The Virginia Department of Health (VDH)
Office Health Equity (OHE)
Virginia Nurse Loan Repayment Program (VNLRP)
2016 APPLICATION

DOCUMENT CHECKLIST

Under the law, all scholarship awards are made by an Advisory Committee appointed by the State Board of Health. The Office of Health Equity (OHE) of the State Health Department serves as the staff element to the Advisory Committee and has no role in the determination of scholarship recipients. The basis for determining scholarship recipients is established by the Advisory Committee with due regard given to scholastic attainment, financial need, character, and adaptability to the nursing profession. This checklist is provided to facilitate the application process. Please include this checklist as page one of your application. All documents listed below are to be submitted in one envelope. Incomplete applications will not be processed. Please maintain a copy of your submitted application for your records.

Please check the box as you complete the following sections of the application.

- ☐ Section 1: Personal Data
- ☐ Section 2: Professional Education
- ☐ Section 3: Professional Experience Narrative-Please be sure to list your legal name at the top of the page.
- ☐ Section 4: Practice Site (Verification of Employment)
- ☐ Section 5: Educational Loan Debt Information
- ☐ Section 6: Certification of Application
- ☐ Section 7: Authorization of Release Form for all loans to be repaid through the VNLRP
- ☐ Section 8: Loan Certification
- ☐ Section 9: Certification of Non-Delinquent Status
- ☐ Section 10: Practice Site Application/Application for Recruitment -To be completed by practice site.

Other required documents to be enclosed in this packet:

- ☐ A signed Employment Contract (Candidates shall be employed or have a contract to begin employment with an eligible practice site within one month of submitting an application).
- ☐ A copy of your current/valid Virginia Medical License
- ☐ Proof of Citizenship, national or qualified alien pursuant (social security card or US birth certificate as appropriate)
- ☐ Criminal History Check (send money and forms directly to the Virginia State Police and type YOUR name and address in the "Mail reply to" section of the application)
- ☐ Copy of all educational debt loan applications and/or Loan Pay-off Statements
- ☐ Proof of Virginia residency (one year Virginia residency required)
- ☐ Proof of nursing school (preference shall be given to graduates of Virginia nursing schools)
- ☐ Proof of availability to work (preference is given to nurses who commit to longer terms)

Other Requirements:

- ☐ The practice site has to be an approved long-term care facility
- ☐ The applicant shall have no other contractual service obligation unless completely satisfied before the nurse loan repayment program contract has been signed.
- ☐ The applicant shall not have an active military obligation

Please remember to print and provide original signatures in the appropriate sections of the application. Mail **completed application** and all required attachments to:

Virginia Department of Health OHE
ATTN: Virginia Nurse Loan Repayment Program
109 Governor St., Suite 714-W, 7th floor
Richmond, VA 23219

Application Cycle: January 1st thru July 31st 2016
Deadline: Applications shall be postmarked no later than **July 31, 2016. Send questions to:** olivette.burroughs@vdh.virginia.gov or Call 804-864-7435.

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SECTION 1- PERSONAL DATA

Please complete the following by filling in the blank, checking the appropriate box, or using the drop down box:

Applicant Full Name: _____

Maiden Name or Alias (if appropriate): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (000) 000-0000 Work Phone: (000) 000-0000 Cell Phone: (000) 000-0000

Other Phone: (000) 000-0000 E-Mail Address/es: _____

Preferred Method of Contact: ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ E-Mail

Full Social Security Number: _____

Date of Birth: _____ Birth Place (City, State, Country): _____

Are you a U.S. Citizen, National or Qualified Alien Pursuant ? Please Select One

(Applicant shall be a U.S. citizen, National or Qualified Alien Pursuant to be eligible

Race/Ethnicity: Please Select One Other (specify):

Gender: Please Select One

Do you speak a Language(s) other than English? Please Select One

If so, please list and check whether you can read, write, and/or speak fluently:

Language: _____ ☐ Read ☐ Write ☐ Speak Fluently

Language: _____ ☐ Read ☐ Write ☐ Speak Fluently

Language: _____ ☐ Read ☐ Write ☐ Speak Fluently

Language: _____ ☐ Read ☐ Write ☐ Speak Fluently

Current and Professional Status:

☐ In Practice ☐ In the Military ☐ Other (please describe):

***Personal History (Please check all that apply):**

History of noncompliance or other waivers of service or payment obligations to other loans ☐

History of delinquent child support ☐

Federal debt or lien against property for a debt to the United States ☐

Active military or other obligations ☐

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SECTION 2 - PROFESSIONAL EDUCATION

Please complete the following by filling in the blank, checking the appropriate box, or using the drop down box:

Education:

Professional Nursing School Name: _____

City: _____ State: _____ Zip Code: _____

Date began school: _____ Date of Graduation: _____

Profession:

☐ CNA ☐ LPN ☐ AAS, RN ☐ BSN ☐ other _____

Licensure:

Virginia License Number: _____

Any license restrictions? Please Select One If yes, please specify: _____

SECTION 3 - PROFESSIONAL EXPERIENCE

Please provide a brief narrative in 3000 characters or less addressing the following:

1. Comment on your experiences, qualifications and competences.
2. Discuss your commitment to serve in a long-term care facility in Virginia.
3. List your professional achievements and other recognitions received.

SECTION 4 – PRACTICE SITE

Please complete the following by filling in the blank or checking the appropriate box: Facility shall be an approved long-term care facility. Applicant agrees to provide full-time, primary care services, for a minimum of 32 hours per week for 45 weeks per year at:

Practice Site Name: _____
Parent Organization (if applicable): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Practice Site Contact Person: _____
Title: _____ Phone Number: _____
E-Mail: _____ Congressional District: _____
Applicant agrees to provide primary care services in an approved long-term facility for:
☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ other _____

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SECTION 5 - EDUCATIONAL DEBT

Please complete the following by filling in the blank. Be sure to attach a current loan statement with pay-off balance for each loan listed. Loan statements shall be dated either the same or prior month the application is submitted. The loan statements shall contain the applicant's name, account number and principle and/or pay-off balance. VNLRP funds are to be used only to repay qualified educational loans.

1. Loan Holder: _____
   Loan Holder Address: _____
   City: _____ State: _____ Zip Code: _____
   Account Number: _____ Loan Balance: _____
2. Loan Holder: _____
   Loan Holder Address: _____
   City: _____ State: _____ Zip Code: _____
   Account Number: _____ Loan Balance: _____
3. Loan Holder: _____
   Loan Holder Address: _____
   City: _____ State: _____ Zip Code: _____
   Account Number: _____ Loan Balance: _____
4. Loan Holder: _____
   Loan Holder Address: _____
   City: _____ State: _____ Zip Code: _____
   Account Number: _____ Loan Balance: _____

SECTION 6 - CERTIFICATION

Please fill in the blank or print and provide original signatures.

Certification: I hereby certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willful false representation is sufficient cause for rejection of this application.

Full Name (Print): _____

Full Signature: _____ Date: _____

For marketing purposes, how did you learn about this loan repayment opportunity?

SECTION 7 - AUTHORIZATION OF RELEASE FORM

Please fill in the blank, print, and provide original signatures.

I, _____, have applied to participate in the Virginia Nurse Loan Repayment Program (VNLRP). This program offers Nurses an opportunity to

practice their profession in a community that lacks adequate primary health care services while paying off outstanding educational loans. The amount awarded is to be used only to reduce the balance of principal and accrued interest in outstanding educational loans. As part of the application process, the Virginia Department of Health, Office of Health Equity may request, verify and share information contained in the loan repayment application and in other documents required in connection with the loan repayment.

I authorize you to provide the Virginia Department of Health, Office of Health Equity any and all information and documentation that they request. A copy of this authorization may be accepted as an original.

Your prompt reply to the Virginia Department of Health, Office of Health Equity is appreciated, as delays may impact my ability to promptly receive loan repayment funds.

Loan Repayment Applicant Name (Print) | Date

Loan Repayment Applicant Signature

Social Security Number

SECTION 8 –LOAN CERTIFICATION

Please fill in the blank, print, and provide original signatures.

I, _____, hereby certify to the accuracy of the loan information provided. I hereby apply to enter into an agreement with the Virginia Department of Health for repayment of outstanding educational loans. I understand that funds received under this program shall be used exclusively for the repayment of outstanding educational loans, incurred solely for the costs of medical education, including reasonable living expenses. I further understand that I am responsible for, and shall adhere to, all applicable federal income tax regulations.

I understand that the information I have provided is subject to verification, and any willfully false representation is sufficient cause for rejection of this application.

Loan Repayment Applicant Name (Print) | Date

Loan Repayment Applicant Signature

Social Security Number

SECTION 9 – CERTIFICATION OF NON-DELINQUENT STATUS

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

The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a judgment lien against his/her property arising from a federal debt from receiving federal funds until the judgment lien is paid in full or otherwise satisfied. Applicants for the Virginia Nurse Loan

Repayment Program (VNLRP) shall certify that he/she does not have a judgment lien against his/her property arising from federal debt.

I hereby certify that I [do ☐] [do not ☐] have a judgment lien against my property arising from a federal or state debt.

I hereby certify that I [am ☐] [am not ☐] delinquent on any federal or state debt.

Loan Repayment Applicant Name (Print) | Date

Loan Repayment Applicant Signature

Social Security Number

THANK YOU FOR YOUR INTEREST IN THE VNLRP.

PLEASE HAVE YOUR PRACTICE SITE COMPLETE THE NEXT SECTION (10) OF THIS APPLICATION.