

Washington State Health Professional Loan Repayment Quarterly Service Verification Form Instructions

PLEASE READ CAREFULLY, SOME POLICIES HAVE CHANGED

Recipient	Employer
<ul style="list-style-type: none"> • Check the box next to the quarter just completed. • If you have had a change of address, contact program staff. • Submit a separate form for each physical site/location that you work at. • Review your hours for the quarter to make sure you met the minimum hours requirement per your contract. • Review your days away from the clinic for the year to make sure you have not exceeded the maximum per your contract. • If you have been on leave for the quarter, or are expecting to go on leave that qualifies for a Suspension, complete the Suspension Request Form with your employer. • If your current loan debt is less than your normally scheduled WSAC payment, contact program staff for an adjusted payment amount to avoid overpayment. • If you have had any changes to your banking information, including an address change, you are responsible for contacting DES to prevent delayed payments. • Sign and date your form on or after the last day of the quarter. • In January and July of each year, you will be required to submit payment history documentation. 	<ul style="list-style-type: none"> • Use the full name of the site. Do not abbreviate. • Use the clinic's physical location. • Submit a separate form for each location that the recipient works at. • If recipient has had a change of site – contact program staff immediately. Change of sites must be preapproved. • Please indicate if the recipient was on leave that included FMLA, extended medical leave, L&I, or another leave type that will require a suspension of their service. • Include the dates that the recipient was or will be on extended leave. • Have the recipient download the Suspension Request Form and both you and the recipient complete the form and submit the form for approval. • Fill in the actual hours worked for the quarter. You may include on-call hours if they included actual patient contact hours, and you may include overtime hours. Exclude hours that will be included on a suspension request or leave hours (holiday, sick, continuing education, etc.). • Write in the number of hours for this quarter that the recipient has been out on leave, excluding any days that are part of a suspension request. • Sign and date on or after the last day of the quarter.

SERVICE OBLIGATION REQUIREMENTS

FULL TIME DEFINITION

- Recipients with a FSLRP contract are required to work full time.
- At least 32 of the minimum 40 hours per week must be spent providing direct outpatient care during normally scheduled clinic hours at an approved site(s). The remaining eight hours may be spent providing clinical services to patients, performing clinical support activities in alternate locations as directed by the site(s), and/or performing practice-related administrative activities. (See exceptions below.)
- Exceptions: 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 must be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 19 hours per week may be spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), and/or performing practice-related administrative activities. Administrative activities must not exceed eight hours per week.

PART TIME DEFINITION

- Recipients with a HPLRP contract are allowed to work a minimum of 24 hours per week.
- Recipients working less than full time may spend a maximum of four hours per week performing clinical support activities in alternate locations as directed by the site(s) and/or performing practice-related administrative activities. (See exceptions below.)
- Exceptions: OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, licensed midwives and pediatric dentists: At least 13 hours of the minimum 24 hours per week must be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 11 hours must be spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), and/or performing practice-related administrative activities. Administrative activities must not exceed four hours per week.