National Health Service Corps (NHSC) Loan Repayment Program (LRP). A complete understanding of the commitment to serve at an NHSC-approved service site and the financial, legal, and other consequences of failing to perform that commitment is critical to successful completion of the mandatory service obligation associated with any NHSC LRP award.

Important Dates

NHSC LRP participants should be aware of the following key dates:

- [Application Submission Dates:](#)

Contract End Dates Between:	Application Cycle Start and End Dates:
September 30, 2020 – June 30, 2021	September 3, 2020 – October 1, 2020
July 1, 2021 – August 31, 2021	December 01, 2020 – January 7, 2021
September 1, 2021 – September 29, 2021	April 20, 2021 – May 13, 2021

- Notification of Award: Award notifications will be sent on a rolling basis (depending upon the application cycle start and end dates outlined above) but will be completed no later than September 30, 2021.
- Contract Termination Deadline: Up to **60 days** after the effective date of the contract

PROGRAM OVERVIEW

INTRODUCTION

The NHSC LRP is administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC LRP seeks primary care physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and certain behavioral and mental health providers (psychiatrists, health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatric nurse specialists, and licensed professional counselors) to provide culturally competent, interdisciplinary primary health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) (see the “[Definitions](#)” section). HPSAs can be found in rural and urban communities across the nation. In return, the NHSC LRP assists clinicians in their repayment of outstanding qualifying educational loans.

NHSC LRP Continuation Contract

The NHSC Continuation Contract is an opportunity for NHSC LRP and NHSC Students to Service (S2S) LRP clinicians to continue participating in the NHSC once their initial contract has been completed. In exchange for an additional year of service, a qualified NHSC participant may receive additional loan repayment up to a maximum of \$20,000. In response to the current opioid crisis across the country, the NHSC will also provide up to a \$5,000 award enhancement – in addition to their base continuation award – for Physicians, Nurse Practitioners, Physician Assistants, and Certified Nurse Midwives that possess a waiver under 21 U.S.C. § 823(g)(2), otherwise known as a Drug Addiction and Treatment Act of 2000 (DATA 2000) waiver. The primary purpose of this enhancement is to ensure an agile health workforce that is knowledgeable about the needs of patients with opioid use disorder, an ever-increasing population within HPSAs. The enhancement will be granted to these participants, provided that their outstanding qualifying loan balances are not less than the combination of the award enhancement and their base continuation award.

There is no guarantee that a participant will receive a Continuation Contract for continued participation in the program beyond the initial contract. Continuation Contracts are made at the government’s discretion and are subject to the availability of appropriated funds. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed and funds awarded in a timely manner. Applicants should note that this *Guidance* may be cancelled prior to award recommendations in the absence of funding.

Note: S2S LRP participants must have completed three years of NHSC service under their original NHSC S2S LRP contract before beginning an additional year of service under a Continuation Contract. The participant’s first Continuation Contract year LRP award will be equivalent to the fourth year of NHSC service.

ELIGIBILITY REQUIREMENTS AND AWARD PROCESS

Eligibility Requirements for Continuation Contract Awards

To remain eligible for loan repayment and to receive a Continuation Contract, participants must meet **all** of the following requirements:

- (1) Continue working at the NHSC-approved practice site listed on their Employment Verification Form (EVF) and in the [BHW Customer Service Portal](#) profile.
- (2) Be in compliance with NHSC service requirements (see the "[Service Obligation Requirements](#)" section).
- (3) Applied all previous NHSC LRP or NHSC S2S LRP award funds to the reduction of qualifying educational loans approved by the NHSC, as listed on the last Payment Authorization Worksheet (PAW).
 - a. Loans approved for payment are listed on the PAW provided with the most recent NHSC LRP or NHSC S2S LRP award letter.
 - b. A detailed payment history from the lender of each qualified loan must be submitted with the Continuation Contract application. The verification document must be uploaded to the application and must clearly show that the entire award amount was applied to the approved loans during the most recent NHSC LRP contract period.
 - c. Be advised that payment histories may take 30 or more days to obtain from lenders, therefore, to ensure it is received prior to the deadline for submitting the Continuation Contract application, a participant should request payment histories well in advance. To expedite the process, many lenders make payment histories available online. The payment history must include:
 - i. the Lender's name;
 - ii. the account holder's name (LRP participant); and
 - iii. the account number.
 - d. The most recent loan account statement(s) must be submitted with the Continuation Contract application.
 - e. Cancelled checks, bank statements, and Excel and Word documents are **not** accepted as verification that award funds were applied to the qualifying loans.
- (4) Submit a complete application through the [BHW Customer Service Portal](#) prior to the end date of the application cycle (see the "[Continuation Contract Application Process](#)" section).

Eligibility Requirements for Enhanced Continuation Contract Awards

To be eligible for an award enhancement, participants must meet **all** of the requirements to receive a Continuation Contract as stated above. In addition to the application, applicants applying for a \$5,000 award enhancement must also submit a current valid Drug Enforcement Administration (DEA) Registration Certificate that clearly reflects the possession of a DATA 2000 waiver.

Service Options and Award Amounts

Program options include:

- 1) Full-Time Clinical Practice. The NHSC will pay up to \$20,000 (\$25,000 with DATA 2000 waiver) for the first additional year of full-time clinical practice defined as no less than 40 hours per week, for a minimum of 45 weeks a year.
- 2) Half-Time Clinical Practice. The NHSC will pay up to \$10,000 (\$15,000 with DATA 2000 waiver) for the first additional year of half-time clinical practice defined as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per year.

Continuation Contract award levels vary, depending on the number of years a clinician has participated with the NHSC. For FY 2021, subject to appropriations, the award levels are estimated to be:

	Full-Time	Full-Time with DATA 2000 Waiver	Half-Time	Half-time with DATA 2000 Waiver
3 rd year of NHSC Service	\$20,000	\$25,000	\$10,000	\$15,000
4 th year NHSC Service	\$20,000	\$25,000	\$10,000	\$15,000
5 th year NHSC Service and beyond	\$10,000	\$15,000	\$5,000	\$10,000

The following limitations apply to award amounts:

1. NHSC participants who qualify for a continuation award enhancement can only receive this enhancement **once** during their lifetime.
2. Award amounts will not exceed the remaining balance of a participant’s previous qualifying educational loans, as approved by the NHSC. For example, a full-time participant in their 3rd or 4th year of service who has an outstanding qualified debt of \$19,500 will only receive \$19,500 rather than the full \$20,000 award for which the participant is eligible.

NHSC LRP awards are exempt from federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act.

Continuation Contract Application Process

The NHSC Continuation Contract application is completed through the [BHW Customer Service Portal](#). All continuation application cycles are based on the current participant’s contract end date. See the [“Important Dates”](#) section for the range of contract end dates and the corresponding application open and close periods for submission. Participants who fail to submit their Continuation Contract application within the designated timeframe may not be allowed to apply at a later date. In the event the deadline is missed, you may be required to apply and compete for a new two-year initial contract.

Selection Factors

Applicants who meet the eligibility criteria outlined above must also demonstrate that they:

- 1) **Have a history of honoring prior legal obligations.** The NHSC will perform a hard inquiry¹ with the credit bureaus prior to making the award decision. NHSC LRP applicants who do not have a history of honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:
 - a. Default on any federal payment obligations, e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration Loans, federal income tax liabilities, federally guaranteed/insured loans (e.g., student or home mortgage loans) or any non-federal payment obligations (e.g., court-ordered child support payments or state tax liabilities), even if the applicant is currently considered to be in good standing by that creditor.
 - b. Write-offs/charge-offs of any federal or non-federal debts as uncollectible or waiver of any federal service or payment obligation.
 - c. Default on a prior service obligation. Applicants who have defaulted on a prior service obligation to the federal government, a state or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means.
 - d. Judgment liens arising from federal debt.
 - e. Failure/refusal to provide appropriate permission/consent for the NHSC to access the participant's credit report and failure/refusal to unfreeze a frozen credit report.

- 2) **Are not in breach of any service obligation.** NHSC LRP applicants will not be selected for an award if the participant is in breach of a health professional service obligation to a federal, state, or other entity.

- 3) **Are not currently excluded, debarred, suspended, or disqualified by a federal agency.** NHSC LRP applicants are required to report certain information, which is described in the "Certification Regarding Debarment, Suspension, Disqualification and Related Matters" section of the online application. The applicant must sign the certification that is applicable to their situation. As a condition of participating in the NHSC LRP, a participant must agree to provide immediate written notice to the NHSC LRP if the participant learns that the participant failed to make a required disclosure or that a disclosure is now required due to changed circumstances. The NHSC will verify each participant's status through [Bureau of the Fical Service: Do Not Pay](#).

- 4) **Do not have an existing current service obligation and agree not to incur any service obligation that would be performed concurrently with, or overlap with, their NHSC LRP service obligation.** Applicants will not be selected if they have, or will incur, any outstanding service obligation for health professional or other service to the **federal government** (e.g., an

¹ According to the U.S. Consumer Financial Protection Bureau, these inquiries "are typically inquiries by lenders after you apply for credit. These inquiries will impact your credit score because most credit scoring models look at how recently and how frequently you apply for credit." (Source: [U.S. Consumer Financial Protection Bureau](#))

active military obligation, an NHSC Scholarship Program obligation, Indian Health Service (IHS) Loan Repayment Program obligation, or a NURSE Corps Loan Repayment Program obligation); **a state** (e.g., a State Loan Repayment Program obligation); or **other entity** (e.g., a recruitment bonus that obligates them to remain employed at a certain site).

- 5) **Failure to comply with program and service requirements.** Participants who fail to comply with NHSC program and service requirements that are applicable to their current contract, as evidenced by one or more of the following factors, may **not** be selected for a Continuation Contract:
- a. **Failure to submit 6-month In-Service Verifications (ISV) in a timely manner.** Participants with any ISV(s) that are more than 60 days delinquent.
 - b. **Unauthorized conversion to half-time.** If a participant converts from a full-time to half-time schedule without first requesting a conversion and obtaining the NHSC's approval.
 - c. **Leaving site without authorization.** A participant's failure to alert the NHSC that the participant has left or is going to leave one or more of the participant's NHSC-approved sites, or making irreversible plans to leave one or more of their NHSC-approved sites of record.
 - d. **Unauthorized transfers.** Participants who transfer to another site prior to obtaining NHSC approval.
 - e. **Failure to adhere to other program timelines and policies.** Participants who fail to disclose information regarding their service that impacts the terms and conditions of their current NHSC contract (e.g., working at an additional site), fail to submit documentation for service requests in a timely manner, or who refuse to accept an NHSC site assignment (in cases of unemployed clinicians).
 - f. **Excessive absences.** Participants with absences in excess of 7 weeks (35 full-time work days) per service year, without a documented medical, personal, or otherwise substantiated reason.

Note: The [selection factors](#) listed above (1-5), if not addressed, may result in being placed in default. For purposes of selecting individuals for a Continuation Contract, an individual may be deemed unqualified if any of the above factors are present, despite an individual's subsequent actions to return to compliance.

Submitting Additional Loans for Repayment

The NHSC will consider the repayment of additional educational loans with a Continuation Contract under the following circumstances:

- (1) **Loans previously obtained, but not previously submitted.** Loans obtained prior to submitting the initial NHSC LRP or NHSC S2S LRP application may be submitted for review with the Continuation Contract application. Loans obtained since submitting the initial NHSC LRP or NHSC S2S LRP application do not qualify for repayment consideration under a Continuation Contract and should not be submitted for review.
- (2) **Loans obtained for a new discipline.** NHSC LRP or NHSC S2S LRP participants who have obtained loans for another health professions degree since submitting their initial NHSC LRP

or NHSC S2S application, and now wish to serve in their new discipline or specialty, may not submit the loans associated with the new degree when applying for a continuation award. In order to have the new loans considered for repayment, the participant must submit them with an application for a new two-year contract during an open application cycle for new NHSC participants. The application for a new two-year contract will be reviewed competitively against other applications.

Award Process and Application Withdrawal

The NHSC will notify participants if their Continuation Contract has been approved and countersigned by the Secretary or his designee, prior to the end of the current service obligation. The Continuation Contract becomes effective when:

- (1) The participant has fully completed the current LRP service commitment; and
- (2) The Secretary or his designee has countersigned the contract document.

Continuation Contract applications can be withdrawn by the participant any time before a contract is countersigned by the Secretary or his designee. To withdraw the application, the participant must log in to their [BHW Customer Service Portal](#) account and follow the relevant instructions.

UNDERSTANDING THE CONTRACT AND SERVICE OBLIGATION

Service Obligation

In return for receiving an NHSC continuation award, current NHSC LRP or NHSC S2S LRP participants agree to provide an additional one (1) year of clinical practice at an NHSC-approved site in a HPSA after their initial contract has been completed.

All participants must notify the NHSC of changes in personal information. Applicants and participants must provide the NHSC with notification of any changes to their contact information (e.g., name change, email, mailing address, or telephone number) prior to the change occurring, if possible, or immediately after the change occurs. Applicants can manage their contact information through their online application account on the “Account Settings” page. NHSC participants have been provided with information for logging into the [BHW Customer Service Portal](#). The NHSC frequently corresponds with participants through the online portal and by email. It is important that applicants check their email regularly for correspondence from the NHSC and makes certain to disable SPAM blockers (or check the SPAM folder).

Contract Terminations

An NHSC LRP Continuation Contract becomes fully executed (and effective) on the date that the contract is signed by both the participant and the Secretary (or the Secretary’s designee). The Secretary may terminate an NHSC LRP contract only if the participant:

- (1) Submits a written request to terminate the contract no later than **sixty (60) days** after the effective date of the contract; and
- (2) Repays all LRP funds paid to, or on behalf of, the participant under that contract.

A written request for contract termination should be submitted through the [BHW Customer Service Portal](#). If the NHSC LRP funds have been disbursed to the participant, the participant will receive separate instructions via the [BHW Customer Service Portal](#) or directly from an NHSC representative outlining the process for returning the awarded funds.

The Secretary cannot grant a participant's request to terminate their FY 2021 NHSC LRP contract after the 60-day deadline. **Requests to terminate the contract after sixty (60) days will not be considered.** Participants who do not meet the conditions for contract termination will be expected to perform their obligations under the contract. Failure to fulfill the terms of the contract may be considered a breach of contract.

Practice Agreement Types

There are three (3) practice types available to NHSC participants:

- a. **Federal Assignment.** NHSC LRP participants serving as federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service (USPHS) Commissioned Corps and will typically be working at a federal site (e.g., an IHS hospital). Participants assigned as Civil Servants may request to serve half-time (subject to federal personnel regulations); USPHS Commissioned Officers must serve full-time.
- b. **Private Practice Assignment (PPA).** Under a PPA, an NHSC LRP participant is employed by a public or private entity and is subject to the personnel system (i.e., employment policies) of the entity to which they are assigned. In addition, the site assures that the participant will receive a salary and malpractice coverage at least equal to what they would have received as a civilian employee of the U.S. Government. Malpractice insurance, including tail coverage, can be provided through a commercial carrier or through the Federal Tort Claims Act, if available. The PPA service option is available to both full-time and half-time participants.
- c. **Private Practice Option (PPO).** Under the PPO, an NHSC LRP participant may be (a) self-employed (e.g., a solo practitioner or co-owner of the site at which the applicant works); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible, NHSC-approved site who is not receiving salary and malpractice coverage at least equal to what they would receive as a federal civil servant. In order to serve under the PPO, the participant must submit a PPO request (application) and, if the NHSC approves such the request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. The PPO service option is open only to full-time participants.

If a participant is...	and their salary and malpractice/tail coverage are...	The participant will serve under a:
A federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment (FA)
NOT a federal employee but an employee of an NHSC-approved site	<i>at least equal to</i> what they would earn as a civilian employee of the U.S. government	Private Practice Assignment (PPA)
NOT a federal employee but an employee of an NHSC-approved site	<i>less than</i> what they would earn as a civilian employee of the U.S. government	Private Practice Option (PPO)
NOT a Federal employee but a contractor to an eligible NHSC-approved site, or a member or co-owner of a group practice in an NHSC-approved site, or a solo practitioner in an eligible NHSC-approved site	whatever income they earn or generate; whatever malpractice coverage they purchase or receive	PPO

SERVICE OBLIGATION REQUIREMENTS

NHSC participants are required to engage in the full-time or half-time (as applicable) clinical practice of the profession for which they applied and were awarded an NHSC Continuation Contract for a period of one (1) year, at their NHSC-approved practice site(s).

Serving at Multiple Sites

If a participant works at more than one site (e.g., several satellite clinics), each site must be an NHSC-approved service site. Participants who work at more than one site must provide patient care at each NHSC-approved service site. The participant must confirm all service locations on the application, and the site Point of Contact (POC) at each site must verify the participant's employment by completing the online EVF. Participants who intend to work at a site other than the one(s) listed in the [BHW Customer Service Portal](#), must be NHSC-approved prior to the participant submitting an application. A participant will be asked to list all locations where the participant is /will be working on the application and complete an EVF for each. If any information on the EVF does not match information provided by the applicant on the application or what is contained in the [BHW Customer Service Portal](#), the Continuation Contract application will be deemed ineligible.

Inpatient Settings

Inpatient hospital settings (except Critical Access Hospitals (CAHs) and IHS Hospitals) are not eligible NHSC service sites. Thus, clinicians whose employment is fully in an inpatient setting are not eligible for an NHSC continuation award. Hospitalists do not qualify for the NHSC LRP unless they can

consistently meet the required minimum number of hours per week in an approved outpatient setting, as set forth in the "[Full-Time Clinical Practice](#)" and "[Half-Time Clinical Practice](#)" sections.

The CAHs and IHS Hospitals must provide comprehensive primary care and related inpatient services. They must also demonstrate an affiliation (either through direct ownership or affiliation agreement) with an outpatient primary care clinic. Both the CAHs and IHS Hospitals and their affiliated primary care clinics must submit separate site applications during the same application cycle and certify compliance with the NHSC Site Agreement.

Military Service

Individuals in a reserve component of the Armed Forces, including the National Guard, are eligible to participate in the NHSC LRP. Reservists should understand the following:

- 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 seven weeks (35 work days) per service year, the participant should request a suspension (see the "[Suspensions & Waivers](#)" section). The NHSC LRP service commitment end date will be extended to compensate for the break in NHSC service.
- If reservists are deployed, they are expected to return to the NHSC-approved service site where they were serving prior to deployment. If unable to do so, reservists must request a transfer to another NHSC-approved service site. If reservists fail to seek a transfer and subsequently refuses to accept an NHSC assignment to another service site, they will be in breach of the NHSC Continuation Contract.

NHSC participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their NHSC obligation are subject to the default provision of their NHSC Continuation Contract.

Clinical Practice Requirements

NHSC participants may fulfil their service via full-time or half-time clinical practice. The following definitions apply to both full-time and half-time clinical practice:

1. Time spent "on call" will not be counted towards the service commitment, except to the extent the participant is providing patient care during that period.
2. Clinical-related administrative, managerial or other activities may include:
 - a. Charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment related activities pertaining to the participant's approved NHSC practice.
 - b. Managerial functions, including the managerial duties of a medical director. NHSC LRP applicants serving in a supervisory or managerial capacity cannot count more than eight hours per week of administrative and/or management time (four hours in the case of half-time participants) toward the total required 40 hours per week (or 20-39 hours in the case of half-time participants).

3. Teaching activities, to qualify as clinical practice, require NHSC LRP participants to provide clinical education to students and residents in their area of expertise at the approved service site(s). All teaching must be conducted as directed by the NHSC-approved service site(s). The clinical education may:
 - a. Be conducted as part of an accredited clinical training program;
 - b. Include the clinical supervision of a student/resident that is required in order for that student/resident to receive a license under state law; or
 - c. Include mentoring through a structured program, such as the Centers of Excellence Program or the Health Careers Opportunity Program.
4. Clinical service provided by NHSC participants while a student/resident observes should be counted as patient care, not teaching, as the NHSC LRP participant is treating the patient.

Full-Time Clinical Practice

Full-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than four days per week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week. Additional rules apply based on discipline and practice location (see the [“Full-Time Clinical Practice”](#) section).

These rules apply to the “full-time clinical practice” definitions below:

- Of the overall minimum 40 hours/week, clinical-related administrative activities shall not exceed a total of eight hours per week. For more information, please see the definition for “Clinical-related Administrative, Management, or Other Activities” in the [“Definitions”](#) section.
- Of the minimum number of hours/week allotted for patient care as noted in each category of providers below, teaching shall not exceed a total of eight hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see “Definitions”), teaching activities shall not exceed 20 hours/week.

(1) Medical Providers

- a. **For providers of primary medical care services, including pediatricians and geriatricians:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than eight hours per week may be spent in a teaching capacity. The remaining eight hours/week may be spent providing patient care for patients at the approved site(s), providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to eight hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the

approved site(s), eight hours/week of which may be spent providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.

If working in an IHS Hospital or a Centers for Medicare and Medicaid Services (CMS)-approved CAH, at least 16 hours/week must be spent providing patient care in the IHS or CAH-affiliated outpatient clinic. Of the minimum 16 hours/week spent providing patient care, no more than eight hours/week may be spent in a teaching capacity. The remaining 24 hours/week may be spent providing patient care at the IHS Hospital or CAH or the IHS or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Clinical-related administrative time is limited to eight hours/week.

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics and certified nurse midwives):** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s). Of the minimum 21 hours spent providing patient care, no more than eight hours per week may be spent in a teaching capacity. The remaining 19 hours/week may be spent providing patient care at the approved site(s), eight hours/week of which may be providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to eight hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), eight hours/week of which may be providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to eight hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least 16 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than eight hours per week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to eight hours/week).

(2) Dental Providers

For general dentists and registered dental hygienists, including pediatric dentists: Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than eight hours per week may be spent in a teaching capacity. The remaining eight hours/week are spent providing patient care for patients at the approved site(s), providing patient care in an approved alternative settings (e.g., hospitals and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to eight hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), eight hours/week of which may be spent providing patient care in an approved alternative settings (e.g., hospitals and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to eight hours/week).

Please note that General Dentists, Pediatric Dentists, and Registered Dental Hygienists must serve in dental HPSAs.

(3) Behavioral & Mental Health Providers:

Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 20 hours/week are spent providing patient care at the approved service site(s). Of the minimum 20 hours spent providing patient care, no more than eight hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospitals, nursing homes, and shelters) as directed by the approved site(s). The remaining 20 hours/week may be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved site(s).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), or in schools or other community-based settings, as directed by the approved site(s); only eight hours/week of which may be spent providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or performing clinical-related administrative activities (limited to eight hours/week).

If working in an IHS Hospital or CMS-approved CAH (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 16 hours/week must be spent providing patient care in the IHS or CAH-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than eight hours per week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS or CAH-affiliated outpatient clinic, providing

patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to eight hours/week).

Half-Time Clinical Practice

Half-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 20 hours/week (not to exceed 39 hours/week), for a minimum of 45 weeks each service year. The 20 hours/week may be compressed into no less than two days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other work week. Additional rules apply, based on discipline and practice location. For these rules, see the "[Half-Time Clinical Practice](#)" section.

Note these rules apply to the "half-time clinical practice" definitions below:

- Of the overall minimum 20 hours/week, clinical-related administrative activities shall not exceed a total of four hours per week. For more information, see the definitions for clinical administrative, management or other activities in the "[Definitions](#)" section.
- Of the minimum number of hours/week allotted for patient care, as noted for each category of providers below, teaching shall not exceed a total of four hours/week.

(1) Medical Providers

- a. For providers of primary medical care services, including pediatricians and geriatricians:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than four hours per week may be spent in a teaching capacity. The remaining four hours/week are spent providing patient care at the approved site(s), providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to four hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least eight hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum eight hours spent providing patient care, no more than four hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to four hours/week).

- b. For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives):** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing patient care at the approved service site(s). Of the minimum 11 hours spent providing patient care, no more than four hours per week may

be spent in a teaching capacity. The remaining nine hours/week are spent providing patient care at the approved site(s), providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to four hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least eight hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum eight hours spent providing patient care, no more than four hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to four hours/week).

(2) **Dental Providers**

For general dentists and registered dental hygienists including pediatric dentists: Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than four hours per week may be spent in a teaching capacity. The remaining four hours/week are spent providing patient care at the approved site(s), providing patient care in an approved alternative settings (e.g., hospitals, nursing homes, and shelters) or community-based settings as directed by the approved site(s), or performing clinical-related administrative activities (limited to four hours/week).

Please note that General Dentists, Pediatric Dentists, and Registered Dental Hygienists must serve in dental HPSAs.

(3) **Behavioral & Mental Health Providers:**

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least ten hours/week are spent providing patient care at the approved service site(s). Of the minimum ten hours spent providing patient care, no more than four hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospitals, nursing homes, and shelters), as directed by the approved site(s). The remaining ten hours/week may be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved site(s).

If working in an IHS Hospital or CMS-approved CAH (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least eight hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum eight hours spent providing patient care, no more than four hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS or CAH-affiliated outpatient clinic, providing

patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to four hours/week).

Requirements for School-Based Clinics

All school-based clinics must be NHSC-approved service sites. Participants serving at school-based clinics as their primary service site(s) must provide required documentation (e.g., ISV Forms) that demonstrates the participants are meeting their NHSC service obligation at that facility. For participants serving at an NHSC-approved school-based clinic, the NHSC understands that the school-based clinic may not be open year-round. Providers who work at school-based clinics that are not open year-round will not receive NHSC service credit for any period of time the participants are not serving at a school-based clinic. In order to meet the NHSC's clinical practice requirements, participants who are working at school-based clinics that are not open for a minimum of 45 weeks per service year have the option to work at an additional NHSC-approved site (or sites). The additional NHSC-approved site (or sites) must satisfy the HPSA requirements identified in the participant's initial NHSC LRP contract.

If the participant's school is closed for a portion of the year, and the participant does not have an alternate NHSC-approved site that will enable the participant to fulfill the NHSC's annual clinical practice requirements, the participant's service obligation will be extended.

Telehealth Policies

NHSC participants who are performing telehealth are encouraged to utilize HRSA's [Telehealth Resource Centers \(TRCs\)](#). These centers provide free telehealth technical assistance and training for providers using telehealth.

Subject to the restrictions below, the NHSC will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC clinician) are located in a HPSA and are NHSC-approved.

- a. The NHSC clinician must be practicing in accordance with applicable licensure and professional standards.
- b. NHSC clinicians must be available, at the discretion of the NHSC-approved site, to provide in-person care at the direction of each telehealth site on the LRP application regardless of whether such sites are distant or originating.
- c. Telehealth may be conducted to or from an **alternative setting** as directed by the participant's NHSC-approved site. All service completed in an approved alternative setting are restricted to the program guidelines.
- d. Self-employed clinicians are not eligible for NHSC service credit for telehealth services.
- e. If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).
- f. Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a

minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the NHSC clinician at the distant site. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Home Health Policies

The NHSC does not currently recognize the homes of patients or providers as NHSC-approved sites. As such, home visits may only be conducted at the direction of the NHSC-approved site and may only be counted in the alternative setting allotment for patient care.

PROGRAM COMPLIANCE

The information provided below pertains to compliance with the NHSC LRP service obligations and is not a guarantee that a service site will allow any particular amount of leave.

Worksite Absences

- (1) Full-time participants are allowed to spend no more than seven weeks (35 full-time work days) per service year away from the NHSC-approved service site for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than seven weeks (35 half-time work days) per service year away from their NHSC-approved site for vacation, holidays, continuing professional education, illness, or any other reason.

If a participant works more than the minimum number of hours per week (40 for full-time, 20 for half-time), the only time spent away from the site that will need to be reported (see below “Service Verification”) and deducted from the allowed absences per service year (set forth above) are the hours of absence that cause a participant’s work hours to fall below the required minimum number of hours per week. For example, a half-time participant whose work schedule is 32 hours per week would not need to report 12 hours of sick leave taken, because the participant has still met the requirement of a minimum of 20 hours per week.

Absences over seven weeks (35 work days) will result in the extension of the participant’s service commitment. Participants who have a medical or personal emergency that will result in an extended period of absence will need to request a suspension of the NHSC service commitment and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant’s service commitment end date will be extended accordingly. See the “[Suspensions & Waivers](#)” section.

Maternity/Paternity/Adoption Leave

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the [BHW Customer Service Portal](#). If the participant plans to be away from their site for maternity/paternity/adoption leave, the participant is required to inform the NHSC before taking the leave. The NHSC will allow participants to be away from their site within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant’s

state of residence; however, the participant must also adhere to the leave policies of their NHSC-approved service site. If the participant plans to take additional leave, the participant is required to request a medical suspension (see the “[Suspensions & Waivers](#)” section), which may or may not be approved by the NHSC. Requests should be submitted through the [BHW Customer Service Portal](#). Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the NHSC-approved service site for no more than seven weeks (35 work days) per service year; therefore, a participant’s obligation end date will be extended for each day of absence over the allowable seven weeks (35 work days).

Service Verification

Every six months, the NHSC verifies that participants are fulfilling their service obligation by meeting program requirements. The In-Service Verification must be completed by the participant and the NHSC-approved site POC through the [BHW Customer Service Portal](#). By completing and electronically signing the In-Service Verification, the participant and the site POC are certifying the participant’s compliance with the clinical practice requirements during the preceding six-month period. The verification will also record the time spent away from the service site, hours that fall below 40 (full-time) and 20 (half-time) hours/week.

The site POC must complete and return the six month In-Service Verification in order for the participant to remain in compliance, and it is the participant’s responsibility to ensure that the In Service Verification is accurate and timely submitted. Participants who fail to ensure that their six-month In-Service Verification are completed and submitted on time risk not receiving service credit as well as being placed in default of their current NHSC contract. Participants who do not submit 6-month In Service Verification or who are consistently late in submitting them will not be selected for a Continuation Contract.

Changing to a Half-Time Service Commitment

Conversions from full-time to half-time service during the service obligation period are allowable if all of the following conditions are met:

- (1) The participant’s NHSC-approved service site agrees in writing, via the online EVF, that the participant may convert to half-time clinical practice (as defined by the NHSC LRP above);
- (2) The participant is a federal employee or a Private Practice Assignee. The half-time service option is not authorized for Private Practice Option practitioners; and
- (3) The participant agrees in writing (by signing an addendum to the participant’s NHSC LRP full-time Continuation Contract) to complete the participant’s remaining service obligation through half-time clinical practice for twice the participant’s remaining full time commitment.

Changing to a Full-Time Service Commitment

Participants who receive approval to perform their continuation contract through half-time service must fulfill the rest of their continuation contract serving half-time. A participant serving half-time may convert to full-time service only after the completion of the participant’s half-time continuation contract under the following conditions:

- (1) The participant’s NHSC-approved service site agrees in writing, via the online EVF, that the participant may convert to full-time clinical practice (as defined by the NHSC LRP above);

- (2) The participant has completed the participant's existing half-time service contract. Participants will **not** be allowed to switch from half-time to full-time status within a service contract period (e.g., 6 months into a half-time contract);
- (3) If, after completing an existing half-time service contract, the participant's NHSC-approved service site agrees via the online EVF that that the participant will convert to full-time clinical practice (as defined by the NHSC LRP above); and
- (4) The participant agrees to perform one year of full-time clinical practice at the participant's NHSC-approved service site.

All requests to change a participant's service commitment must be submitted through the [BHW Customer Service Portal](#). If the participant is approved to change the participant's service commitment, the contract end date and the participant's allowable leave will be adjusted accordingly.

Sites

To be considered an NHSC-approved service site, a participant's site(s) must meet the following requirements:

- (1) Have a currently approved Site Application on file with the NHSC; and
- (2) Be located in or serving a HPSA.
 - a. The HPSA must have a status of "designated" at the time the NHSC verifies the information contained in the Continuation Contract application. Any status other than "designated" will result in the site being deemed ineligible.

For calendar year 2021, the NHSC will use HPSA data as of the application submission deadline to determine eligibility for a Continuation Contract. If a participant's site is not located in or serving a HPSA with a status of "Designated" at the time of the application submission, he or she will not be eligible for a Continuation Contract. Note that there will be no mechanism to update data pertaining to a site's HPSA designation in an attempt to change the outcome of an application that has been deemed ineligible due to the loss or pending withdrawal of a site's HPSA designation.

Given the implications of a site losing its HPSA designation, participants are encouraged to monitor the status of an NHSC-approved service site's HPSA designation and encourage site administration to provide any data requested to continue the designation. Interested parties can utilize the [HRSA Data Warehouse](#) to find information on and the status of HPSAs.

Transferring Sites

The NHSC expects that participants will fulfill their obligation at the NHSC-approved service site(s) identified in the [BHW Customer Service Portal](#) and in the Continuation Contract Application. However, the NHSC does understand that circumstances may arise that require a participant to leave the initial service site and complete service at another NHSC-approved service site. If a participant needs to transfer to another location to complete the participant's LRP obligation, the participant should: (1) first notify the NHSC through the [BHW Customer Service Portal](#), and then (2) locate a new site by visiting the [Health Workforce Connector](#).

Be advised that if a participant requests to transfer to another NHSC-approved site, the transfer must be approved prior to the submission of the Continuation Contract application. Approval of all transfer requests are at the NHSC's discretion, and may depend on the circumstances of the participant's resignation or termination from the current service site.

Transfers must be approved and processed by the NHSC prior to the participant beginning to work at the new site. If the participant leaves their NHSC-approved service site(s) without prior approval of the NHSC, the participant **will not** receive service credit for the time period between their last day providing patient care at the initial service site and resumption of service at the transfer site following NHSC approval and/or the participant may be placed in default as of the date the participant left the initial NHSC-approved service site and become liable for the monetary damages specified in the participant's NHSC LRP contract.

Alternatively, if a participant wishes to transfer to a site that currently does not have NHSC approval, the site will need to: (1) submit a Site Application, and then (2) have the Site Application approved before the clinician is eligible to apply for the NHSC LRP Continuation Contract. The NHSC Site Application cycle will be announced through the NHSC website. There will be no exceptions to this policy; if the participant intends to continue their service with the NHSC and wishes to work at another site that is not currently approved, the site must submit an application by the deadline and be approved by the NHSC before the participant completes service under the current contract or the applicant's Continuation Contract application will be deemed ineligible.

Unemployment

Participants who resign or are terminated from their NHSC-approved site(s) must contact the NHSC immediately through the [BHW Customer Service Portal](#). If the NHSC deems the participant eligible for a transfer, the NHSC will give the participant a certain time frame in which to obtain and accept an employment offer at an approved service site identified by the NHSC or at another suitable NHSC approved site identified by the participant. Although the NHSC may assist unemployed participants with identifying suitable positions at NHSC-approved sites (referred to as "site assistance"), it is the participant's responsibility to obtain employment at an NHSC-approved site. Unemployed participants may be expected to relocate in order to fulfill their NHSC LRP obligation.

Participants who voluntarily resign from their sites without prior approval from the NHSC or are deemed ineligible for site assistance may be placed in default.

Working at Unapproved Sites

Participants who are asked to work at a clinic that is not listed in the provider's profile on the [BHW Customer Service Portal](#), must immediately notify the NHSC through the [BHW Customer Service Portal](#). Generally, time spent at unapproved clinics will not count towards the participant's service commitment.

Breaching the Contract

While the NHSC will work with participants to assist them, to the extent possible, to avoid a breach and fulfill the service commitment, participants are reminded that the failure to complete service for

any reason is a breach of the NHSC LRP Continuation Contract. Prior to breaching their contract, the participant should understand the following monetary damages required by federal law.

A participant who breaches a commitment to serve in a full-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$7,500 multiplied by the number of months of obligated service not completed; and
- (3) 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.

A participant who breaches a commitment to serve in a half-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$3,750 multiplied by the number of months of obligated service not completed; and
- (3) 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.

NOTE: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time will not be less than \$31,000, even if the debt calculated using the formulas above is less than \$31,000.

Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the debt by the due date has the following consequences:

- (1) **The debt will be reported as delinquent 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 (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”
- (2) **The debt may be referred to a debt collection agency and the Department of Justice.** Any NHSC LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
- (3) **Administrative Offset.** Federal or state payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC LRP debt. Also, defaulters who are federal employees may have up to 15 percent of their take-home pay from their salary garnished to pay a delinquent NHSC LRP debt.
- (4) **Licensure Sanctions.** In some states, health professions licensing boards are allowed to impose sanctions, including suspension or revocation of a defaulter’s professional license, if the defaulter fails to satisfactorily address repayment of their NHSC LRP debt.

Bankruptcy

The participant should also be aware that it is not easy to discharge an NHSC LRP debt by filing for bankruptcy. A financial obligation under the NHSC LRP is not dischargeable in bankruptcy for seven years after the debt becomes due (i.e., for seven years from the end of the one-year repayment period). After the seven-year period of absolute non-dischargeability expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable.

Suspensions & Waivers

The Secretary of HHS may, under certain circumstances, suspend (i.e., put on hold) or waive (i.e., excuse) the NHSC LRP service or payment obligation.

- (1) **Suspension.** A suspension of the NHSC LRP commitment may be granted if compliance with the commitment by the participant: (i) is temporarily impossible, or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant's service commitment end date. The major categories of suspension are set forth below. Suspension requests are submitted through the [BHW Customer Service Portal](#).
 - a. **Leave of Absence for Medical or 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 personal circumstances, including a terminal illness of an immediate family member (e.g., – child or spouse, including a same-sex spouse regardless of where the couple lives), which results in the participant's temporary inability to perform the NHSC LRP obligation.
 - b. **Maternity/Paternity/Adoption Leave.** If the participant's maternity/paternity/adoption will exceed 12 weeks during that service year, a suspension may be granted by the NHSC based on documented medical need.
 - c. **Call to Active Duty in the Armed Forces.** Participants who are military reservists and are called to active duty must submit a request for an NHSC service suspension through the [BHW Customer Service Portal](#). The period of active military duty will not be credited towards the NHSC service obligation. Suspensions for active duty military assignment are granted for up to one year, beginning on the activation date described in the reservist's call to active duty order. A copy of the order to active duty must be provided to the NHSC with the request for a suspension. In the event that the NHSC participant's period of activity duty with the Armed Forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the [BHW Customer Service Portal](#) for guidance on how to request an extension of the suspension period.
- (2) **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC LRP commitment. A waiver may be granted only if the participant demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. A waiver request must be submitted by uploading a signed request letter, including the reason(s) the waiver is being sought, as an inquiry through the [BHW Customer Service Portal](#). The participant will be contacted by the Bureau of Health Workforce Division of Participant Support and Compliance/

Legal and Compliance Branch regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the [BHW Customer Service Portal](#). Note that waivers are not routinely granted, and require a showing of compelling circumstances.

Cancellation of NHSC Obligation

The NHSC obligation will be cancelled in its entirety in the event of a participant's death. No liability will be transferred to the participant's heirs.

APPLICATION INFORMATION

COMPLETING AN APPLICATION

Application Information

The NHSC LRP Continuation Contract applications consist of:

- (1) Online Application and
- (2) Required Supporting Documents.

General Instructions

Participants will be notified electronically with instructions for how to access the online application through the [BHW Customer Service Portal](#) during their respective application cycle as outlined in the “[Continuation Contract Application Process](#)” section. The application requires the participant to upload all required supplemental documents. The participant will not be able to submit a completed application without uploading all of the necessary documentation.

If any of the required forms/documents described below are not included with the application and/or the application is not submitted by the specified deadline, the application will be deemed ineligible and participant will not be considered for a Continuation Contract. In addition, if any of the information provided in the online application does not match what the NHSC-approved service site provides during the employment verification process, the application will be deemed ineligible.

Participants should confirm that their contact information is current, as this is used to communicate the status of the Continuation Contract application. Changes to the participant’s contact information can be made in the [BHW Customer Service Portal](#).

Participant should submit questions through the [BHW Customer Service Portal](#) or contact the HRSA Call Center (see the “[Resources for Participants](#)” section).

Online Application

Participants are required to complete each section in order to submit an online application.

- (1) **Site Information.** This section of the online application will prompt the participant to confirm whether their service type and site information are correct. If the participant would like to make any changes to this information, such as transferring or adding a site, a request must be made through the [BHW Customer Service Portal](#). All transfer or additional site requests must be approved before the participant applies for a Continuation Contract.
- (2) **Loan Information.** Answers in this section of the application pertain to the qualifying educational loans that were originally submitted to the NHSC for repayment that still have outstanding balances; as well as information pertaining to any new qualifying educational loans for which the applicant is seeking repayment under the Continuation Contract. As part of this section, the participant is required to submit a Payment History showing that the previous loan repayment funds provided were used to pay down the qualifying educational loans that were approved under the most recent award, as well as account statements for any new loans for which the applicant is seeking repayment. All loans submitted will be verified to

determine whether the participant is eligible for repayment through a review of the supporting documents, by contacting lenders/holders, and by checking the participant's credit report. The following information must be entered about each of the loans applicants wish to submit for repayment, and the **Required Supporting Documentation** (see below) must be uploaded separately:

- a. Name and contact information for the lender/holder.
- b. Loan account number.
- c. Original amount disbursed.
- d. Original date of the loan.
- e. Current outstanding balance (no more than 30 days from the date of the LRP application submission).
- f. Current interest rate.

Required Additional Documentation

- (1) **Employment Verification.** The participant's site POC must complete the Employment Verification. It is the participant's responsibility to ensure that the NHSC-approved service site completes the employment verification on time. No exceptions will be made if a participant misses the submission deadline due to the site not completing the employment verification. Your site POC must complete your Employment Verification before you can submit your application.
- (2) **DEA Registration Certificate (for enhanced award applicants).** Submit a current valid DEA Registration Certificate that clearly reflects the issuance of a DATA 2000 waiver. This must be submitted through the [BHW Customer Service Portal](#) with the application submission.

Required Supporting Documents *(as applicable)*

It is the participant's responsibility to upload supplemental documents into the online application. An application will not be considered complete, and an applicant may not submit an application, unless it contains each of the following required supplemental documents:

- (1) **Payment History.** In order to review a Continuation Contract application, documentation must be provided to confirm that all disbursed NHSC LRP or NHSC S2S LRP funds have been used to repay qualifying educational loans that were approved as part of the applicant's most recent NHSC LRP or NHSC S2S LRP award, except as noted below. Participants can find the loans that were approved in their most recent Payment Authorization Worksheet that was provided with their last contract. A payment history must be provided for each qualifying educational loan that was approved as part of your most recent NHSC LRP or NHSC S2S LRP award.
 - a. Cancelled checks and bank statements will **NOT** be accepted as proof that loan payments were properly applied.
 - b. Payment history must be an official document or webpage and include the lender's name, the account holder's name and the loan account number.
 - c. Upon submission of your application, your payment history must reflect all NHSC LRP or NHSC S2S LRP funds previously received have been paid toward their qualifying educational loans that were approved by the NHSC with the most recent contract.

- d. For loans consolidated during the current contract period, loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates, are required. The NHSC will not give credit to participants who consolidate qualifying educational loans with non-qualifying debt.

(2) **Loan Information Verification.** Participants will be required to provide two types of documentation for each loan that is being submitted for consideration: an account statement and a "disbursement report."

- a. **Account Statement.** This document is used to provide current information on their qualifying educational loans. Often borrowers receive monthly statements indicating the status of their loan balance. This document should:
 - i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower (i.e., the NHSC LRP or NHSC S2S LRP participant);
 - iii. contain the account number;
 - iv. include the date of the statement (cannot be more than 30 days from the date of LRP Continuation Contract application submission);
 - v. include the current outstanding balance (principal and interest) or the current payoff balance; and
 - vi. include the current interest rate.
- b. **Disbursement Report.** This report is used to verify the originating loan information and should:
 - i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower;
 - iii. contain the account number;
 - iv. include the type of loan;
 - v. include the original loan date (must be prior to the date of the NHSC LRP or NHSC S2S LRP Continuation Contract application submission); and
 - vi. include the original loan amount.

Note: For all *federal* loans, the <https://studentaid.gov/> (NSLDS) Aid Summary Report is used to verify the originating loan information. The participant will need to [create an FSA ID](#) to log in to their secured area if the participant do not already have one. If the participant has multiple federal loans, the participant will need to upload the Detail Loan page that corresponds with each individual loan. The NSLDS report will contain all of the participant's federal loan information.

For all other loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). The participant may be able to obtain this disbursement information on the participant lender's web site; however, all documentation must be on official letterhead from the lender.

- (3) **Banking Information.** In order to receive a Continuation Contract, participants must make sure that banking information is current and updated in their portal account.

NOTIFICATION OF AWARD

If approved for an NHSC LRP Continuation Contract, the participant will be notified by email and should log into the [BHW Customer Service Portal](#) for information on their anticipated contract start and end dates. With Continuation Contracts, the start date is generally the day after the participant's current NHSC obligation ends. However, in the event that participants are away from the site for more than the allowable seven weeks (35 work days) per year, days will be added to the service, changing the day the Continuation will go into effect.

ADDITIONAL MATERIALS

RESOURCES FOR PARTICIPANTS

Provider's Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) - PCSS-MAT is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to treat opioid use disorder. PCSS-MAT trains health professionals to provide effective, evidence-based, medication-assisted treatments to patients with opioid use disorder in primary care, psychiatric care, substance use disorder treatment, and pain management settings.

For training, visit the [website for PCSS-MAT](#).

Substance Abuse and Mental Health Service Administration (SAMSHA) - [SAMSHA](#) is the agency within the U.S. Department of Health and Human Services, whose primary aim is to improve the behavioral health of the nation while reducing the impact of mental illness and substance abuse in communities.

Health Workforce Connector

The [Health Workforce Connector](#) (HWC) is a searchable database of open job opportunities and information on NHSC-approved sites.

Need Help

Any individual with questions about the NHSC may contact the Customer Care Center Monday through Friday (except federal holidays), 8:00 a.m. to 8:00 p.m. ET.

- 1-800-221-9393
- TTY: 1-877-897-9910

BHW Customer Service Portal

The web-based [BHW Customer Service Portal](#) will allow NHSC LRP awardees and participants to communicate with the NHSC, make service requests (e.g., suspensions, transfers, waivers, etc.), and access the 6-month In-Service Verification Forms.

NHSC SOCIAL MEDIA

See below for links to NHSC social media sites; however, participants should send specific questions or issues regarding their service commitment to the [BHW Customer Service Portal](#) (see link above).

[NHSC Facebook Page](#)

[NHSC Twitter Page](#)

[NHSC LinkedIn Page](#)

DEFINITIONS

Approved Alternative Setting – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the NHSC-approved site (e.g., hospitals, nursing homes, and shelters). The alternative sites must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Approved Alternative Settings may be at a lower HPSA score than the HPSA score on the participant’s application. Services at alternative sites must be an extension of the comprehensive primary care provided at the NHSC-approved site.

Clinical-related Administrative, Management, or Other Activities – May include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment-related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and NHSC LRP participants serving in such a capacity cannot count more than eight hours per week of administrative and/or management time if serving full-time (four hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are 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. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the NHSC loan repayment programs.

Community-Based Settings – Facilities open to the public that may or may not be located in a HPSA; but expands the accessibility of health services by fostering a health promoting environment and may provide comprehensive primary behavioral and mental health care services. These facilities may function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. NHSC service completed in community-based settings are only applicable to behavioral and mental health providers as directed by the NHSC-approved site, and must be an extension of the comprehensive primary care provided at the NHSC-approved site.

Comprehensive Primary Behavioral and Mental Health Care Services – Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including access to medication prescribing and management, crisis care including 24-hour call access, consultative services, and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Critical Access Hospital (CAH) – A facility certified by the Centers for Medicare and Medicaid Services under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, review the [Critical Access Hospital Booklet](#).

DATA 2000 Waiver – A waiver obtained under the Controlled Substances Act (CSA), 21 U.S.C. § 823(g)(2), as amended by the Drug Addiction Treatment Act of 2000 (DATA 2000), and the Comprehensive Addiction and Recovery Act of 2016 that permits physicians, nurse practitioners, and physician assistants who meet certain qualifications to treat opioid use disorder with Schedule III, IV, and V narcotic medications, including buprenorphine, or combinations of such medications, that are approved by the Food and Drug Administration (FDA) in treatment settings other than opioid treatment programs (OTPs).

Default of Payment Obligation – Being more than 120 days past due on the payment of a financial obligation.

Default of Service Obligation – Failure for any reason to begin or complete a contractual service commitment.

Family and Family Member – As used in the *Guidance* and for the purposes of the National Health Service Corps, “family member” includes spouses, as well as unmarried partners (both same-sex and opposite-sex).

Federal Direct Student Loans – A student loan offered by the federal government that has a low-interest rate for students and parents and is used to pay for the costs of education for undergraduate, graduate, and professional students at a college or career school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

Federal Judgment Lien – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid federal debt (e.g., a federal student loan or federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a federal judgment lien.

Federally-Qualified Health Centers (FQHC) – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes,” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

Fiscal Year (FY) – Defined as October 1 through September 30.

Full-Time Clinical Practice – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, see the [“Service Obligation Requirements”](#) section.

Government Loans – Loans made by federal, state, and county or city agencies authorized by law to make such loans.

Half-Time Clinical Practice – Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, see the [“Service Obligation Requirements”](#) section.

Health Professional Shortage Area (HPSA) – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals based on criteria defined in regulation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by the Shortage Designation Branch, within HRSA’s Bureau of Health Workforce, 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).

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

Health Workforce Connector (HWC) – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information on NHSC-approved sites.

Holder – The commercial or government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

Indian Health Service (IHS) Hospitals – A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally-operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally-owned and tribally-operated.

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A health care facility (whether operated directly by the IHS; or by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care

Improvement Act, codified at 25 U.S.C. 1651 et seq.), which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, view the [Urban Indian Health Program Fact Sheet](#) or [IHS Profile](#).

Lender – The commercial or government institution that initially made the qualifying loan (e.g., Department of Education).

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 Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary 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 HPSA communities.

National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP) – The NHSC S2S LRP is authorized by Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254l-1), as amended and Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended. Under the NHSC S2S LRP, the NHSC enters into contracts with students while in their last year of medical or dental school, to provide loan repayment assistance in return for a commitment to provide primary health services in eligible communities of need designated as health professional shortage areas.

National Health Service Corps (NHSC)-Approved Service Site – Each health care site must submit an NHSC Site Application to become an NHSC service site. In order for a site to be eligible for NHSC approval, it must: be located in and providing service to a federally designated Health Professional Shortage Area; provide comprehensive primary medical care, mental and behavioral health, and/or dental services; provide ambulatory care services (no inpatient sites, except CAHs); ensure access to ancillary, inpatient, and specialty referrals; charge fees for services consistent with prevailing rates in the area; discount or waive fees for individuals at or below 200% of the federal poverty level; accept assignment for Medicare beneficiaries; enter into agreements with Medicaid and the Children’s Health Insurance Program (CHIP), as applicable; not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); prominently post signage that no one will be denied access to services due to inability to pay; agree not to reduce clinician’s salary due to NHSC support; provide sound fiscal management; and maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC-approved service sites must continuously meet the above requirements.

Postgraduate Training – Refers to additional training that a health professions student may participate in after graduating from a health professions education program (e.g., internships, residencies, chief residency, and fellowships).

Primary care - Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

Qualifying Educational Loans – Government and private student loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to their submission of an application to participate in the NHSC LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

Reasonable Educational Expenses – The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, 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. Debt associated with residency programs or relocation is not considered “reasonable educational expenses” under the NHSC LRP.

Reasonable Living Expenses – The costs of room and board, transportation, and commuting 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. Debt associated with residency programs or relocation is not considered “reasonable living expenses” under the NHSC LRP.

School – A public or private institution (including home schools), providing instruction to children of compulsory school age in kindergarten, grades 1-12, or their equivalent. The operation and administration of the school must meet applicable federal, state and local laws, and services provided by NHSC participants in a school must be an extension of the comprehensive primary care provided at the NHSC-approved site.

School-Based Clinics – A part of a system of care located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health

provider relationships. This facility provides - through health professionals - primary health services to school aged children and adolescents in accordance with federal, State and local law, including laws relating to licensure and certification. In addition, this site satisfies such other requirements as a State may establish for the operation of such a clinic.

Solo or Group Private Practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental, and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

Spouse and Marriage – As used in this *Guidance* and for the purposes of the National Health Service Corps, “spouse” includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in United States v. Windsor and in Obergefell v. Hodges, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions, or similar formal relationships recognized under state law as something other than a marriage.

State – As used in this *Guidance*, state includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, 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.

Teaching – As used in this *Guidance*, teaching is providing clinical education to students or residents in their area of expertise at the NHSC-approved service site. All teaching must be conducted as directed by the NHSC-approved service site(s). The clinical education may: (1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are both funded through HRSA grants. Teaching must be conducted at the NHSC-approved practice site specified in the [BHW Customer Service Portal](#) profile. If the NHSC participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

Teaching Health Center (THC) – An entity that (1) is a community-based, ambulatory patient care center and (2) operates a primary care postgraduate training program (i.e., an approved graduate medical residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded THCs are listed on the [HRSA Data Warehouse site](#).

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the IHS through, or provided for in, a

contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et seq.).

Unencumbered License – A license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.