California State Loan Repayment Program
Provider and Site Application
Technical Assistance Webinar

August 16, 2013
12:00 to 1:30 p.m.
WELCOME EVERYONE!
Thank you for joining us today
Raising your hand to ask a question
Sending Notes
Muting your phone
California State Loan Repayment Program
Provider Application
Technical Assistance Webinar

Friday, August 16, 2013
12:00 p.m. to 1:30 p.m.

Presenter: Monique Voss, SLRP Administrator
Helpful Tips

1. **Start early.** Do not wait to begin your application on the day before or the day of the October 19th deadline end date by 12:00 midnight.

2. Each Form contains **Instructions** which can be found at the top of each page.

3. If you **get stuck** while completing a Form, click “Save” or check “Global Errors”.

4. “**ADD**” indicates that you can complete additional pages to a Form after clicking “Save” (i.e., speak two or more languages and two or more lender statements).

5. “**Global Errors**” informs you what still needs to be completed in your application prior to submission or indicates that your application is completed.

6. **Formatting and informational notes** can be found by hovering over the red cross box with your mouse.

7. “**Backspace**” is a shortcut to return to the previous page.

8. The **Browse** icon, indicates that you or your site will be required to scan and upload documents (i.e., lender statements, letter of recommendation, and proof of California license).

9. **Character limits** are notated under related narrative boxes (i.e., personal statements).

10. “**Show Help**” contains information relevant to the current document.
11. All required fields are marked with a red asterisk*.

12. An “Error Message” will appear immediately after the “SAVE” button is clicked to inform you what forms you will still need to complete within that page.

13. When entering a **date** (birthday or the date of when your license was issued/expired), you can enter either the month, date, and year (MM/DD/YYYY) or use the **Calendar** feature. Click on the month to select a month. Click on the year to change the year, etc.

14. Be Sure to “SAVE” every page prior to moving to any other form in the application. The “SAVE” button is at the top of your screen and scrolls as you scroll through the page. You will know you have successfully saved your information if you see this message with the **green stop light**.

15. Disregard the gray boxes with: **OSHPD Staff Only**
Provider completes 9 forms of the 11 forms of the application. Site completes two forms: **SLRP Practice Site Certification and Memorandum of Understanding Information.**
Welcome to CalREACH!

CalREACH Website: www.calreach.oshpd.ca.gov
New User

Welcome to CalREACH!
(Responsive Electronic Application for California's Healthcare)

The Office of Statewide Health Planning and Development (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.

You will now be able to apply for any Health Professions Education Foundation (Foundation) and/or Healthcare Workforce Development Division (HWDD) scholarships, loan repayments, and/or grants through CalREACH.

Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.

**Scholarship Programs** (Scholarships are for individuals interested in a healthcare profession)

<table>
<thead>
<tr>
<th>Program</th>
<th>For More Information Visit our Webpage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Healthcare Scholarship Program (AHSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/ADN.html">http://www.oshpd.ca.gov/HPEF/ADN.html</a></td>
</tr>
<tr>
<td>Associate Degree Nursing Scholarship Program (ADN/SP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/ADN.html">http://www.oshpd.ca.gov/HPEF/ADN.html</a></td>
</tr>
<tr>
<td>Bachelor of Science Nursing Scholarship Program (BSN/SP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/BSN.html">http://www.oshpd.ca.gov/HPEF/BSN.html</a></td>
</tr>
<tr>
<td>Health Professions Education Scholarship Program (HPSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/HPSP.html">http://www.oshpd.ca.gov/HPEF/HPSP.html</a></td>
</tr>
<tr>
<td>Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program (LVN to ADN)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/LVNtoADN.html">http://www.oshpd.ca.gov/HPEF/LVNtoADN.html</a></td>
</tr>
<tr>
<td>Vocational Nurse Scholarship Program (VNSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/VN.html">http://www.oshpd.ca.gov/HPEF/VN.html</a></td>
</tr>
</tbody>
</table>

**Loan Repayment Programs** (Loan repayments are for individuals in a healthcare profession)

<table>
<thead>
<tr>
<th>Program</th>
<th>For More Information Visit our Webpage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Healthcare Loan Repayment Program (AHLRP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/AHLRP.html">http://www.oshpd.ca.gov/HPEF/AHLRP.html</a></td>
</tr>
<tr>
<td>Bachelor of Science Nursing Loan Repayment Program (BSNLRP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/BSNLRP.html">http://www.oshpd.ca.gov/HPEF/BSNLRP.html</a></td>
</tr>
</tbody>
</table>

Let’s get started
Registration

Click the drop down box and select Scholarship/Loan Repayment

When finished, click SAVE
Agreement

Please make a selection below to continue.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS: I understand that the disclosure of my U.S. Social Security Number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42USCA 405(c)(2)(C)) authorize collection of the social security number. My social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If I fail to disclose my social security number, my application will not be processed and I will be reported to the Franchise Tax Board, which may assess a $100 penalty against me.

INFORMATION RELEASE I authorize staff to verify my student enrollment and/or employment if I am awarded. I understand that the information provided will include my academic performance, expected graduation date, employment history and/or employment status.

PERSONAL INFORMATION NOTIFICATION The Information Practices Act of 1977 and the Federal Privacy Act of 1974 require this program to provide the following to individuals who are asked by the Office of Statewide Health Planning and Development (OSHPD), Health Professions Education Foundation (Foundation), and the California State Loan Repayment Program (SLRP) to supply information. The principal purposes for requesting personal information are for verification of identification, establishment of eligibility and program administration. Program regulations (Health Professions Education Foundation Chapters 15-17 of Title 22 of the California Code of Regulations, Sections 97701 et seq. and 16 CCR § 3131.01 et seq.) (SLRP Federal program authority (Section 335B of the U.S. Public Health Service (PHS) Act [42 United States Code Section 254l-1] as amended, Section 331(i) of the U.S. PHS Act [42 United States Code Section 254d]), as amended) require every individual to furnish appropriate information for application. All requested information is required unless it is specifically identified as voluntary. Failure to furnish this information may result in the application being deemed incomplete or ineligible. An individual has a right of access to records containing his/her personal information that are maintained by the OSHPD, Foundation, and SLRP. An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records to be used within the OSHPD to monitor Foundation and SLRP-related activities. Applications will be used to evaluate their eligibility, qualifications, and suitability for participating in these programs. This information is maintained within each individual program and is located at 400 R Street, Sacramento, CA 95811. OSHPD may charge a small fee to cover the cost of duplicating this information.

I AGREE

Powered by IntelliGrants™
### Eligibility

Check all the boxes on this page which are true for you. Click “Save”, and CalREACH will show you programs for which you may apply.

Be aware you must be free from any other service obligation from any entity by the start date of the contract (contract dates vary by program and cycle). Check on the website for programs that meet your needs.

**Before You Begin**

Gather all the information you will need before you start your application. Click here for the list of information needed.

For completion of your application, you will need access to a printer and scanner.

**All Loan Repayment Programs**

- Have valid legal presence and ability to work and provide care in the State of California
- Have outstanding educational debt from a commercial lender, U.S. government lending institution, or from the Primary Care Loans Program

**Allied Health Care Loan Repayment Program (AHLRP)**

Currently employed in one of the following Allied Healthcare Professions. These professions have priority over other Allied professions:

- Clinical Laboratory Science
- Community Health Worker
- Diagnostic Medical Sonography
- Medical Assistant
- Medical Imaging
- Medical Laboratory Technology
- Nuclear Medicine Technology
- Occupational Therapy Assistant
- Pharmacy
- Physical Therapy Assistant
- Radiologic Technology
- Respiratory Care
- Social Work
- Speech Therapy
Eligibility (cont.)

Requirement List

<table>
<thead>
<tr>
<th>Before You Begin</th>
<th>AHLRP</th>
<th>LVNLRP</th>
<th>BSNLRP</th>
<th>HPLRP</th>
<th>LMHSPEP</th>
<th>MHLAP</th>
<th>STLRP</th>
<th>SLRP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lender Statements</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>During the application process, you must scan/upload your lender statements. Upload your most recent (within thirty (30) days) lender statements with your name, the name of the lender, balance owed, account number, and monthly payment amounts. All information that you submit in this application must coincide with the information contained on the lender statement or the application will be considered incomplete.</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<td>x</td>
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</tr>
<tr>
<td><strong>Professional License, Registration</strong></td>
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<tr>
<td>If you are licensed, registered, or certified you must scan/upload proof of licensure, registration or certification. A California Board, Department or recognized registry must issue license, registration, or certification. For LMHSPEP only: Waivers are considered</td>
<td>x</td>
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<tr>
<td><strong>Proof of Honorable Military Discharge</strong></td>
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<td>If you are a veteran, you must scan/upload proof of honorable discharge.</td>
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<tr>
<td><strong>Verification of Your Employment</strong></td>
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<tr>
<td>During the application process, you must download and print the Employment Verification Form (EVF). This form must be filled out and SIGNED by your supervisor or an appropriate designee. Then you must verify the information and upload the document to complete the application.</td>
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<tr>
<td><strong>For STLRP only:</strong> If you are working or proposing to work at the job site, you must upload one form for each site.</td>
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<tr>
<td><strong>Two Professional Letters of Recommendation</strong></td>
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<td>Two (2) Letters of Recommendation must be SIGNED and DATED within six (6) months of the application deadline. The letters must be on letterhead or include the author's title, name of employer, mailing address, and phone number. It is recommended that at least one letter be from a supervisor. During the application process, you must scan/upload the signed letters of recommendation.</td>
<td>x</td>
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<tr>
<td><strong>Official Transcripts</strong></td>
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<td>If awarded, you must submit your official transcripts as a condition of award. The transcript must show the health care-related degree conferred for the program to which you are applying. The transcripts must be submitted within 2 weeks of notification of award.</td>
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<tr>
<td><strong>Last two years of Federal Tax Returns</strong></td>
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<tr>
<td>You will be asked for information from the last two (2) years of Federal Tax returns. If awarded, you must submit a copy of your and your spouse's last two years of Federal Tax Returns. If you are listed as a dependent on someone else's tax returns, you must provide a copy of their Tax Returns. Tax Returns must be submitted within 2 weeks of notification of award.</td>
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<td>x</td>
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<tr>
<td><strong>Community Service</strong></td>
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<td>You will be asked to list any community service, volunteer activities and/or professional organizations that you have been involved in the last five (5) years. During the application process, you have the option of uploading a letter or supporting documentation of community service involvement.</td>
<td>x</td>
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</tr>
<tr>
<td><strong>Letter of Recommendation from Practice Site</strong></td>
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<tr>
<td>One (1) letter of recommendation, which must be SIGNED and DATED from a supervisor or authorized representative from the practice site within one (1) month or within thirty (30) days of the application submission. The letter must be on letterhead and include the author's title, name of employer, mailing address, and phone number. During the provider's application process, the site must scan/upload the signed letters of recommendation in the SLRP Practice Site Certification Section.</td>
<td>x</td>
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</tr>
<tr>
<td><strong>Practice Site Certification</strong></td>
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<tr>
<td>The SLRP Practice Site Certification section must be completed by the site representative or authorized representative who agrees to pay the matching award, award the participant's prevailing wages, and agrees not to use the Program's award of educational loan repayments as a means to reduce the participant's salary or offset those salaries during the life of the contract. This section contains the name and address of employment of the applicant's practice site(s) information and the name of the site or sponsoring entity that will enter into a Memorandum of Understanding (MOU) with OSHPD. If the site(s) is not an approved SLRP Certified Eligible Site (CES), the site will need to complete a CES application for each site where the provider is working. The CES application must be approved by OSHPD prior to the submission of the provider's application. If the site has not been approved, your application will be deemed ineligible.</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
Eligibility (cont.)

California State Loan Repayment Program (SLRP) Not Available until August

- Be a U.S. Citizen
- Be free of judgments arising from federal debt

Steven M. Thompson Physician Corps Loan Repayment Program (STLCP)

- Be a licensed California physician in good standing with the appropriate Board. Priority will be given to physicians specializing in Family Practice, Gerontology, Internal Medicine, Obstetrics/Gynecology, Pediatrics, or Psychiatry.
- Currently employed or have accepted employment in a Medically Underserved Area or a Health Professional Shortage Area (HPSA) or a qualified facility in California.
- Qualified facilities include:
  - Community Health Center,
  - Correctional Facility,
  - Federally Qualified Health Center,
  - Federally Qualified Health Center Look Alike.

When finished, click SAVE and continue on to the other forms below.
Clicking “SAVE” at the top of the page will allow you to enter additional languages.
Questionnaire

CalREACH
Office of Statewide Health Planning & Development

QUESTIONNAIRE

Do you currently owe an existing service obligation to another entity?
If yes, to what entity do you owe the service obligation?
If yes, on what date does your current service obligation end?

Do you have a current and unrestricted CA License or registration to practice your profession with a CA Board/Committee or the American Registry of Diagnostic Medical Sonography?
  a. If you, which Board, Committee, or Registry?
  b. If yes, please upload proof of license
  c. If yes, please provide professional license or registration number. All letters and numbers must be included.
  d. Re-enter professional license or registration number (re-confirm)
  e. Date issued
  f. Date expires

Where did you hear about this program? (Check all that apply)

When finished, click SAVE and continue on to the other forms below.
Contacts

All fields are required for all three contacts.
SLRP Personal Information

This form asks for general information regarding type of application – New or Extension. Be sure to select the correct button as this will link you to the appropriate SLRP Personal Statement form as well as information the site representative will need to see on the Memorandum of Understanding form.

NOTE: You must complete/save this page of the application before the site or authorized representative can complete the SLRP Practice Certification and Memorandum of Understanding Forms.
SLRP Personal Statements
(Two different set of questions for “New” and “Extension” Applicants)

“New” applicant – 4 questions

Extension applicant – 3 questions
Use this drop down menu to navigate to your other saved loans.

- After you "SAVE" your first Educational Debt Loan, you can ADD more.
- Accidentally enter a duplicate loan? You can DELETE it!
EDUCATIONAL DEBT REPORT SUMMARY

The below amounts reflect the combined total monthly educational loan debt from all lenders and the combined total of outstanding debt submitted in the Lender Information section. Click SAVE to populate the table with the most current information.

<table>
<thead>
<tr>
<th>Lender</th>
<th>Monthly Payment</th>
<th>Total Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sallie Mae</td>
<td>$500.00</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Direct Loans</td>
<td>$200.00</td>
<td>$20,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$700.00</strong></td>
<td><strong>$30,000.00</strong></td>
</tr>
</tbody>
</table>

When finished reviewing, click SAVE then continue on to the other forms below. If additional lenders need to be added, return to the Lender Information.
Assign User Access to Application

1. View Available Opportunities
2. Access Management Tools
3. Change the Status

- Instructions
- View, Edit and Complete Forms
- Examine Related Items
Assign User Access to Application (cont.)

Application-Loans-Basic Menu - Management Tools

The menu below contains links to the tools that can be used to manage this document. See the description below each link for more detail.

Document Information: LoanRepayment-2013-RexTia_00147

Management Tools

- **CREATE FULL PRINT VERSION**
  Select the link above to create a printable version of the document.

- **CREATE FULL BLANK PRINT VERSION**
  Select the link above to create a blank printable version of the document.

- **ADD/EDIT PEOPLE**
  Select the link above to perform actions such as adding people, changing a security role, or altering people’s active dates on this document.

- **STATUS HISTORY**
  Select the link above to view the status history of this document.

- **CHECK FOR ERRORS**
  Select the link above to check the entire document for errors.

- **PROCESS FLOW SNAPSHOT**
  Select the link above to view the details of the current and next possible status for this document.

- **ATTACHMENT REPOSITORY**
  Select the link above to view all attachments in this document.
SLRP Practice Site Certification

(Site Representative or Authorized Individual completes this form!)

**Practice Site/Sponsoring Entity auto-populates by designated discipline.**
Memorandum of Understanding
(Site Representative or Authorized Individual completes this form!)

My Home | My Applications
My Training Materials | My Organization(s) | My Profile | Logout

CHECK GLOBAL ERRORS

MEMORANDUM OF UNDERSTANDING INFORMATION

Instructions:
The below entity has been identified and will be responsible for signing the Memorandum of Understanding (MOU) with OSHPD.

Name of Responsible Entity:

Address:

City State Zip

For a minimum two-year full-time obligation, the site agrees to match the State award up to $30,000.

Payments will be made:
- monthly
- quarterly
- biannually
- annually
- other (specify)

I certify (authorized person who can agree to the terms and conditions) that the practice site(s) or sponsoring entity will pay the applicant’s prevailing wages; agree not to use the SLRP award of educational loan repayments as a means to reduce the recipient’s salary or offset those salaries; agree to match the SLRP award on a dollar-for-dollar basis or 50/50 match in addition to salary; agree to pay the match with non-federal funds; and enter into a MOU with OSHPD.

I declare under penalty of perjury that these statements are true and correct. □ I Agree

When the site(s) authorized individual or representative has completed this portion of the provider’s application, click SAVE. Notify the provider that you have completed this form so the provider can submit their application.

Year and award amount auto-populates from provider’s SLRP Personal Information.

Auto-populates from the SLRP Practice Site Certification Page. This entity will be responsible for signing the MOU with OSHPD.

Site determines how payments will be made.
Certifications

Information Release
I authorize staff to verify my employment if I am awarded. I understand that the information provided will include my employment history and position status. Any information obtained through this release is to be kept confidential by the Office of Statewide Health Planning and Development. This authorization is valid for five (5) years from the date of this form.

Acknowledgement: ☐ I Agree

Application Certification
California State Loan Repayment Program (SLRP)
I certify that I am the person herein named subscribing to this application, that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct and that I am willing to sign, or have signed a written agreement with a practice setting committing to a minimum two years of service. I authorize representatives of the Office of Statewide Health Planning and Development (OSHPD) to contact educational institutions I attended, institutions holding any of the listed educational loans, and employers to verify the accuracy of the information contained in this application.

I understand that once submitted, my application and supporting documents become the property of OSHPD. I also understand that my personal statements may be used, including but not limited to, advertising/marketing, program reports, newsletters, and other publications.

☑ I Agree

When finished, click SAVE.

If you want to change the applications you are submitting please return to Application Information and edit your selection(s). If you decide to NOT apply for one or more program(s), you MUST uncheck the boxes that correlate to that those program(s) on the Application Information BEFORE you submit your application. You cannot remove your application once you have chosen SUBMIT.

To submit your application, please change the status to “Basic Application Submitted” on the Status Change page.
Change the Status

(Deleting or Submitting an Application)

Application-Loans-Basic Menu

Document Information: LoanRepayment-2013-RexTia-00147

View, Edit and Complete Forms
Select the View Forms button below to view, edit, and complete forms.

Change the Status
Select the View Status Options button below to perform actions such as submitting applications or request modifications.

Access Management Tools
Select the View Management Tools button below to perform actions such as adding people to this document or viewing the document history.

Examine Related Items
Change the Status (cont.)

(Deleting or Submitting an Application)

Possible Statuses

**BASIC APPLICATION SUBMITTED**
Our preferred form of communication is through email. All applicants must regularly check their primary email address for time sensitive information. Before submitting your application(s), please confirm your email address is correct. Please keep your contact information up-to-date on the My Profile page.

- **Submit**
- **Delete**
Checking the Status of your Application

My Applications

Use the search functionality below to find a specific Application.

Search Applications

<table>
<thead>
<tr>
<th>Application Types</th>
<th>Application Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan Repayment 2013: 2013</td>
<td>-- Select --</td>
</tr>
<tr>
<td>Status</td>
<td>Year</td>
</tr>
<tr>
<td>-- Select --</td>
<td></td>
</tr>
</tbody>
</table>

Search...

Export Results to

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Organization</th>
<th>Name</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application-Loans-Basic</td>
<td>Tia Rex - Individual</td>
<td>LoanRepayment-2013-RexTia -00146</td>
<td>Basic Application In Process</td>
</tr>
<tr>
<td>Application-Loans-Basic</td>
<td>Tia Rex - Individual</td>
<td>LoanRepayment-2013-RexTia -00147</td>
<td>Basic Application In Process</td>
</tr>
<tr>
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</tr>
</tbody>
</table>

Year: 2013
Accessing a SAVED Application

(If you have logged out of the system, log back in.)
Printing an Application

Application-Loans-Basic Menu - Management Tools

The menu below contains links to the tools that can be used to manage this document. See the description below each link for more detail.

Management Tools

- CREATE FULL PRINT VERSION
  - Select the link above to create a printable version of the document.

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  - Select the link above to create a blank printable version of the document.

- ADD/E DIT PEOPLE
  - Select the link above to perform actions such as adding people, changing a security role, or altering people’s active dates on this document.

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- PROCESS FLOW SNAPSHOT
  - Select the link above to view the details of the current and next possible status for this document.

- ATTACHMENT REPOSITORY
  - Select the link above to view all attachments in this document.
What is Next?

Application period opens August 19, 2013 and closes October 19, 2013
Resources

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- OSHPD website: http://www.oshpd.ca.gov/
- NHSC website: http://nhsc.hrsa.gov/
- Visit CalHealth Workforce on Facebook: https://www.facebook.com/CalHealthWorkforce
- Visit twitter at: https://twitter.com/HealthProfCAgov
- An “Applicant USER GUIDE” will be available on CalREACH in the training material section on the Welcome to CalREACH page as a well as on the SLRP website.
- A recording of this webinar and PowerPoint will be accessible through the SLRP website.
Thank you for participating!

Questions?
California State Loan Repayment Program

Site Application

Technical Assistance Webinar

Friday, August 16, 2013
12:00 p.m. to 1:30 p.m.

Presenter: Monique Voss, SLRP Administrator
Welcome to CalREACH!
(Responsive Electronic Application for California's Healthcare)

The Office of Statewide Health Planning and Development (OSHPD) is proud to launch CalREACH to make applying for and receiving healthcare scholarships, loan repayments, and/or grants easier and more efficient.

You will now be able to apply for any Health Professions Education Foundation (Foundation) and/or Healthcare Workforce Development Division (HWDD) scholarships, loan repayments, and/or grants through CalREACH.

Find Opportunities!

The following scholarships, loan repayment, and/or grant opportunities are currently available or are scheduled to be released soon. See websites for specific release dates.

**Scholarship Programs** (Scholarships are for individuals interested in a healthcare profession)

<table>
<thead>
<tr>
<th>Program</th>
<th>For More Information Visit our Webpage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allied Healthcare Scholarship Program (AHSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/ADN.html">http://www.oshpd.ca.gov/HPEF/ADN.html</a></td>
</tr>
<tr>
<td>Associate Degree Nursing Scholarship Program (ADNSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/ADN.html">http://www.oshpd.ca.gov/HPEF/ADN.html</a></td>
</tr>
<tr>
<td>Bachelor of Science Nursing Scholarship Program (BSNSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/BSN.html">http://www.oshpd.ca.gov/HPEF/BSN.html</a></td>
</tr>
<tr>
<td>Health Professions Education Scholarship Program (HPSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/HPSP.html">http://www.oshpd.ca.gov/HPEF/HPSP.html</a></td>
</tr>
<tr>
<td>Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program (LVN to ADN)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/LV.html">http://www.oshpd.ca.gov/HPEF/LV.html</a></td>
</tr>
<tr>
<td>Vocational Nurse Scholarship Program (VNSP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/VN.html">http://www.oshpd.ca.gov/HPEF/VN.html</a></td>
</tr>
</tbody>
</table>

**Loan Repayment Programs** (Loan repayments are for individuals in a healthcare profession)

**Program**

<table>
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<tr>
<th>Program</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Allied Healthcare Loan Repayment Program (AHLRP)</td>
<td><a href="http://www.oshpd.ca.gov/HPEF/ADN.html">http://www.oshpd.ca.gov/HPEF/ADN.html</a></td>
</tr>
<tr>
<td>Bachelor of Science Nursing Loan Repayment Program (BSNLRP)</td>
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</tr>
</tbody>
</table>

**CA SLRP Certified Eligible Site(s)** (Sites interested in participating in the California State Loan Repayment Program with their providers.)

<table>
<thead>
<tr>
<th>Program</th>
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</tr>
</thead>
<tbody>
<tr>
<td>California SLRP Certified Eligible Site (CES) Application</td>
<td><a href="http://oshpd.ca.gov/HWDD/SLRP.html">http://oshpd.ca.gov/HWDD/SLRP.html</a></td>
</tr>
<tr>
<td>CA SLRP Approved CES List</td>
<td><a href="http://oshpd.ca.gov/HWDD/SLRP.html">CA SLRP Approved CES List</a></td>
</tr>
</tbody>
</table>

CalREACH Website: [www.careach.oshpd.ca.gov](http://www.careach.oshpd.ca.gov)

SLRP Website: [http://oshpd.ca.gov/HWDD/SLRP.html](http://oshpd.ca.gov/HWDD/SLRP.html)
When finished, click SAVE.
LOGIN & VIEW AVAILABLE OPPORTUNITIES

Welcome Mic
Site Admin
Change My Picture

Instructions:
Select the SHOW HELP button above for detailed instructions or view Help.

View Available Opportunities
You have 1 My Opportunities available. Select the View Opportunities button below to see what is available.

My Inbox
You have 0 new messages. Select the Open My Inbox button below to open your system inbox.

My Tasks
You have 19 new tasks. You have 0 critical tasks. Select the Open My Tasks button below to view your tasks.

Page Help

Home Page Features
Navigation Tabs
Select a tab to search for documents within that category. Based on your security role, this screen will also display documents you have access to in the system by default.

Training Materials
Select this link to open a panel displaying all of the training materials that are relevant to your security role. Training materials can be accessed at anytime within the system.

My Organization(s)
Select this link to view the organization, or organizations you are currently a member of. Based on your security role, you may have permissions to edit organization information.

My Profile
Select this link to access your account information in the system. On the My Profile page, you can change your password and home page image. You may also edit information such as your...
My OPPORTUNITIES

My Opportunities

To apply for an item listed below, select the Apply Now button below each description.

SLRP Certified Eligible Site 2013/4 for CES Site - Corp.
Offered By:
CAOSHPD_CALREACH

Application-SLRP Certified Eligible Site Availability Dates:
03/01/2013-open ended

Application-SLRP Certified Eligible Site Period:
03/01/2013-03/01/2014

Application-SLRP Certified Eligible Site Due Date:
02/27/2020

Description:
The Certified Eligible Site Application (CES) must be completed for each practice site that would like to participate in the California State Loan Repayment Program (SLRP). One CES application must be completed for each practice site for which the healthcare provider is working. This application must be submitted by the Site Representative or authorized individual and approved by SLRP staff prior to the healthcare provider submitting his/her SLRP application.

APPLY NOW
Agreement

Please make a selection below to continue.

A California Certified Eligible Site(s) [CES] must be a public or private non-profit site; be located in a California Federally designated Health Professional Shortage Area (HPSA) medical, dental or mental health discipline; be willing to match the State award (50/50); commit to a minimum of up to a two-year employment term; pay prevailing wages; be willing to enter into a Memorandum of Understanding (MOU) with the State of California; provide Sliding Fee Schedule, copy of Federal Tax Exempt for (501(c) 3 letter, if the site is a private not-for-profit; and reapply every three-years to be able to participate in the State Loan Repayment Program.

Site/Sponsoring Entity(ies) agrees to abide by each and every requirement listed in this application and that the information provided is true and correct. Any intentional or negligent misrepresentations(s) of the information contained in the application may result in the forfeiture of the entities eligibility to participate in the State Loan Repayment Program.

I AGREE

I DO NOT AGREE
### Application - SLRP Certified Eligible Site Menu - Forms

Please complete all required forms below:

**Document Information:** SLRP-2014-ACMC Highland Hospital-00222

#### Forms

<table>
<thead>
<tr>
<th>Status</th>
<th>Page Name</th>
<th>Note</th>
<th>Created By</th>
<th>Last Modified By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SLRP Certified Eligible Site Application</td>
<td></td>
<td>Grant System</td>
<td>8/13/2013 10:41:59 AM</td>
</tr>
<tr>
<td></td>
<td>Sponsoring Entity Information</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice Site Assurances</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SLRP CERTIFIED ELIGIBLE SITE APPLICATION

Auto-populates

Auto-populates

Description of Practice Site (check one only)

- Federally Qualified Health Center (FQHC)/Comprehensive Health Center
- Rural Health Clinic
- Federally Qualified Health Center Look-A-Like (FQHC-Look-A-Like)
- School Based Health Center
- Indian Health Service Facility
- Migrant Health Center
- Other (specify)

All except FQHC Clinics

A sliding fee schedule must be posted onsite to ensure patients are aware that services are provided either at no fee or a nominal fee. If you do not have a sliding fee schedule, save this form then click on the link for examples on how to create a mandatory sliding fee schedule.

Upload a copy of your sliding fee schedule.

When finished, click SAVE and continue on to the other forms below.

A SLP Sponsoring Entity is one that assumes the ultimate financial responsibility for all other sites associated with this entity. Typically, the administrative and executive offices are located at this location.

- The practice site applying for certification is also the Sponsoring Entity

If the practice site is not the Sponsoring Entity, please select your Sponsoring Entity from the dropdown list.

If your Sponsoring Entity is not on the list above, enter the information below.

- Sponsor Name
- Address
- City
- State
- Zip
- County

When finished, click SAVE and continue on to the other forms below.
### Comprehensive System of Care

Providers shall practice in dental care settings, ambulatory primary care settings, or in mental healthcare settings that assure the availability of primary care services, including lab and x-ray, pharmacy, after-hours, and referral arrangements for services not available on site.

- I have read and understand the requirements

#### Quality of Care

Site has a credentialing program in place to review references and verify licensure and certification status of providers.

Site has an improvement system in place, which may include patient satisfaction surveys, peer review systems, clinical outcome measures, or similar systems.

Services will be delivered in a culturally appropriate fashion so as to be sensitive and responsive to the needs of the target population.

Site will address retention of providers through monitoring of turnover, clinical team management efforts, pay comparability surveys, exit interviews, and other means.

- I have read and understand the requirements

#### Provider Employment Contracts

Providers shall practice only in the approved HPSA and at the site to which originally assigned, for a minimum of two (2) years, unless a change is approved by OSHPD.

All providers will have contracts or employment agreements that include one of the following: Providers shall perform full-time clinical practice which is defined as a minimum of 40 hours per week and a minimum of 45 weeks per year (1800 hours) or half-time clinical practice which is defined as a minimum of 20 hours per week (not to exceed 39 hours per week) and a minimum 45 weeks per year.

Contract shall not restrict the continued practice of provider in the HPSA to which he/she is assigned, after his/her obligation is completed.

Continuing professional education time and funds shall be made available.

Site shall communicate with OSHPD staff regarding the status of providers, including resignations, terminations, and extended leave for providers.

Site shall inform OSHPD of all circumstances surrounding resignations and terminations.

Site must immediately inform OSHPD if it is no longer willing or able to comply with any of the above conditions.

- I have read and understand the requirements

### Practice Site Certification

- I certify and agree to abide by each and every requirement listed in this application and that the information provided is true and correct as of the date of application submission.

- I understand that any intentional or negligent misrepresentation(s) of the information contained in the application may result in the forfeiture of our entity’s eligibility to participate in the State Loan Repayment Program.

When finished, click SAVE.

To submit your application, please change the status to “Site Application Submitted” on the Status Change page.
PRINTING AN APPLICATION

Application-Loans-Basic Menu - Management Tools

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What is Next?

Application period opens August 19, 2013

If provider is applying and their site is not listed on the approved CES list, the site must submit a CES Application by October 19th in order for the provider’s application to qualify for this application cycle.

- Sign MOU if provider is awarded
- SLRP Team Reviews Applications
- Application Notification Approved or Denied
- Site added to approved SLRP Certified Eligible Site List(s)
- Reapply in Three Years
Resources

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