



Submission Requirements:

Your application, two recommendation forms, and the Certification of Educational Status form must be postmarked by **January 15, 2024**. Items clearly postmarked by the due date will be accepted.

Health Sciences Service awards are made through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please print clearly or type your responses.** You can obtain application materials in electronic format by visiting www.cfww.com under **Financial Aid Planning> WV Health Sciences**

Awards will be announced in February 2024, and recipients must accept awards by their date of graduation. The following materials are enclosed:

- ◆ HSSP Student Application
- ◆ Recommendation Forms
- ◆ Certification of Educational Status Form
- ◆ Eligible Sites for Service Obligation

Loan Repayment Award

The program allocates approximately 15 awards for loan repayment each academic year to students in the West Virginia higher education system. Award amounts are dependent on each discipline and are as follows:

- ◆ \$30,000 for medical and dental students
- ◆ \$15,000 for students training to become nurse educators, nurse midwives, nurse practitioners, occupational therapists, pharmacists, physical therapists, physician assistants, clinical psychologists, public health practitioners, and clinical social workers.

Awardees will be provided with the funds in two equal installments. With the exception of medical student participants, the first payment will be made upon the recipient beginning practice at an eligible site and providing documentation of educational debt equivalent to the amount of the total award. The second payment will be made after either one or two years in practice depending on whether a participant has elected a full-time or half-time service obligation track. Medical student participants receive the option to begin drawing down funding during residency or wait until they enter practice.

Service Obligation Information for All Disciplines

- ◆ The service obligation is either two years of full-time (a minimum of 40 hours/week) or four years of half-time (a minimum of 20 hours /week) practice. All eligible service sites are in West Virginia.
- ◆ You are not responsible for securing an eligible practice site until **after** you complete your training.
- ◆ Primary care is defined as family medicine, geriatrics, general internal medicine, internal medicine/pediatrics, obstetrics and gynecology, preventive medicine, and psychiatry.
- ◆ Ineligible service obligation sites include emergency rooms (except for Emergency Medicine trained physicians), hospital inpatient positions, and walk-in clinics.

- ◆ There is no provision for long-term repayment of the award. The penalty for not fulfilling the service obligation is repayment of the award with 15 percent interest accruing from the date of default if training or the service obligation is not completed.
- ◆ For more information on the service obligations, please see the Service Obligation Handbook for your discipline on the Service Obligation Tab from www.cfwv.com

Eligibility for Other Financial Incentives

You may be able to concurrently serve your Health Sciences Service Program service obligation with **some** other financial incentive programs. However, federal law prohibits concurrent service of a Health Sciences Service Program service obligation with some federal programs' service obligations, such as the National Health Service Corps loan repayment program. Thus, you must complete your obligation to the Health Sciences Service Program before applying for National Health Service Corps loan repayment or other programs with similar prohibitions.

If you have any questions, you may discuss the program with your school contact listed in the Health Sciences Service Program brochure or contact:

Michelle Ruppert, Health Sciences Program Administrator
Health Sciences Service Program
West Virginia Higher Education Policy Commission
1018 Kanawha Blvd. E., Suite 700
Charleston, WV 25301
Phone: 304-558-0530x3; Fax: 304-712-9343
E-mail: hssp@wvhepc.edu





Application for 2023-2024

Please type or print responses clearly in ink and attach additional pages if needed. Submit the completed application form, certification of educational status form, and two recommendation forms by **January 15, 2024**.

Email: HSSP@wvhepc.edu Fax: 304-712-9343

Mail: Health Sciences Service Program, WV Higher Education Policy Commission 1018 Kanawha Blvd. Suite 700, Charleston, WV 25301

1. First name Middle initial Last name 2. Date of birth

3. CURRENT mailing address: Street address or PO box

City State Zip County

4. Phone Number(s) 5. Email Address

6. PERMANENT mailing address: Street address or PO box

City State Zip County

7. Anticipated graduation date: 8. School: JCESOM
WVSOM
WVU

9. Field of Study: 10. Career goal:

11. Area of intended specialization:(Check only one)

PHYSICIAN: Emergency Medicine; Family Practice General Internal Medicine;
Geriatrics Internal Medicine/Pediatrics Pediatrics Preventative Medicine
OB/GYN Psychiatry

Where are you applying for residency training and in what specialty?

**DENTIST NURSE EDUCATOR NURSE MIDWIFE NURSE PRACTITIONER
PHARMACIST PHYSICIAN ASSISTANT PHYSICAL THERAPIST PUBLIC HEALTH
OCCUPATIONAL THERAPIST
LICENSED INDEPENDENT CLINICAL SOCIAL WORKER**

What potential job sites have you identified for your supervised, post-graduate field placement? (Required for licensure as a LICSW)

DOCTORAL CLINICAL PSYCHOLOGIST

Where are you applying for an internship? (Must be APA accredited)

Background:

- 12.** Are you a resident of West Virginia? YES NO
If "YES," for how many years have you been a resident of West Virginia?
If "YES," what is your home county?

- 13.** Where were you born and raised? What family ties, if any, do you have to West Virginia? Have you ever lived or worked in rural West Virginia or another underserved area?

14. What personal and professional attributes make you a good match for practice in a rural or underserved area? Or, if applicable, what personal and professional attributes make you a good nurse educator?

15. What do you believe are the positives and negatives of practicing and living in a rural or underserved area? Or, if applicable, teaching in a nursing program?

16. If you receive this award, what impact would the service obligation have on your personal life? Do you have any professional or personal barriers to relocating to any part of the state?

17. Describe an impactful experience you have had in a rural or underserved area of West Virginia as a health professional or health professions student?

18. Describe any related community research, service projects, or volunteer work you have done in rural or underserved areas of West Virginia.

19. Have you explored practice opportunities in West Virginia? YES NO
If "YES," please describe:

20. Do you have any other service obligations, including military obligations? YES NO
If "YES," please describe:

21. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act, which requires that males between the ages of 18 and 25 register with the Selective Service. Are you in compliance? YES NO DOES NOT APPLY
Comments:

22. List a minimum of three practice opportunities you have explored, including site location.

23. Did you grow up in or near any of the above communities? Have you had any of your clinical experiences at the sites or communities you have listed?

24. Are you currently employed? YES NO If yes, where:

Additional application materials required for all applicants:

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the West Virginia Higher Education Policy Commission. All materials must be postmarked by **January 15, 2024**:

At least two letters of recommendation from (1) an official in the Dean's Office or your Program Director who can address your academic work, clinical skills and professionalism, and interest in working in a rural or underserved area or nursing education, and (2) an individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student, particularly in rural or underserved areas of West Virginia. Additional recommendations are optional. Letters of recommendation must be mailed by the referring individual, not the student.

A completed version of the attached Certification of Educational Status Form executed by yourself and the appropriate school official. The school official must send this form directly to the Higher Education Policy Commission. Email is allowed as long as the seal (if available is visible). If your school does not have a seal please notate this on the form.

Please notify your school contact that you are applying for this program. The contact is listed in the Health Sciences Service Program brochure.

I hereby certify that all the above statements are true and correct.

I attest that by my graduation date I will have accrued educational debt in the amount equal to or above the amount of my potential Health Sciences Service Program award.

I understand that, if I am awarded and accept a Health Sciences Service award, I am obligated to: Practice for at least two years full-time or four years half-time at an eligible site in a rural or underserved area of West Virginia, or if applicable, teach at least two years full-time or four years half-time in an eligible service area in West Virginia.

I also understand that false statements on this application may be grounds for a break of contract.

Signature of Applicant

Date



Eligible Sites for Program Service Obligations

For Dentists

- ◆ An outpatient primary care or dental site located within a geographically eligible area of the Service Areas List and Map.
- ◆ An out-patient primary care site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- ◆ A Free Clinic located anywhere in the state.
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.

For Nurse Educators

- ◆ West Virginia Nursing Programs are accredited by a national nursing accreditation body.

For Nurse Practitioners, Nurse Midwives, and Physician Assistants

- ◆ An outpatient primary care site located within a geographically eligible area of the Service Areas List and Map.
- ◆ An out-patient primary care site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- ◆ A Free Clinic located anywhere in the state.
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.

For Pharmacists

- ◆ An independent pharmacy (10 or fewer locations) or an outpatient primary care site located within a geographically eligible area of the Service Areas List and Map.
- ◆ An out-patient primary care site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- ◆ A Free Clinic located anywhere in the state.
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.

For Physical Therapists

- ◆ An out-patient site such as a hospital clinic or free-standing clinic located within a geographically eligible area of the Service Areas List and Map
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.
- ◆ Veterans Affairs State and Federally Funded Health Facilities and Mental Health Facilities located anywhere in the state.
- ◆ State and Federally Funded Comprehensive Behavioral Health Centers and State Acute-Care Psychiatric Hospitals located anywhere in the state.
- ◆ Employment with the Birth to Three Program, home health providers, and other types of home-based employment also may be allowed under a special arrangement.
- ◆ Direct employment at any of these sites is preferred. Self-employment or employment through a contract agency is subject to additional approval (confirmation of consistent service site(s) throughout the obligation and documentation of sufficient hours for full or half-time status) but typically will be approved.

For Primary Care Physicians

- ◆ An outpatient primary care site located within a geographically eligible area of the Service Areas List and Map.
- ◆ An out-patient primary care site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- ◆ A Free Clinic located anywhere in the state.
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.

For Emergency Medicine Physicians

- ◆ A hospital-based emergency room located anywhere in West Virginia.

For Doctoral Clinical Psychologists and Licensed Independent Clinical Social Workers

- ◆ A primary care site located within a geographically eligible area of the Service Areas List and Map.
- ◆ State and Federally Funded Comprehensive Behavioral Health Centers and State Acute-Care Psychiatric Hospitals located anywhere in the state.
- ◆ Federally Qualified Health Centers and School-Based Health Centers located anywhere in the state.
- ◆ A Free Clinic located anywhere in the state.
- ◆ Veterans Affairs State and Federally Funded Health Facilities and Mental Health Facilities located anywhere in the state.
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.
- ◆ Any other out-patient site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state.

For Occupational Therapists

- ◆ An out-patient site such as a hospital clinic or free-standing clinic located within a geographically eligible area of the Service Areas List and Map
- ◆ A public school or multiple school sites for a county public health system within a geographically eligible area of the Service Areas List and Map.
- ◆ A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List and Map.
- ◆ Veterans Affairs State and Federally Funded Health Facilities and Mental Health Facilities located anywhere in the state.
- ◆ State and Federally Funded Comprehensive Behavioral Health Centers and State Acute-Care Psychiatric Hospitals located anywhere in the state.
- ◆ Employment with the Birth to Three Program, home health providers, and other types of home-based employment also may be allowed under a special arrangement.
- ◆ Direct employment at any of these sites is preferred. Self-employment or employment through a contract agency is subject to additional approval (confirmation of consistent service site(s) throughout the obligation and documentation of sufficient hours for full or half-time status) but typically will be approved.

For Public Health

- ◆ Free clinics, Federally Qualified Health Centers, and State and Federally Funded Comprehensive Behavioral Health Centers located anywhere in the state.
- ◆ West Virginia Department of Health and Human Resources Central Office in Charleston including but not limited to the Bureau for Public Health and other applicable DHHR bureaus/offices.
- ◆ Additionally, the following types of sites if located within a geographically eligible area of the Service Areas List and map:
 - A local health department.
 - An outpatient primary care practice.
 - Employment at additional sites where the primary job function is epidemiology, patient navigation, or program outreach may be approved on a case-by-case basis.



To be completed by the APPLICANT

Please complete the section below and give this form to an official in your Dean's Office or your Program Director. **The official must complete this form and is responsible for sending it directly to the Higher Education Policy Commission by January 15, 2024.** Applicants should NOT mail the form to the Higher Education Policy Commission.

Applicant first name	Middle Initial	Last name	Student identification number
Address		City	State/Zip
Phone		Email	

I, the undersigned, do hereby authorize documentation of my educational status to the Health Sciences Service Program.

Signed	Date
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To be completed by a SCHOOL OFFICIAL

Please provide the information requested below and return this form (**postmarked by January 15, 2024**) to:

Mail: Health Sciences Service Program, West Virginia Higher Education Policy Commission

1018 Kanawha Boulevard, East, Suite 700; Charleston, WV 25301

Fax: 304-712-9343 **Email:** HSSP@wvhepc.edu

The above-named student is currently enrolled and is in good academic and professional standing at the school or program listed below:

College or university	School or program
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Matriculation date	Expected graduation date
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Is the student in the final academic year of program: YES NO Student status is: Full-time Part-time

Comments:

College or university (Affix seal if available)
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Signature of official or program director	Date
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Title

Questions? Contact Michelle Ruppert at HSSP@wvhepc.edu



Reference Form

To be completed by the APPLICANT

Please provide a copy of this form to two references to complete:

- An official in the Dean's office or your Program Director, who can address your academic work, clinical skills and professionalism, and interest in serving rural or underserved populations; and
- An individual (not a relative) who is knowledgeable (preferably in a supervisory capacity) about your clinical experiences as a health professions student, particularly in rural or underserved areas of West Virginia.

Applicant first name	Middle initial	Last name
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Applicant waiver: I do I do not waive my right of access to this recommendation, granted under the provisions of the Family Educational Rights and Privacy Act of 1974.

Signature of Applicant	Date
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To be completed by the REFERENCE

Your time and input are appreciated. This recommendation will be used solely for evaluation by the Health Sciences Service Program. The program requires participants to practice for a minimum of two years in a rural or underserved area of West Virginia or teach for at least two years at a school of nursing in West Virginia. You are welcome to attach additional pages if needed.

1. How long have you known the applicant?

a. In what specific capacity?

2. Evaluate the applicant according to the following criteria by checking the appropriate box:

Characteristic	Excellent	Above average	Average	Below average	Unknown
Breadth of knowledge					
Clinical competence					
Professional demeanor					
Interpersonal skills					
Leadership potential					
Communication skills					
Ability to work in a team					
Community service					

Does the applicant possess any special skills or qualities that should be noted? If yes, please describe.

Does the applicant demonstrate any areas that need improvement to enhance his or her ability to practice in a rural or underserved area outreach in a nursing program? If yes, please describe.

How does the student's commitment to rural or underserved practice or nursing education (if applicable) compare with that of other students?

Additional comments:

Recommendation (Check One):

I recommend this applicant.

I recommend this applicant, but with some reservations.

I am not able to recommend this applicant.

Signature reference

School/Agency

Name of Reference

Title

Mailing address

City, State, and Zip code

Email Address

Phone number

Submit this form to Michelle Ruppert at:

Fax: 304-712-9343 **Email:** HSSP@wvhepc.edu

Mail: HSSP, West Virginia Higher Education Policy Commission 1018 Kanawha Boulevard, East, Suite 700; Charleston, WV 25301