



Washington State Health Professional Loan Repayment Quarterly Service Verification Form Instructions

PLEASE READ CAREFULLY, SOME POLICIES HAVE CHANGED

LOAN REPAYMENT RECIPIENT (to be completed by the recipient)

- If you work at multiple approved sites, please submit a separate form for each approved site.
- Your signature is a legal certification that you have worked at the eligible loan repayment site as identified on your form, and that you have fully applied program funds to the eligible lender(s) identified in your online application.
- You must sign and date the form on or after the last day of the quarter.
- If your loan balance is less than your normal payment, you must designate the payoff amount. Your payment will be adjusted accordingly. If your loans are paid in full, you must indicate this.

MINIMUM HOURS REQUIREMENTS

- For recipients with a federal contract (FSLRP), at least 32 of the minimum 40 hours per week are spent providing direct outpatient care during normally scheduled clinic hours at an approved site(s). The remaining eight hours are spent providing clinical services to patients, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. Federal-State Loan Repayment (FSLRP) recipients are required to work full time.
- For FSLRP OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists: At least 21 of the minimum 40 hours per week are spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 19 hours per week are spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. Administrative activities must not exceed eight hours per week.
- Hours over 40 per week will not be counted towards service obligation.
- For recipients with a state contract (HPLRP) only, at least 20 of the minimum 24 hours per week are spent providing direct outpatient care during normally scheduled clinic hours at approved site(s).
- For HPLRP OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, licensed midwives and pediatric dentists: At least 13 of the minimum 24 hours per week are spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 11 hours per week are spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. Administrative activities must not exceed four hours per week.
- For all provider types, on-call hours spent providing patient care are eligible service hours.

EMPLOYER SECTION (to be completed by the site administrator)

- Site Name: the physical site where recipient works. If recipient works at more than one site, submit a separate form for each site.
- Actual paid hours this quarter at this site: includes all paid hours. Do not include any hours that are submitted for suspension.
- Site administrator is responsible for reviewing and certifying the hours worked. Please see minimum hours requirements above.
- This quarter included leave that may qualify for a suspension: recipients who are on medical, FMLA or any other leave during this quarter should submit a Suspension Request Form.
- Total days away from the clinic. This includes all leave: sick, vacation, holiday, continuing education, and any other leave.
- Contract year is July 1–June 30 (or whatever is stated on your individual contract).
- Recipients with a federal contract (FSLRP) are allowed a maximum of 35.7 days (7.14 weeks) per contract year away from the site. Reasons for these days away include but are not limited to: vacation, sick, holiday, continuing education, other paid leave.
- Recipients with a state contract (HPLRP) are allowed a maximum of 40 days per contract year. Reasons for these days away include but are not limited to: vacation, sick, holiday, continuing education, other leave.
- Recipients who will exceed the maximum days away per contract year must request a suspension in advance of the leave. If approved, the recipient's contract end date will be extended. Examples of approved suspensions are medical leave, FMLA, or call to active duty.
- Exceeding leave limits without an approved suspension will be considered default.
- The administrator should complete/sign/date the form after the recipient has signed/dated.
- The 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.

ADDITIONAL PROGRAM INFORMATION

- Forms must be mailed, faxed, or scanned and emailed within 14 days after the end of the completed quarter by the administrator, not the recipient. Allow 14-20 business days for the payment to be processed.
- If the form is received more than 30 days after the end of the quarter, the processing time might be extended and payment will be delayed accordingly. Payments are made in batches, not individually.
- It is the recipient's responsibility to contact DES (see form for details) for any changes to name, address, or bank account information. If the account information is not current with DES, it will cause the payment to be delayed. Program staff cannot make these changes; the recipient must contact DES directly.
- Occasionally you will receive a paper check even if you have direct deposit. The reason for this is the state is required to verify your banking information every 90 days. During that period, while DES is contacting your bank, they "freeze" the direct deposit option. If a payment is processed during this period, a paper check will be issued. That is why you must make sure you have updated DES with your current address. Otherwise the check will be delayed in getting to you.
- Twice a year, in January and July, the recipient is required to submit monthly payment history documentation showing that all program funds have been fully applied to the approved lender(s) listed in your online application. You will need to submit the last six months' payment history to cover the last two payments that have been issued.
- Recipients are required to contact the within seven business days if there is any change to employment status. Failure to do so will cause your account to go into default.



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Do not leave blanks. Form cannot be submitted prior to last day of the quarter.

LOAN REPAYMENT RECIPIENT	EMPLOYER SECTION
2017 Quarter: <input type="checkbox"/> Jan-Mar <input type="checkbox"/> Apr-Jun <input type="checkbox"/> Jul-Sep <input type="checkbox"/> Oct-Dec	Site Name:
Name:	Address:
Address:	City: Zip:
City: State: Zip:	<p style="text-align: center;">PLEASE SEE INSTRUCTIONS FOR COMPLETE DETAILS</p> <p>_____ Actual paid hours this quarter at this site. Please list service at each approved site on separate forms.</p> <p><input type="checkbox"/> This quarter included leave that may qualify for a suspension. Date(s): <input style="width: 150px;" type="text"/> Recipient must complete a Suspension Request Form</p> <p><input style="width: 40px;" type="text"/> Total number of days away from this site for the contract year. Includes sick, vacation, holiday, continuing education and any other leave since July 1, 2016.</p>
Email:	
Phone Number:	
<p>Definition of full-time employment:</p> <p>For FSLRP recipients, at least 32 of the minimum 40 hours per week are spent providing direct outpatient care during normally scheduled clinic hours at an approved site(s). The remaining eight hours are spent providing clinical services to patients, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. Federal-State Loan Repayment (FSLRP) recipients are required to work full time.</p> <p>For HPLRP only, at least 20 of the minimum 24 hours per week are spent providing direct outpatient care during normally scheduled clinic hours at approved site(s).</p> <p>Hours over 40 per week will not be counted towards service obligation.</p> <p>For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, licensed midwives and pediatric dentists, minimum hour requirements vary for each program. Please consult Provider Reference Guides to ensure appropriate minimum hours requirements are being met each quarter.</p> <p>I certify I am serving at the site listed on the right and meet the full-time or part-time minimum hours requirement as detailed in my contract, and I have fully applied funds received from the previous quarter to my approved lender(s).</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Reminder: Form is not valid if signed prior to last day of quarter</p>	
<p><input type="checkbox"/> My remaining debt is less than my normal payment. Adjust this payment to the payoff amount: \$ _____</p> <p><input type="checkbox"/> I have no remaining eligible loan debt; my loans are paid in full. I realize that my payments will cease but I am not released from my remaining service obligation.</p>	<p>Maximum leave days per contract year (July 1–June 30): Recipients with a federal contract (FSLRP) are allowed a maximum of 35.7 days (7.14 weeks) per contract year away from the site. HPLRP recipients are allowed a maximum of 40 days per contract year. Reasons for these days away include but are not limited to: vacation, sick, holiday, continuing education, other leave.</p> <p>Recipients who will exceed the maximum leave days per contract year must request a suspension in advance of the leave. If approved, the recipient’s contract end date will be extended. Examples of approved suspensions are medical leave, FMLA, or call to active duty.</p> <p style="text-align: center;">Exceeding days away from site without an approved suspension will be considered default.</p> <p>The certifications and information provided above are true, accurate, and complete to the best of my knowledge and belief. I have read and understand the minimum hours and days away requirements. I understand that I must retain the original copy of this form.</p>
In January and July of each year, the recipient must submit payment history documentation. Be sure recipient’s name, lender name, and account information is on each page. Allow 14- 20 business days for payment to be processed.	Employer Signature:
It is your responsibility to contact the Department of Enterprise Services (DES) to update any address, name, or bank account information that has changed. Our office cannot make those changes for you. Contact DES at 360-407-8180, or by email at payeehelpdesk@des.wa.gov .	Printed Name:
	Title:
	Date:
	Phone Number:
	Email: