

**The Virginia Department of Health (VDH), Office of Health Equity (OHE)
Virginia State Loan Repayment Program (VA-SLRP), 2023 APPLICATION**

PART TWO- PRACTICE SITE APPLICATION
SECTION 10 - APPLICATION FOR RECRUITMENT

This application must be completed by practice sites interested in participating by employing a primary health care professional, who receives an award from the Bureau of Health Workforce (BHW), Health Resources and Services Administration, Virginia State Loan Repayment Program (VA-SLRP).

Please fill in the blanks, check the appropriate box, print, and provide original signatures.

Applicant's Name: _____

Applicant's Address: _____
Street Address

City _____ State _____ Zip Code _____

Home Number: _____ **Work Number:** _____

Email Address: _____

1. Name of Practice Site: _____

Employer/Parent Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code+Four digits: _____ - _____

Practice Site Contact Person: _____

Title: _____ Phone: _____

Email: _____

New Site: ☐ Yes ☐ No **Existing Site** ☐ Yes ☐ No

2. Complete either A or B; select only one

A: ☐ **Applicant does not have a cash match and wishes to apply for State matching funds. Please complete the cash match template for State matching funds. Note:** Funds are not guaranteed, are determined based on availability of funding, eligibility and selection by an advisory committee.

B: ☐ **Applicant wishes to apply for Tobacco Region funds. No cash match required. Applicant must live and work in the tobacco region to be eligible. Note:** Funds are not guaranteed, are determined based on availability of funding, eligibility and selection by an advisory committee.

3. Name of Recruitment Contact: _____

Title: _____ Phone Number: _____

Email: _____

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4. Type of Practice: (Please check all that apply)

☐ **Public/State Institution** (Including State/County Hospitals or Mental Health Hospitals)

☐ **Private-Nonprofit** (Please attach documentation of federal tax status, i.e. 501(c) (3)).

Per 42 U.S.C. 62.52 – “Nonprofit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose.”

☐ **For-profit health facilities operated by nonprofit organizations** (Please attach documentation to show nonprofit equivalent status, meaning that the entity is not holding or using any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose).

☐ **Private – For- Profit*** For Profit entities are **not** eligible practice sites

Please check all that apply:

☐ **Public Health Service
Funded**

☐ **Hospital**

☐ **FQHC/ Look Alike**

☐ **Community/Migrant Health
Center**

☐ **Group Practice**

☐ **Private Office (non-profit)**

☐ **In-patient**

☐ **Long-Term Care Facilities**

☐ **Critical Access Hospital**

☐ **Other:**

What is the practice site HPSA Type?

☐ Mental Health ☐ Dental Health ☐ Primary Care

Select which best describes the location of your practice site:

☐ Urban ☐ Rural ☐ Frontier

What is your HPSA ID #? _____

HPSA Score (Range for HPSA Score from 0 to 26): _____

Practice Site Type:

☐ Academic institution

☐ Acute Care for the Elderly (ACE) Units

☐ Acute care services

☐ Aerospace operations setting

☐ Ambulatory practice sites

☐ Assisted Living Community

☐ Certified Community Behavioral Health
Center (CCBHC)

☐ Community Care Programs for Elderly
Mentally Challenged Individuals

☐ Local Health Department

☐ Long-Term Care Facility

☐ National Health Association or Affiliate

☐ Mobile Clinic/Site

☐ Nurse Managed Health Clinics

☐ Nursing Home

☐ Other _____

☐ Other Community Health Center (e.g. free clinic)

☐ Other Oral Health Facility

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- | | |
|--|--|
| <input type="checkbox"/> Community-based Organization | <input type="checkbox"/> Physician Office |
| <input type="checkbox"/> Critical Access Hospital | <input type="checkbox"/> Program of All Inclusive Care for the Elderly |
| <input type="checkbox"/> Day and Home Care Programs (e.g. Home Health) | <input type="checkbox"/> Residential Living Facility |
| <input type="checkbox"/> Dentist Office | <input type="checkbox"/> Rural Health Clinic |
| <input type="checkbox"/> Emergency Room | <input type="checkbox"/> School-based Clinic |
| <input type="checkbox"/> Federal and State Bureau of Prisons | <input type="checkbox"/> Senior Centers |
| <input type="checkbox"/> Federal Government - Other | <input type="checkbox"/> Specialty Clinics (e.g. mental health practice/
rehabilitation/substance abuse clinic) |
| <input type="checkbox"/> FQHC or look-alike | <input type="checkbox"/> State Government Office or Agency |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> State Health Department |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Tribal Government |
| <input type="checkbox"/> Independent Living Facility | <input type="checkbox"/> Tribal Health Department |
| <input type="checkbox"/> Indian Health Service (IHS) Site | <input type="checkbox"/> Tribal Organization |
| <input type="checkbox"/> International Nonprofit/Nongovernmental
Organization | <input type="checkbox"/> Veterans Affairs Hospital or Clinic |
| <input type="checkbox"/> Local Government Office or Agency | |

In what setting is the practice site located?

- ☐ Medically underserved community ☐ Primary Care Setting ☐ Rural area

Select whether the training site implements inter-professional education and/or practice:

- ☐ Yes ☐ No

Select any HHS Priorities Addressed at this Site:

- ☐ This site offers COVID-19 related services
- ☐ This site offers integrated behavioral health services in a primary care setting
- ☐ This site offers medication assisted treatment (MAT) for OUD
- ☐ This site offers opioid use treatment services
- ☐ This site offers substance use treatment services
- ☐ This site offers telehealth services
- ☐ This site offers maternal health services
- ☐ None of the above

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Partner / Consortia Affiliation:

- | | |
|--|---|
| <input type="checkbox"/> Academic department - outside the institution
<input type="checkbox"/> Academic department - within the institution
<input type="checkbox"/> Alzheimer's Association/Chapters
<input type="checkbox"/> Alzheimer's Disease Resource Centers
<input type="checkbox"/> Ambulatory practice sites
<input type="checkbox"/> Area Agencies on Aging
<input type="checkbox"/> Certified Community Behavioral Health Center (CCBHC)
<input type="checkbox"/> Community Health Center (CHC)
<input type="checkbox"/> Community Mental Health Center
<input type="checkbox"/> Day and home care programs (i.e. Home Health)
<input type="checkbox"/> Educational institution (Grades K - 12)
<input type="checkbox"/> Federal Government - ACL
<input type="checkbox"/> Federal Government - AHRQ
<input type="checkbox"/> Federal Government - CDC
<input type="checkbox"/> Federal Government - Department of Defense/Military
<input type="checkbox"/> Federal Government - FDA
<input type="checkbox"/> Federal Government - IHS
<input type="checkbox"/> Federal Government - NIH
<input type="checkbox"/> Federal Government - Other
<input type="checkbox"/> Federal Government - Other HHS Agency/Office
<input type="checkbox"/> Federal Government - Other HRSA Program
<input type="checkbox"/> Federal Government - SAMHSA
<input type="checkbox"/> Federal Government - Veterans Affairs
<input type="checkbox"/> Federally - Qualified Health Center or look-alikes
<input type="checkbox"/> Geriatric ambulatory care and comprehensive units
<input type="checkbox"/> Geriatric Behavioral or Mental Health Units | <input type="checkbox"/> Geriatric consultation services
<input type="checkbox"/> Health Center (e.g. free clinic)
<input type="checkbox"/> Health Department - Local
<input type="checkbox"/> Health Department - State
<input type="checkbox"/> Health Department - Tribal
<input type="checkbox"/> Health disparities research center
<input type="checkbox"/> Health Insurance/Healthcare Provider Group (e.g. PPO/HMO)
<input type="checkbox"/> Health policy center
<input type="checkbox"/> Hospice
<input type="checkbox"/> Hospital
<input type="checkbox"/> Local Government
<input type="checkbox"/> Long-term care facility
<input type="checkbox"/> Nonprofit organization (faith - based)
<input type="checkbox"/> Nonprofit organization (non - faith based)
<input type="checkbox"/> Nurse Managed Health Clinics
<input type="checkbox"/> Geriatric Behavioral or Mental Health Units
<input type="checkbox"/> Nursing home
<input type="checkbox"/> Other _____
<input type="checkbox"/> Physical therapy/Rehabilitation center
<input type="checkbox"/> Private/For - profit organization
<input type="checkbox"/> Professional Associations
<input type="checkbox"/> Quality improvement organization
<input type="checkbox"/> Senior Center
<input type="checkbox"/> State Governmental Programs
<input type="checkbox"/> Tribal Government
<input type="checkbox"/> Tribal Organization
<input type="checkbox"/> No partners/consortia used |
|--|---|

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Select Type(s) of Vulnerable Population Served at this Site: (Note - May need to select more than one)

- | | |
|---|--|
| <input type="checkbox"/> Children or Adolescents | <input type="checkbox"/> Older adults |
| <input type="checkbox"/> Chronically ill | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> College students | <input type="checkbox"/> Pregnant women and infants |
| <input type="checkbox"/> Individuals experiencing homelessness | <input type="checkbox"/> Refugee Adults |
| <input type="checkbox"/> Individuals with HIV/AIDS | <input type="checkbox"/> Tribal Populations |
| <input type="checkbox"/> Individuals with mental illness or substance use disorders | <input type="checkbox"/> Undocumented Immigrants |
| <input type="checkbox"/> Lesbian/Gay/Bisexual/Transgender | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Low income persons/families | <input type="checkbox"/> Uninsured/Underinsured persons/families |
| <input type="checkbox"/> Migrant workers | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Military and/or military families | <input type="checkbox"/> Victims of interpersonal violence abuse or trauma |

5. A	Each of the following MUST be completed. A, B, C, & D should be from calendar year 2022-2023:			
	A. Number of persons served by this practice:			
	B. Number of persons with income below 200% of federal poverty level:			
	C. Number of persons on Medicaid:		Medicaid Provider Number:	
	D. Number of persons on Medicare:			
	E. Travel time/distance to the next source of routine primary health care available to users of this site?		Miles/Minutes	
	F. HRSA Designation: Can be found by visiting data.hrsa.gov or call 804-864-7435			
	H. Description of Service Area/County:			

5. B	If known the following questions should be the 5-year average:	
	A. Service area/county infant mortality rate:	
	B. Service area/county rate of low birth weight births:	

6. Number of Full-Time Providers at the Site: (also list if current/anticipated vacancies)

- | | |
|-------------------------|-------|
| A. Family Practice: | _____ |
| B. Internal Medicine: | _____ |
| C. Pediatrician: | _____ |
| D. OB/GYN: | _____ |
| E. Pyschiatry: | _____ |
| F. Nurse Practitioner: | _____ |
| G. Nurse Midwife: | _____ |
| H. Physician Assistant: | _____ |
| I. Other Specify: | _____ |

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- 7. Itemized List of People to Be Recruited By Specialty** (one entry for each vacancy)
Discipline (MD,NP,PA,&e.g.) Specialty (if applicable)

- 8. If recruiting for a Nurse Practitioner or Physician Assistant, please provide the name of the physician who will serve as preceptor:**

- 9. Requirements for Recruitment and Retention Assistance. Please indicate, by checking the appropriate box, whether you comply with the following requirements. The following requirements are mandatory for all practice sites participating in the VA-SLRP.**

- ☐ Site accepts Medicare and Medicaid patients. Must provide primary health services to any individual seeking care. VA-SLRP participants must agree not to discriminate on the basis of the patient's ability to pay for such care or on the basis that payment for such care will be made pursuant to Medicare (established in Title XVIII of the Social Security Act), or Medicaid (Title XIX of such Act), or the Children's Health Insurance Program (Title XXI of such Act). Must accept assignment under Medicare for all services for which payment may be made under Part B of Title XVIII of the Social Security Act. Additionally, they must enter into an appropriate agreement with the state agency that administers the state plan for Medicaid under Title XIX to provide service to individuals entitled to medical assistance under the plan, and with the Children's Health Insurance Program (CHIP) to provide service to children under Title XXI.
- ☐ Site uses sliding discount fee schedule or other documented means that assures no financial barriers to care for those below 200% of poverty. CHARGES FOR MEDICAL SERVICES: Must charge for their professional services at the usual and customary prevailing rates in the area in which such services are provided, except that if a person is unable to pay such charge, such person shall be charged at a reduced rate (i.e., discounted sliding fee scale) or not charged any fee.
- ☐ Site will assure that the VA-SLRP provider position is not being used for salary offset. Salaries for health professionals participating in the VA-SLRP should be based on prevailing rates in the area.
- ☐ Site has a nondiscrimination policy that prohibits discrimination based on race, creed, disability or religion.
- ☐ Site must be a primary health, full-time or half-time clinical practice, providing primary health services in a public and/or nonprofit private entity located in and providing primary discipline (e.g., primary care providers must be placed in primary care HPSAs, dental providers must be placed in dental HPSAs, mental health providers in mental health HPSAs), and at the site to which originally assigned unless a change is approved in writing by the Virginia Department of Health, Office of Health Equity. Visit data.hrsa.gov or call 804-864-7435 to confirm HPSA status.

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☐ Site must be a "full-time or half-time clinical practice". Time spent in an "on call" status does not count toward the requirement. Participants do not get service credit for hours worked over the required hours/week. No more than 7.14 weeks (35.7 work days) per service year can be spent away from the approved service site for leave.

- Full-time service equates to 40 hours per week for a minimum of 45 weeks per year. **All full-time health professionals** shall practice at least 32 of the minimum 40 hours per week providing direct patient care at the approved practice site(s). A maximum of eight (8) hours per week of practice-related administrative activities is allowed. Administrative or other non-clinical activities (e.g., teaching, research, attending staff meetings) must not exceed 8 hours per week.
- Half-time service equates to 20 hours per week not to exceed 39 hours per week, for a minimum 45 weeks per year. **Participants serving half-time**, no more than 4 hours of the minimum 20 hours per week may consist of teaching or practice-related administrative activities. If the approved site is a HRSA-funded Teaching Health Center, teaching activities shall not exceed 10 hours per week.
- Critical Access Hospitals in a HPSA
- State and County Mental Health Hospitals
- Long-Term Care Facilities (Nursing Homes)

For HRSA-approved, in-patient facilities in a HPSA, such as:

- ☐ Site has credentialing program in place to review references and verify licensure and certification status of all providers, including National Practitioner Data Bank Query.
- ☐ Site will document all circumstances surrounding resignation and terminations.

This certifies that the information provided in this application is true and correct as of the date set forth opposite my signature. I also understand that any intentional or negligent misrepresentation(s) of the information contained in this application may result in the forfeiture of our entity's eligibility to participate in the VA-SLRP or the Virginia Recruitment and Retention Program for a period of no less than 2 years.

To be signed by an Authorized Representative:

Signature: _____

Name: _____

Date: _____

THANK YOU FOR YOUR INTEREST IN THE VA-SLRP.