

Vermont Educational Loan Repayment Program for Nurses (RN and LPN) 2021 APPLICATION FORM

The **Vermont Educational Loan Repayment Program for Healthcare Professionals** is funded through the Vermont Department of Health, and administered on behalf of the state by the University of Vermont Larner College of Medicine Area Health Education Centers (AHEC) Program.

The purpose of this state loan repayment program is to increase access to health and dental care in underserved communities and to address the health professional shortages that cause disparities in access to health care in Vermont.

You are also encouraged to explore whether you and your worksite are eligible for the federal NURSE Corps Loan Repayment Program funds. Visit www.hrsa.gov for more information. NURSE Corps awards may be larger than the state-funded awards. An individual may not receive NURSE Corps and state funds concurrently. To explore eligibility for the federal Public Service Loan Forgiveness (PSLF) Program, visit www.studentaid.gov. You may be actively enrolled in PSLF while receiving Vermont educational loan repayment.

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.

With this application you are applying for funding consideration from multiple available sources: State of Vermont and supplemental or matching funds from your employer or other community organization; a coordinated approach is used to administer these pooled resources. The overarching eligibility for these funds is based on documented workforce needs. Many of the eligibility requirements are identical however certain funding sources may have specific requirements are identified in the Program Overview and Participant Eligibility section. Award decisions and their subsequent administration will be in compliance with funder requirements; service contracts identify the source(s) of award funds and obligations. A one-year service commitment is required.

To strategically respond to needs in the state and best use of limited funds, program eligibility and selection criteria can change annually. Refer to the Program Overview and Participant Eligibility document for this cycle's information.

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

Where to Send the Application:

UVM Office of Primary Care and AHEC Program
1 South Prospect Street
Mail Stop 430 AR5
Burlington, VT 05401
Attn: Rebecca T. Dubois
(802) 656-2658 or rebecca.dubois@uvm.edu

Deadline & Award Notification: Application must be received by **September 10, 2020**. It is the applicant's responsibility to ensure that the application has been received and is complete by the stated deadline. **Late applications will not be accepted.** All applications must be typed, as facilitated by this form. Only complete applications will be considered. See Application Checklist.

The schedule for reviewing and making award decisions will depend on several factors, including the number of applications received. Award decisions will be announced in March (estimated).

Vermont Educational Loan Repayment Program for Nurses (RN and LPN)

2021 PROGRAM OVERVIEW and PARTICIPANT ELIGIBILITY

The purpose of this state loan repayment program is to increase access to health and dental care in underserved communities and to address the health professional shortages that cause disparities in access to health care in Vermont.

Category	Eligibility Standard
Description	Funded by state and local funds. AHEC, on behalf of the state, shall make loan repayment awards in exchange for service commitments by eligible health care professionals. Recipient must have outstanding educational debt acquired in the pursuit of an undergraduate or graduate degree from an accredited college or university that exceeds the amount of the loan repayment award (see award amount minimum).
Award Amount	Up to \$6,000 in state funds per year. State awards may be enhanced by employer or community matching funds. Awards go directly to pay educational loans (lender will be requested to apply payment directly to loan principal to have the greatest impact on debt reduction). Note: This program is competitive with limited funding.
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.
Prioritization for Awards Nurses working at the Vermont Psychiatric Care Hospital are identified as highest priority, effective 2016.	Program objectives/selection criteria are established annually by the Vermont Department of Health in consultation with AHEC, in accordance with Vermont laws, and the federal Public Health Service Act, to strategically respond to the most pressing health care workforce needs in the state. Priorities are those areas which are underserved with special consideration for Vermont's most rural, underserved and undersupplied areas (see federally designated Health Professional Shortage Areas (HPSAs) at http://hpsafind.hrsa.gov). Other factors <i>may</i> include local goals for improved service through workforce recruitment/retention; applicant educational loan debt level; number of hours per week that applicant works; serving as a preceptor to Vermont health professions students; or other awarding parameters.
Prioritization for Awards: Data-driven	Applicants are encouraged to review available data about Vermont's nursing workforce prior to completing an application. These data inform the state's prioritization for awards. <ul style="list-style-type: none"> Vermont Board of Nursing Relicensure Surveys (source: VT AHEC) www.vtahec.org Health Professional Shortage Area (HPSA) designations and scores http://hpsafind.hrsa.gov
Citizenship	Recipient must be legally authorized to work in the U.S.
State of Residence	Recipient must be a Vermont resident.
Eligible Specialties	Nursing specialties which have an identified shortage of RNs and LPNs and/or difficulty recruiting and retaining RNs and LPNs.
Eligible Nurses Grad/completion date of most current nursing degree (LPN, RN) must be on or after April 1, 2001.	Employment as a nurse (RN or LPN) at an eligible work site; includes public health nurses employed by the State of Vermont. Based on identified state priorities and reduced program funding, eligibility is limited to nurses delivering direct care in nursing homes, long-term care, home health, state public health, mental health, behavioral health, and substance abuse settings. Public health nurses employed by the State of Vermont, in various roles and community settings, are eligible.
Eligible Nurses: Hours	Must practice a minimum average of 20 clinical hours per week in that position during the year of service and at least 45 weeks per year; participants who take more than 7.14 weeks of leave in a service year (for any reason), fail to meet the 45 week minimum. Public health nurses, employed by the State of Vermont, also must work a minimum average of 20 hours per week for a 45 week minimum.

<p>Educational Debt For 2021 cycle, current debt must exceed \$10,000.</p>	<p>Educational debt is verified. Loan(s) must be in good standing. The current loan balance must be greater than the total amount of educational loan repayment award (see minimum award amount).</p> <p>Qualifying debt 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, family, business, or any other type of loan.</p> <p>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 in a partnership between the recipient, the State of Vermont, U.S. Department of Health and Human Services, and communities/practices/employers/foundations to reduce educational debt; these funds are a direct investment in Vermont's workforce and achieving debt reduction must be demonstrated to show impact and ensure the program's continuation.</p>
<p>Finances</p>	<p>Applicant must <u>not</u>: have any federal judgment liens; have defaulted on any federal payment obligations; have any federal or non-federal debt written off as uncollectible; have received a waiver of any federal payment obligation.</p>
<p>Ineligible Nurses</p>	<p>Those not listed as "eligible nurses." Hospital-based nurses are ineligible except for those working in psychiatric or substance use disorder care. Other ineligible nurses: per diem; temporary nurses; contracted nurses; traveling nurses; and school nurses; individuals whose citizenship may limit their ability to fulfill the service obligation of this program; nurses with a current contractual service obligation with the federal government, state, or other entity, including loan repayment contractual obligation from other sources, unless that service obligation will be completely satisfied before this program's contract has been signed. Please note that certain provisions in employment contracts can create a service obligation (e.g., an employer offers a bonus in return for the nurse's agreement to work at that facility for a certain period of time or pay back the bonus). Individuals who have loans through the federal Health Resources and Services Administration are not eligible.</p>
<p>Eligible Work Sites</p>	<p>Healthcare facilities (e.g. hospitals, nursing homes, home health, mental health, health department) located in Vermont or an accredited hospital within 10 miles of the Vermont border that have an identified shortage of RNs and LPNs and/or difficulty recruiting and retaining RNs and LPNs. Effective 2016 cycle, hospital eligibility is limited to psychiatric or substance use disorder care nurses.</p>
<p>Ineligible Work Sites</p>	<p>Those not listed as "eligible work sites." Primary Care practices (out-patient/urgent care) are ineligible except those practices designated as Federally Qualified Health Centers [FQHCs], and Rural Health Centers [RHC]. Hospital eligibility is limited to only psychiatric or substance use disorder care nurses.</p>
<p>Eligible Work Sites: Patient Policies</p>	<p>Accepts patients with coverage under Medicare, Medicaid, Vermont's Children's Health Insurance Program (Dr. Dinosaur), or other state-funded health care benefit programs.</p>
<p>Reapplication & Lifetime Maximum</p>	<p>Recipients will have 1-year service commitments. Employment will be verified prior to disbursement of funds. May receive loan repayment funds for maximum of four years per individual.</p>
<p>Service Obligation Period</p>	<p>Contracts are for 1 year (12 months) of service. One year of service per year of funding. Service period will be defined in award contract and cannot start prior to a fully executed contract or work start date, whichever is later. No credit for practice prior to executed contract. No credit for practice while in school or training. No credit during a leave of absence. Recipients who take a leave of absence (for any reason) are required to extend the service contract end date.</p>
<p>Changing Job Site/Request to Transfer (a new job opportunity does not meet this requirement)</p>	<p>An award is for a specific worksite and timeframe. Awards/contracts are not transferable. Changing worksites (within VT) during a service obligation is rarely authorized. Authorization of a worksite transfer requires extenuating, and unforeseen compelling circumstances. If allowed by the funding source(s), exceptions may be granted at the discretion of the program director. A request for a worksite transfer exception must be made prior to changing worksites. A breach of service contract may result if the participant leaves the job without prior approval. Participants who voluntarily resign from their worksite(s) without prior approval from the program director or are terminated by their worksite(s) for cause may not receive a transfer to another worksite and may be placed in breach of contract.</p>

<p>Award Cancellation or Contract Termination</p>	<p>Award offers can be cancelled without penalty <u>prior</u> to a fully executed (i.e., signed) contract.</p> <p>The award and service contract is cancelled in its entirety in the event of a participant’s death.</p> <p>Fully executed contracts may have service and repayment obligations waived if there occurs incapacity of the participant due to serious illness, or other compelling personal circumstances arise. Waiver decisions are at the discretion of the program director.</p> <p>Contract termination due to extenuating and unforeseen circumstances may be requested by a participant, in writing, and with repayment of loan repayment funds disbursed under that contract. The contract termination will not be effective unless the participant submits a written request, the request is approved by the program director, and the participant repays all loan repayment funds paid under the contract within 30 days.</p> <p>Awards are dependent on funding from the State of Vermont and/or U.S. Department of Health and Human Services. Should the program funding be withdrawn or reduced <u>prior</u> to award disbursement, the agreement will be terminated or revised.</p> <p>Temporary leave (up to one year) may be granted and the service period amended (i.e., extended) if compliance with the obligation is temporarily impossible or an extreme hardship.</p> <p>Changes in employment after a contract has been executed may result in a breach of service obligation.</p>
<p>Breach of Service Obligation</p>	<p>A breach of service can occur after a service contract has been fully executed (i.e., signed), whether funds have been disbursed or not.</p> <p>Must repay as defined in the service contract, plus interest and collection costs. The interest rate is the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.</p> <p>Applicants are ineligible if they have ever breached, or received a waiver of a prior service obligation to the federal/state/local government or other entity, even if they subsequently satisfied the repayment obligation.</p> <p>Breach of service obligations are reported to funders and may result in reduced funding to the program. A breach of service has serious consequences for the individual as well as the VT State Educational Loan Repayment program as a whole.</p>

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1. Save this PDF to your computer.
2. Rename the file to read "2021 NURSE ELR Applicant Last Name First Initial".
3. Forms must be completed using the fillable PDF and then printed.
4. Use TAB button to move from field to field. Save as you complete. You may return to it.

** Indicates required field*

AHEC Internal Use Only	
App ID:	_____
Person ID:	_____
MI: email sent date	_____
MI/Notes:	_____

Application Type

Retention - initiated by a nurse already working in Vermont:

I am a Vermont resident, as required by the program*.

Applicant must complete Sections A-D and applicant certifications/signature. Employer must complete Section E (note, Section E is a separate, standalone PDF).

It is the responsibility of the applicant to see that all sections are received by the due date.

APPLICATION REQUIREMENTS

Section A. Applicant Information is typed and complete

Section B. Applicant Educational Debt is typed and complete, including:

Copies of all required documents from lenders verifying unpaid educational loans, and
Summary items: 1) total unpaid educational loans; and 2) total monthly payments

Section C. Applicant Statement is typed into space provided

Section D. Practice Site Information is typed and complete

Section E. Employer Information is completed by employer/practice (note, Section E is a separate, stand-alone PDF)

Certifications and Signature All certifications are checked and application is signed and dated

Application is received no later than September 10, 2020.

Please keep a copy of instructions, checklist, and completed application for your records.

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A. Applicant Information

NAME		
FIRST Name*:	MIDDLE Name:	LAST Name*:
Former/Other LAST Name 1:	Former/Other LAST Name 2:	

ID NUMBERS	
Last Four SSN*:	National Provider Identifier (NPI):
	I do not have an NPI
	(*if NPI is blank, this must be checked)

STATE RESIDENT AND CONTACT INFORMATION	
I am a VT Resident*:	Yes No (State of Residence)
Home Mailing Address*:	_____
City*:	State*: Zip Code*:
Email is used for <u>most</u> communications; provide an email address that <u>you check regularly</u> :	
Primary Email*:	_____
Alternate Email:	_____
Primary Phone*:	Alternate Phone:

DEMOGRAPHICS (<i>optional, but encouraged as aggregated data are used for funder reporting purposes</i>)	
Birth Date (mm/dd/yyyy):	_____
Gender:	Male Female Not Listed _____
Ethnicity:	Hispanic or Latino Non-Hispanic/Non-Latino
Race: (Check <u>all</u> that apply)	
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White

CITIZENSHIP AND VISA TYPE (Citizenship; Ineligible Nurses)	
Citizenship*:	U.S.A. Other (specify country): _____ If other, current visa type: _____
	(*Required if "Other" is filled)

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NURSE LICENSE	
LPN	RN

<p>FIRST GENERATION COLLEGE GRADUATE*</p> <p>Are you a first generation college graduate, i.e., are you from a family where neither parent completed college? Yes No</p>

EDUCATION LEVEL	STATE OF INSTITUTION*	EDUCATION INSTITUTION*	GRAD YEAR* (or expected year of completion) <i>(format: YYYY)</i>
<u>High School</u> * (graduated from)	_____	_____	_____
Were you a VT resident when you graduated high school*?		Yes No	
 <u>Undergraduate Degree</u> * (must enter at least one, e.g., Certificate, ADN, ASN, BSN, etc.)			
Degree: _____	_____	_____	_____
Degree: _____	_____	_____	_____
Degree: _____	_____	_____	_____
 <u>Graduate Degree</u> (enter up to 3, e.g., MSN, MA, MS, etc.)			
Grad Degree: _____	_____	_____	_____
Grad Degree: _____	_____	_____	_____
Grad Degree: _____	_____	_____	_____

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OTHER EDUCATIONAL LOAN AND SCHOLARSHIP PROGRAMS

Have you ever received a National Health Service Corps (NHSC) Scholarship*?	Yes	No
Have you ever received a NHSC Educational Loan Repayment award*?	Yes	No

CURRENT OR OUTSTANDING SERVICE OBLIGATIONS (*Ineligible Nurses*)

Do you have a contractual service obligation that extends into 2020 or beyond, from a scholarship, loan forgiveness, or loan repayment program other than AHEC Educational Loan Repayment, such as NHSC, military, or other federal, state, university, or employer program *? Yes No
(If yes, must complete Org/Program, Start Date, End Date)

Name of Organization/Program: _____

Service Start Date (mm/dd/yyyy): _____ Service End Date (mm/dd/yyyy): _____

OTHER BACKGROUND

Have you ever been or are you currently in default on any education loan*? Yes No

Have you ever been or are you currently in breach of contract on any service obligation agreement*?
Yes No

Has your professional license been revoked, suspended, conditioned or reprimanded in the last 5 years*?
Yes No *If "Yes", a brief explanation must be provided.*

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B. Applicant Educational Debt – [\(Educational Debt\)](#)

Documentation Verifying U.S. Educational Loans

Please attach official documentation from your U.S. lender(s) listing your total debt of 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, family, business, or any other type of loan.

Verification Documentation for unpaid educational loans must be dated and current—dated between July 1 to September 10, 2020. Documentation must be actual, not estimated, and include the following elements for each loan:

- Borrower Name, Loan ID #, Account # (may be different from Loan ID #)
- Lending Institution Name, Address, Phone
- Current Loan Amount Still Unpaid (principle amount + interest and fees)

I am including a printed copy of all required documentation to verify total debt of all currently unpaid student loans, along with the rest of the mailed application*. Yes No

Summarize ALL of your documented educational debt combined:

If educational loans are from more than one lender, total should reconcile with loan verification documentation. Be sure that these amounts are corroborated by the required loan verification documentation. Applications with conflicting information will be "incomplete." Incomplete applications will not be considered.

Summary Totals - The amounts on the attached student loan documentation add up to/equal these totals:

Total of UNPAID Educational Loans verified by attached documentation*: \$ _____

Current Total Monthly Payment amount for these UNPAID loans*: \$ _____

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VT Educational Loan Repayment Program is contingent upon the availability of appropriated funds from the federal and state governments.

C. Applicant Statement*

Please include a brief statement (type or paste below - must fit into space provided) about why you have chosen to in a Vermont community, or in the specialty care area in which you work. Note the current unit or department you work and patient population served. Also include:

- Your career goals and plans
- The contributions that you make to your practice and patient care, including underserved and vulnerable populations
- The contributions that you make to training the next generation of health care professionals (i.e., serving as a preceptor, 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.

I am currently enrolled in a nursing degree program.

Press CTRL + E to access the form field properties toolbar in order to format text.

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D. Practice Site Information ([Eligible Work Sites](#))

(Must complete at least name and mailing address of Primary Site)

PRIMARY PRACTICE SITE
Practice Site Name*: _____
Mailing Address (Street or P.O. Box)*: _____
City*: _____ State*: ____ Zip*: _____
Phone*: _____
Physical Address Street: _____
Town: _____ Other Town: _____
Do you regularly work the night shift at this site? Yes No
Do you regularly work weekends at this site? Yes No
Unit/department where you work, e.g., psychiatry, home health, geriatrics, public health: _____

2nd PRACTICE SITE (if practice name is entered, mailing address is required)
Practice Site Name: _____
Mailing Address (Street or P.O. Box): _____
City: _____ State: ____ Zip: _____
Phone: _____
Physical Address Street: _____
Town: _____ Other Town: _____
Do you regularly work the night shift at this site? Yes No
Do you regularly work weekends at this site? Yes No
Unit/department where you work, e.g., psychiatry, home health, geriatrics, public health: _____

3rd PRACTICE SITE (if practice name is entered, mailing address is required)
Practice Site Name: _____
Mailing Address (Street or P.O. Box): _____
City: _____ State: ____ Zip: _____
Phone: _____
Physical Address Street: _____
Town: _____ Other Town: _____
Do you regularly work the night shift at this site? Yes No
Do you regularly work weekends at this site? Y Yes No
Unit/department where you work, e.g., psychiatry, home health, geriatrics, public health: _____

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**Certification – you must be able to certify all items and sign the application to have a complete application
(All boxes must be checked or this section is not complete)**

I certify that I have never breached or received a waiver of a prior service obligation to the federal/state/local government or other entity.
[\(Breach of Service Obligation\)](#)

I certify that I do not have any federal judgment liens, have never defaulted on any federal payment obligations, and have not had any federal or non-federal debt written off as uncollectible or received a waiver of any federal payment obligation. [\(Finances\)](#)

I certify that I have read the program overview and understand eligibility requirements (established annually, i.e. may be different from one year to the next) and service commitment associated with the Vermont Educational Loan Repayment award.

I certify that I have more educational debt than the minimum award (see award amount minimum).

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 agree to notify AHEC immediately if there are changes in my employment status (clinical hours, practice site).

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 the Educational Loan Repayment Award Selection Committee.

I authorize my lender(s) and employer(s) to provide information that pertains to this application, including updates to previously provided information, and the Vermont Educational Loan Repayment Program for Health Care Professionals directly to AHEC.

I am responsible for giving my employer [Section E](#) of this application to complete. I am responsible for this information to be received at AHEC by the application deadline.

I graduated from an LPN or RN program on or after April 1, 2001. 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).

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APPLICATION CHECKLIST (Please complete)

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Application is received no later than September 10, 2020

Please keep a copy of instructions, checklist, and completed application for your records.

Since this document contains sensitive information, we recommend that it is printed, signed, and mailed rather than sent electronically.

Applicant Signature: _____

Date: _____

Sign and mail completed application to:

UVM Office of Primary Care and AHEC Program
1 South Prospect Street
Mail Stop 430 AR5
Burlington, VT 05401
Attn: Rebecca T. Dubois
(802) 656-2658 or rebecca.dubois@uvm.edu

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