

**Application Deadline: September 19, 2011**



**UNIVERSITY OF VERMONT**  
**AHEC PROGRAM**  
Arnold 5 – UHC Campus  
1 South Prospect Street  
Burlington, VT 05401  
TEL: (802) 656-2179 FAX: (802) 656-3016  
www.vtahec.org

## **Vermont Educational Loan Repayment Program for Nurses (LPN, RN)**

### **2012 APPLICATION FORM**

The **Vermont Educational Loan Repayment Program for Nurses** is funded by the State of Vermont, through the Department of Health, and is administered by the University of Vermont Area Health Education Centers (AHEC) Program. The goal of this program is to ensure a stable and adequate supply of nurses (LPNs and RNs) to meet the health care needs of Vermonters.

#### **General Eligibility Requirements (see Program Overview for details):**

- Applicant must be a Vermont resident.
- Applicant must serve Vermonters, as defined by the program (e.g., health care setting in Vermont, or work at an accredited hospital within 10 miles of the Vermont border or work for the State as a public health nurse).
- Applicant must have graduated from an LPN or RN program **on or after April 1, 2001**.
- Applicant must work a minimum of 20 hours per week as an LPN or RN.

#### **Commitment & Obligations (see Program Overview for details):**

- Recipient must meet a one-year service commitment.
- Grants go directly to pay educational loans.

**How to Apply:** This application is completed by both the nurse applicant and current employer.

(Students attending an LPN, RN, or MSN program in Vermont who wish to apply to the Vermont State Nursing Incentives Scholarship program should call VSAC at 1-888-253-4819.)

**Where to Send the Application:** UVM AHEC Program  
1 South Prospect ST, UHC Campus Arnold 5, Burlington, VT 05401  
Attn: Rebecca T. Dubois  
(802) 656-2658 or rebecca.dubois@uvm.edu

**Deadline & Award Notification:** Application must be postmarked by **September 19, 2011**. Applicant will receive confirmation of receipt by email. The schedule for reviewing and making award decisions will depend on several factors, including the number of applications received. Award decisions will be announced between February and March.

**IMPORTANT: Please print clearly and fill out application completely. Illegible applications will be considered incomplete. Only complete applications will be considered. See Application Checklist on page 4.**

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## Vermont Educational Loan Repayment Program for Nurses (LPN, RN) 2012 PROGRAM OVERVIEW

The *Vermont Educational Loan Repayment Program for Nurses* (LPNs and RNs) was established by the Vermont General Assembly with the goal of ensuring a stable and adequate supply of nurses to meet the healthcare needs of Vermonters.

Component	Standard
Description	Funded by state and local funds. AHEC shall make loan repayment awards in exchange for service commitments by health care practitioners. Recipient must have outstanding educational debt acquired in pursuit of an undergraduate or graduate degree from an accredited college or university that exceeds the amount of the loan repayment award.
State of Residence	Must be a Vermont resident (and legally authorized to work in the U.S); must serve Vermonters.
Award Amount	Up to \$10,000 in state funds per year. Awards go directly to pay educational loans (loan must be in good standing, lender will be requested to apply payment directly to loan principal to have the greatest impact on debt reduction). State awards may be enhanced by community or employer matching funds. If awarded funds, each recipient is required to continue making their own monthly payment(s) in addition to this award to further reduce overall educational debt; the recipient's own debt reduction effort is viewed favorably in future applications. A goal of this program is to work as a partnership between the recipient, the State of Vermont, and communities/practices/foundations to reduce educational debt; these funds are a direct investment in the State's workforce and achieving debt reduction must be evidenced to show impact and ensure the program's continuation.
Tax Liability	The federal Affordable Care Act passed on March 23, 2010 treats debt repayment under the Vermont Educational Loan Repayment Program for Healthcare Professionals as exempt for income tax purposes.
Reapplication & Lifetime Maximum	Must reapply annually. May receive loan repayment funds for maximum of four years.
Service Obligation	One year of service per year of funding. Service period will be defined in award contract. No credit for practice prior to contract. No credit for practice that is a requirement of a degree program. No credit during a leave of absence. Recipients who take a leave of absence will have to extend the service contract end date.
Default of Service Obligation	Must repay proportionally to unserved period, plus collection costs.
Hours	Must work as a nurse for minimum average of 20 hours per week. Must work in Vermont or at an accredited hospital within 10 miles of the Vermont border during the year of service.
General Eligibility Requirements	Must be employed in Vermont (includes public health nurses employed by the State) or at an accredited hospital within 10 miles of the Vermont border as a licensed practical nurse or registered nurse. Practice must accept patients with coverage under Medicare, Medicaid, or other state-funded health care benefit program, if applicable. Must have graduated from an (in-state or out-of-state) LPN or RN program <b>on or after April 1, 2001</b> . This date applies to the most current degree associated with LPN or RN program (i.e., going from an associate's degree to a bachelor's degree in nursing [BSN]).
Ineligible Nurses	<b>Per diem; temporary nurses; contracted nurses; traveling nurses; school nurses; nurses in primary care practice settings</b> (exceptions: federally qualified health centers [FQHC], community health centers [CHC], and rural health centers [RHC]); individuals whose citizenship may limit their ability to fulfill the service obligation of this program; those who have current contractual loan forgiveness, loan repayment, scholarship, or other contractual service obligations.
Service Area	The county, acute care service area, federally designated area, or other geographic units defined by AHEC, hospitals, or other entities.
Eligible Service Areas & Specialties	Those areas and nursing specialties which are underserved with RNs and LPNs.
Prioritization for Awards	Program objectives/selection criteria are established by the Vermont Department of Health and AHEC, in accordance with Vermont laws. Factors may include local goals for improved service; nursing recruitment or retention needs of a given community; applicant loan debt level; number of hours per week that applicant works; serving as a preceptor to health professions students; or other awarding parameters, with special consideration for Vermont's most underserved areas and undersupplied specialties.

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**Vermont Educational Loan Repayment Program for Nurses (LPN, RN)  
2012 APPLICATION FORM**

**PRINT CLEARLY**

- |   |  |
|---|--|
| <input type="checkbox"/> This is my first time <b>applying</b> to this program.   | <input type="checkbox"/> I have <b>applied</b> to this program in prior years. |
| <input type="checkbox"/> I am a Vermont resident, and I completed my LPN or RN <b>on or after April 1, 2001</b> , as <u>required</u> by this program. |  |

**Pages 1-4** to be completed by the nurse applicant; **page 5** to be completed by the employer.

**A. PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Other Legal Name(s) Used: \_\_\_\_\_

Birth Date (optional): \_\_\_\_\_ Gender (optional): \_\_\_\_\_ Ethnicity (optional): Hispanic or Latino  Yes  No

Race (optional, check all that apply):

- American Indian or Alaska Native,  Asian,  Black or African American,  Native Hawaiian or Other Pacific Islander,  White

**Check here if home address has changed within the last six months.**

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Town of Residence: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. U.S. Citizen?  **Yes**  **No** If not, current visa type: \_\_\_\_\_

2a. National Provide Identifier (NPI): \_\_\_\_\_ or  Check here if you don't have an NPI

2b. Licensure:  **LPN** or  **RN**

VT # \_\_\_\_\_, or NH # \_\_\_\_\_, or NCLEX Date \_\_\_\_\_ (date of exam, if not yet licensed). You must pass the NCLEX and provide your nursing license number no later than **June 1, 2012**, or funds awarded may be reallocated.

3. Education (must have completed nursing program, LPN or RN, on or after **April 1, 2001** to be eligible for this program):

Education:	Name of School/Program	State	Degree	Date of Degree/Completion	<input checked="" type="checkbox"/> Check Box if Currently Enrolled in this Program
High School					
Certificate					
Undergraduate					
Graduate					
Other					

4. Have you ever been fired from a health care position or been convicted of a crime (other than minor traffic violation) in any state?  
 **Yes** (in Year \_\_\_\_\_)  **No**

If yes, please explain:

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**Applicant Name:** \_\_\_\_\_

**B. CURRENT EMPLOYMENT INFORMATION**

(NOTE: Please read the program overview for eligibility requirements. You must be employed an average of at least 20 hours per week as an LPN or RN (includes public health nurses employed by the State) if awarded funds. Please list one employment site here. Copy this page and attach one additional page per employment site if you are currently employed by more than one organization.)

Name of Employer: \_\_\_\_\_

Name of the Practice/Institution/Facility/Site where you work: \_\_\_\_\_

Employment Site Location – Town of Work Site: \_\_\_\_\_

Employment Site Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

Position's Job Title: \_\_\_\_\_

Please indicate the unit or department in which you are employed (e.g. med/surgery, oncology, psychiatric, emergency dept, intensive care, etc.):

\_\_\_\_\_

Please indicate any special population you serve (e.g., geriatric population, severely disabled children, homebound, etc.):

\_\_\_\_\_

Have you ever had a contractual service obligation in return for scholarship, loan forgiveness, or loan repayment (e.g., university, military, VSAC/state, federal program, employer, Freeman Scholar, etc.)?

**Yes**             **No**

If yes, Award Amount: \_\_\_\_\_ Obligation Start Date: \_\_\_\_\_ Obligation End Date: \_\_\_\_\_

Name of Organization/Program: \_\_\_\_\_

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**Applicant Name:** \_\_\_\_\_

**C. Personal Statement (Required—1 page maximum):**

**Please attach a brief, typed statement** of why you have chosen to practice in the region of Vermont where you are located, or in the specialty care area that you work. Also include:

- Your career goals and plans for a professional career in Vermont
- The contributions that you make to patient care
- The contributions that you make to training the next generation of health care professionals (i.e., serving as a preceptor, providing, job shadow opportunities for youth, working with AHEC’s youth programs, etc.)

*Information provided in the Personal Statement is considered carefully by the selection committee and is an important factor in award decisions.*

**D. Documentation Verifying U.S. Educational Loans (required for RETENTION applications only):**

Please attach official documentation from your U.S. lender(s) listing your original total debt and all currently unpaid **student loans** (any educational loan, including undergraduate) borrowed in your name for your educational pursuit. This documentation must be from the U.S. lender(s), such as a current statement of account, printed statement from web account, or letter from the lender. The documentation must clearly indicate that these are educational loans obtained through a U.S. student loan program and may not include any loans consolidated with another person or borrowed for another person’s educational pursuit, nor may they include mortgage, car, credit card, personal, business, or any other type of loan.

**Verification Documentation for unpaid educational loans must be dated and must be current—dated between July 1 to September 19, 2011. Documentation must be actual, not estimated, and include a minimum of the following elements for each loan:**

- Borrower Name, Loan ID #, Account # (may be different from Loan ID #)
- Lending Institution Name, Address, Phone, Fax
- Origination Date of Loan
- Original Amount of Loan (principle amount only, without interest, on origination date; a portion of which may have been paid back prior to this application)
- Current Loan Amount Still Unpaid (principle amount + interest and fees)

**Summarize ALL of your documented educational debt combined:**

**Be sure that these amounts are corroborated by the required loan verification documentation. Applications with conflicting information will be ‘incomplete’ until resolved. Incomplete applications will not be considered.**

Total of **ALL** (paid & unpaid, principle + interest) Educational Loans **ever** borrowed in your name for your education:

\$ \_\_\_\_\_

Total of **UNPAID** Educational Loans verified by attached documentation:

\$ \_\_\_\_\_

Current Total Monthly Payment amount for these loans:

\$ \_\_\_\_\_



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**APPLICATION CHECKLIST:**

*Incomplete/illegible applications will not be considered. Your application should contain the following:*

- \_\_\_\_ Please keep program overview, along with a copy of your completed application, for your records
- \_\_\_\_ **Application must be postmarked no later than September 19, 2011**
  
- \_\_\_\_ **Pages 1-3**, personal, employment, and educational loan information
- \_\_\_\_ **Page 3**, a typed personal statement
- \_\_\_\_ **Page 3**, documentation from lender verifying outstanding educational loan information
- \_\_\_\_ **Page 4**, applicant signature (below)
- \_\_\_\_ **Page 5**, completed by employer
- \_\_\_\_ **Page 5**, letter(s) from employer

**How did you hear about the Vermont Educational Loan Repayment Program for Nurses?**

- Flyer**       **AHEC web site**       **UVM College of Medicine**       **Coworker/Colleague**  
 **Health Fair**       **Employer**       **Other** \_\_\_\_\_

**Are there other ways that AHEC can assist you in your profession?**

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**Certification:**

I certify that the information given in this application and applicable attachments is accurate and complete to the best of my knowledge. I understand that the information I have provided is subject to verification and that willfully providing false information may result in disqualification from participation in this program.

I give permission for AHEC to verify information contained in this application and acknowledge that this process may include discussing my application with lender(s) and/or employer(s) listed in this application as well as with necessary personnel at the Vermont Department of Health, and Educational Loan Repayment Award Selection Committee. I authorize my lender(s) and employer(s) to provide information that pertains to this application and the Vermont Educational Loan Repayment Program for Health Care Professionals directly to AHEC.

I certify that I have read the program overview and agree to the eligibility requirements, and the service commitment associated with the Vermont Educational Loan Repayment award.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Return completed application to: UVM AHEC Program  
UHC Campus Arnold 5, 1 South Prospect ST, Burlington, VT 05401  
Attn: Rebecca T. Dubois  
(802) 656-2658 or rebecca.dubois@uvm.edu

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**E. EMPLOYER and PRACTICE SITE/FACILITY INFORMATION**

*To be completed by employer.*

Name of Nurse Applicant: \_\_\_\_\_

Name of Organization (Practice Site): \_\_\_\_\_

Human Resource Office Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

The practice has precepted (clinical rotations) health professions students in the past two years:  **Yes**  **No**

Does the applicant have a current employment contract with your organization?  **Yes**  **No**  **N/A**

If yes, do you anticipate renewing the employment contract when it expires?  **Yes**  **No**  **N/A**

Applicant Employment Type:  Employee/regular staff  Per diem  Traveler  Other: \_\_\_\_\_

Applicant's employment start date/date of hire: \_\_\_\_\_ Applicant's average hours of work per week: \_\_\_\_\_

To your knowledge, is the applicant currently obligated under an existing contractual service agreement in return for scholarship, loan repayment, or loan forgiveness?  **Yes**  **No**

Will the practice site/institution or another institution in the region offer a community match to enhance the award?  **Yes**  **No**

If yes, name of match provider: \_\_\_\_\_

If yes, indicate the type/amount of the match:  **Fixed Amount \$** \_\_\_\_\_

**Dollar-for-Dollar Match if Awarded Funds**

Will you be providing other services and incentives to help ensure that this nurse will remain in your facility or the community?

**Yes**  **No** If yes, please describe: \_\_\_\_\_

**Employer Statement(s):** *Information included in this section is very important for the selection committee that reviews applications. Please attach a brief, typed statement(s) for this section.*

1. **Required Workforce Considerations Letter (from Human Resource Dept or nurse recruiter/practice manager):** Describe any extenuating work site circumstances that should be considered in evaluating this application. This can include problems in recruiting, special circumstances that make retention difficult, or other issues you feel are worthy of consideration. If you have evidence of a specific shortage in this type of specialty care or in your region of the state, be sure to provide this evidence. *You may use the same institutional letter for all applicants from your work site.*

2. **Optional Letter of Support (from supervisor)** advocating for this specific applicant **tends to strengthen** the overall application. This letter should focus on the applicant's contributions to patient care and the work site.

Signature of Employer \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

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