

# 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.