

Washington State Health Professional Scholarship Program Quarterly Service Confirmation Form Instructions

Scholarship Recipient Section

- Submit a separate form for each site you work at.
- Identify the quarter that was just completed. Sign and date the form **on or after** the last day of the quarter.
- Submit a job description if this is a new employer.
- Your signature is a legal certification that you have worked at the site identified on the form and that you and the employment site have met program requirements.

Definition of “FULL TIME EMPLOYMENT”

- Use the “Full Time Employment” definition written on the Service Confirmation Form.
- You must work a minimum of 24 hours per week. *(For those who started their service obligation before July 1, 2009, and if pre-approved, you may work a minimum of 20 hours per week).*
- All recipients must complete their service obligation within five years. If you received five years of scholarship you must work full time.

Employer Section (To be completed by the facility administrator)

Site Name:

- The physical site where recipient works. If recipient works at more than one site, submit a separate form for each site.

WORKED:

- Site administrator is responsible for reviewing and certifying the hours worked.
- Check the “**Full time**” box if the recipient was scheduled for and worked 40 hours every week during the quarter.
- Check the “**Less than 40 hours per week**”, if the number of actual hours worked during the quarter by the recipient is less than 40 hours every week; if recipient is submitting their final form before the end of the quarter; or if recipient normally works full time but was on leave during the quarter.
- When calculating the hours for the quarter, count the number of clinic scheduled/paid hours. Do not count overtime or on-call hours. If Faculty, count the hours spent teaching undergraduate nursing.

Is/was on extended leave:

- Enter the date the recipient went on leave and the date they returned or are expected to return to work.
- Identify the number of hours that were paid leave or unpaid leave for the quarter.

Additional Employer and Recipient Information:

- **Site** administrator is required to use our definition of full time employment as stated on the service form.
- **Site** administrator must complete/sign/date the form **after** the recipient has signed/dated. *(Person signing must have signature authority to do so, this is a legal document.)*
- **Site** administrator is required to keep the original copy of the service form. When program staff performs site visits, we will review these forms and compare them to the copies the office received.
- **Site** administrator is responsible to fax, scan/email or mail a copy of the form to our office (not the recipient).
- **Site** must not be an urban hospital, a stand-alone urgent care/walk-in clinic, or a staffing agency.
- **Site** must be an ambulatory clinic with regular scheduled patient hours.
- **Site** must have a caseload of 40 percent or more Medicaid.
- **Site** must have a **posted and implemented Sliding Fee Discount Schedule** posted in the lobby that patients can see upon entering the site and before being seen for services. (Exception - State Institutions)
- **Recipient** must be providing primary care – not specialty care (i.e. dialysis, orthopedics, etc.)
- **Recipient** must be hired as a permanent employee of the site/clinic– not working per diem, on-call or on a contractual basis.
- **Recipient** must not be hired as a public health nurse.
- **Recipient** must not be hired to work in an administrative position.
- **Recipient** must not work in the Emergency Department without prior approval.
- **Recipient** must contact the program immediately if there is any change to employment status.
- Non-service periods are not allowed. If you are not working, you must request a deferment.
- Forms over 90 days late will cause recipient’s account to go into repayment default with penalty.

FACULTY:

- Report **only** undergraduate nursing faculty hours. **Use program quarters – NOT academic quarters.**
- **All** program service quarters must meet the minimum 24 hours per week requirement – year round.
- If not teaching in any school quarter/semester you must submit hours from work in a clinical position.
- Non-service periods are not allowed.