**Texas Department of Agriculture**

**Todd Staples, Commissioner**



**STATE OFFICE OF RURAL HEALTH**

**Fiscal Year 2013 Guidance & Application**

**for the Rural Communities Health Care Investment Program Stipend/Loan Repayment**

**Application Deadline: April 22, 2013 @ 5:00 pm CST**

[**www.TexasAgriculture.gov**](http://www.TexasAgriculture.gov)

P.O. Box 12847 1700 N. Congress Avenue, 11th Floor

Austin, Texas 78711 Austin, Texas 78701

Phone: (512) 936-6722

Fax: (888) 216-9867

Toll Free: (800) 544-2042

**Instructions for Submitting Application**

1. Please read all materials before preparing and submitting the application. Failure to follow the instructions and requirements described in this program guide may result in the disqualification of the application.
2. Complete all application materials and sign the application. Ensure that all required attachments listed on page 15 are included.
3. Eligible applicants will be considered for funding contingent upon the availability of funds. Applications will be accepted via mail, overnight or hand delivery, or email. Application will not be accepted by facsimile. Completed applications **must be received by** the Texas Department of Agriculture by the close of business (5:00 PM CST) on **April 22, 2013** to be considered for funding.
4. Submit one application and all attachments to:

**Mailing Address: Texas Department of Agriculture**

**State Office of Rural Health - RCHIP**

**P.O. Box 12847**

**Austin, Texas 78711**

**Or (for overnight delivery):**

**Street Address: Texas Department of Agriculture**

**State Office of Rural Health - RCHIP**

**1700 N. Congress, 11th Floor**

**Austin, Texas 78701**

**Email Address: Grants@TexasAgriculture.gov**

**Projected Timeline of Events\***

Application Availability 03/01/2013

Application Deadline (Received by) 04/22/2013

Anticipated Award Announcement\* 05/15/2013

\* Subject to change.

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1. **GENERAL INFORMATION**

**Introduction**

The Texas Department of Agriculture (TDA) announces the availability of the Fiscal Year (FY) 2013 funds from the permanent endowment fund for the Rural Communities Health Care Investment Program. This document contains the grant guidance and application for FY 2013. Please read all materials before preparing the application.

**Program Authority**

The authority for this program is Texas Government Code, Chapter 487, Subchapter M, and Texas Administrative Code Title 4, Part 1, Chapter 30, Subchapter B.

**Program Goal**

The Rural Communities Health Care Investment Program (RCHIP) is intended to assist rural communities in recruiting health care providers, *other than physicians*, to their communities to practice. The program provides partial student loan reimbursement or stipend payments to non-physician providers who practice in a qualifying community.

**Eligibility**

Applicants must hold a current, valid Texas license to practice in a health care field, other than MD or DO. Eligible applicants are licensed non-physician clinical health professionals who: 1) are newly licensed or received a license within the preceding twelve (12) months and begin practicing full time in a qualifying community after receiving the license; or 2) have been licensed and practicing for more than twelve (12) months in a county with a population of 500,000 or more and are relocating to practice in a qualifying community. Eligible clinicians include, but are not limited to, dentists and licensed non-physician mental health care providers.

Qualifying Communities

A medically underserved community for the purposes of this program refers to a community that is located in a Texas county with a population of 50,000 or less and has been designated under state or federal law as a Health Professional Shortage Area (HPSA) or a Medically Underserved Area (MUA). A list of eligible counties has been attached to this application (See Appendix).

**Availability of Funds**

Funds are available through a permanent endowment fund authorized under Tex. Gov’t Code § 487.558. The Texas Comptroller of Public Accounts manages the permanent endowment fund on behalf of the Department.

Awards are made on an annual basis. It is anticipated that this year’s awards will be announced in June 2013. An individual may only receive the RCHIP award once. Applicants who are awarded funding under this program may not apply again.

The number of awards and amount of each award is contingent upon the availability of funds and the number of qualified applicants.

Estimated number of awards: 15 - 30

Estimated amount of each award: $5,000 to $10,000

**Program Requirements**

RCHIP provides partial reimbursement for student loans. Applicants seeking student loan reimbursement must submit a copy of the most recent statement from their student loan servicer that shows the balance and that the account is in good standing.

Selected applicants must:

1. begin providing services in a qualifying community not later than six (6) months after the award announcement;
2. provide services under government-funded health benefits programs in a qualifying community; and
3. agree to practice full time in a qualifying community for at least twelve (12) consecutive months.

Please note that for purposes of this award, services may not be provided solely through telecommunications or telemedicine.

Applicants must comply with all guidelines and requirements in this application guidance and any contract which may be awarded as a result thereof, including complying with the reporting requirements of TDA. Applicants who have been awarded a grant under this program and who have an executed contract with TDA will be required to submit evidence that they have begun practicing in a qualifying community (e.g. letter from employer, pay stub) before funds will be released to them. Failure to continue practicing in the qualifying community for the full one-year commitment may result in termination of the award contract and/or repayment of the award to TDA plus penalty fees.

**Registration and Application Submission**

The Texas State Office of Rural Health accepts application forms for the RCHIP program. Page 2 of this document shows the mailing address, phone number, e-mail address, and the application deadlines for this program. These materials must be received no later than the deadline date shown. Emailed documents should include scanned documents with signatures. Faxed applications will not be accepted.

All applications are subject to the Public Information Act, will remain with TDA and will not be returned.

Late or incomplete applications will not be accepted. No more than one application will be accepted from each individual.

**Program Contact**

Contact the RCHIP Coordinator at 512-936-6722 or at [Amanda.Maedgen@TexasAgriculture.gov](mailto:Amanda.Maedgen@TexasAgriculture.gov) with questions regarding this program.

1. **REVIEW & SELECTION PROCESS**

**Screening, Evaluation and Selection of Application**

Applications will be screened for eligibility and completeness. Incomplete applications and those that do not meet the program requirements will not be considered. Applications will be evaluated based on the Evaluation Criteria in Section 5. Selected applicant(s) will receive a Notice of Grant Award (NGA) letter and the Grant Award Contract from TDA. **The announcement of selection is not legally binding until a grant award contract is fully executed.**

**Execution of Contract**

TDA shall determine the final funding amount and terms of the contract and reserves the right to adjust the funding allocation during the term of the contract, pursuant to its terms.

The number of awards will be based on the availability of funding, the number of applicants and the scores of qualified applicants.

**3. ADMINISTRATIVE INFORMATION**

**Costs Incurred Prior to Executed Contract**

TDA reserves the right to reject all applications and is not liable for costs incurred by the Applicant in the development, submission, or review of the application; costs incurred by the Applicant prior to the effective date of grant award contract; or costs incurred by the Applicant related to a change in the approved activities prior to an executed contract amendment.

**Right to Amend or Withdraw Program**

TDA reserves the right to alter, amend, or clarify any provisions, terms, or conditions of this program or any contract awarded as a result thereof, or to withdraw this program at any time prior to the execution of a contract, if TDA deems any such action to be in the best interest of TDA and of the State of Texas. The decision of TDA will be administratively final in this regard.

**Confidential Information**

The Applicant is responsible for clearly designating any portion of the application that contains confidential information and must state the reason(s) the information is designated as such. If TDA receives a request for the confidential, privileged, proprietary, or trade secret data of the Applicant, TDA will request an attorney general decision under Section 552.301 of the Texas Government Code and make a good faith attempt to notify Applicant of the request for the attorney general decision. Notice will be sent to Applicant in writing, not later than the 10th business day after the date TDA received the request for the information. The notice to Applicant will include: (A) a copy of the written request for the information, if any, received by TDA; and (B) a statement that Applicant is entitled to submit in writing to the attorney general within a reasonable time not later than the 10th business day after Applicant receives the notice: (i) each reason Applicant has as to why the information should be withheld; and (ii) a letter, memorandum, or brief in support of that reason. If Applicant submits a letter, memorandum, or brief to the attorney general, it shall send a copy of that letter, memorandum, or brief to the person who requested the information from the governmental body. If the letter, memorandum, or brief submitted to the attorney general contains the substance of the information requested, the copy of the letter, memorandum, or brief may be a redacted copy. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take appropriate precautions to safeguard trade secrets or any other confidential information.

**Conflict of Interest**

The Applicant is required to disclose any existing or potential conflicts of interest. Failure to disclose any such conflicts may result in the Applicant’s disqualification or termination of contract.

**4. ASSURANCES AND CERTIFICATIONS**

Applicant certifies and acknowledges, by signing the application, that:

1. Applicant will comply with all applicable requirements of state law, executive orders, regulations and policies governing this program;

2. The statements herein are true, accurate and complete, to the best of his or her knowledge and belief. Willful provision of false information is a criminal offense. Any person making false, fictitious, or fraudulent statements may, in addition to other remedies available, also be subject to civil penalties;

3. Applicant will comply with TDA's terms and conditions if an award is issued as a result of this application;

4. All grant awards are subject to the availability of appropriations and authorizations by the Texas Legislature;

5. Awarded grant recipients must remain in full compliance with all program requirements, and state laws and regulations or be subject to termination at the discretion of TDA;

6. Applicant will cooperate fully with the State Auditor’s Office, TDA, or any successor agency in the conduct of an audit or investigation, including providing all records requested.

7. Under Texas Family Code, Title 5, Subtitle D, Section 231.006(d), regarding child support, Applicant is not ineligible to receive the award and acknowledges that any resulting contract may be terminated and payment withheld if this certification is inaccurate.

**5. Evaluation Criteria for RCHIP Awards**

|  |  |
| --- | --- |
| **Scoring Criteria**  **County/Practice** **Characteristics – Eligibility** | **Possible**  **Points** |
|  |  |
| **County Eligibility and Additional Points** | **Max 4** |
| Population under 50,000 (if no then ineligible) | 1 |
| County not part of a metropolitan statistical area (see attached list) | 1 |
| Frontier County (6 or fewer people per square mile) | 1 |
| Practitioner will be physically working in more than 1 eligible county | 1 |
| **Indigent Payer Programs (Must have at least one to be eligible)** | **Max 5** |
| Medicaid | 1 |
| CPS Medicaid (e.g. STARHealth, Delta Dental) | 1 |
| SCHIP | 1 |
| Medicare | 1 |
| Sliding Scale | 1 |
| **Underserved designation (Must have at least one to be eligible)** | **Max 4** |
| Medically Underserved Area - MUA (any provider type) | 2 |
| Mental Health HPSA\* (Mental Health Clinicians Only) | 2 |
| Primary Care HPSA\* (Primary Care Clinicians Only) | 2 |
| Dental HPSA\* (Dentists and Dental Clinicians Only) | 2 |
| **Community Statement of Need** | **Max 7** |
| Statement of need - Evidence of shortage | 0-1 |
| Statement of need - Evidence of need for services | 0-1 |
| Site is not National Health Service Corps site (NHSC)/Applicant is  not eligible for NHSC - 0 if applicant can receive NHSC; 1 if  applicant cannot receive NHSC | 0-1 |
| Statement of support for applicant – Employment/Practice opportunity;  Employment/Practice support; Community Engagement | 0-4 |
| Total possible this section: | **20** |

The table above shows the point values for various characteristics of a qualifying county.

The county MUST have 50,000 or fewer residents. The clinician MUST serve clients that receive at least one form of indigent care listed above. The county MUST have either MUA designation or the HPSA designation appropriate for the provider type applying to the program (i.e. dentists apply for a dental HPSA, mental health providers apply for a mental health HPSA, primary care providers for a primary care HPSA). All other items listed on this table are optional points. Applications with higher total points from this table and the table on the following page combined will be selected for funding.

\*HPSA=Health Professional Shortage Area (designated)

For more information about HPSA and MUA designations, see: <http://bhpr.hrsa.gov/shortage/updateddesignations/index.html>

|  |  |
| --- | --- |
| **Scoring Criteria**  **Practitioner** **Characteristics – Point Values for Application/Essay** | **Max 30** |
| **Rural Experience** | **0-12** |
| Returning to rural hometown or spouse hometown | 0-2 |
| Past experience living in rural area | 0-2 |
| Past experience working in rural area | 0-2 |
| Personal ties to community (e.g. family in area, significant time spent in  Community) | 0-2 |
| Rural rotation/clinical/internship during health career training | 0-2 |
| Other rural clinical training/coursework | 0-2 |
| **Rural Interest** | **0-18** |
| Personal statement on decision to move to rural area | 0-3 |
| Involvement in outdoor/rural activities (e.g. hunting, fishing, camping,  rodeo) | 0-3 |
| Involvement in community activities (e.g. Extension Service activities,  coaching youth sports, Rotary Club, Lion’s Club, faith-based) | 0-3 |
| Demonstrated commitment to community involvement (e.g. # of years  participated, awards for service, leadership positions held in  community groups) | 0-3 |
| Demonstrated commitment to rural lifestyle (e.g. history of outdoor/rural  activities, number of years of experience, level of involvement) | 0-3 |
| Personal involvement in rural activities as a youth (e.g. FFA, 4H) | 0-3 |
| Total possible this section: | **30** |

The table above shows the point values for various characteristics of an applicant for this program.

Applicants must be licensed non-physician clinicians with the characteristics described on page 4 under eligibility to apply. The table above shows the point values for additional information to be provided in this application. Independent grant reviewers will score the applications. These scores will be averaged. The total points from this section and the community characteristics section on the previous page will determine the final score.

### APPLICANT BACKGROUND INFORMATION

### Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Applicant Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last, First, Middle Initial

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_

Physical Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education**

Highest Degree Attained (relevant to profession): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Schools attended:

School Name Degree Awarded Dates Attended (Month/Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License/Certification (Attach a copy when submitting application)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **License/Certification**  (PA, RN, etc.) | **Date**  **issued** | **Date**  **expires** | **Issued by** | **License No.** |
|  |  |  |  |  |
|  |  |  |  |  |

### Awards, Activities, and Community Service

**Activities (e.g. club or organization memberships, significant hobbies or recreational activities, especially those related to rural life/community)**

Name of activity Location (if applicable) Dates

*Example:*

*Hunting: Deer, Duck TX, NM, CO 1990-present*

*Rotary Club MyTown, TX 2001-2004*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Awards: List awards and honors received**

Name of award Date received Activity for which award was received

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Community service:** **List any community or volunteer service you have performed.**

Organization: Purpose of service Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rural Clinical Training or Experience:**

Training, volunteer or employment position Name of instructor or supervisor Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, all information provided in this application is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Applicant

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BACKGROUND, CONT’D**

### Essay

Include a 300-500 word essay with this application packet. Please detail your personal rural experience including: hometown, personal ties and/or career training. Also describe your interest in rural communities including: your decision to change practice location or to begin your career in a rural area, rural lifestyle activities, and personal and/or professional interest in rural communities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Community Support - To be completed by the community (see Community Explanation below)

Community Explanation: The statement of community support should be completed by the new or potential employer in a qualifying community. If the applicant does not have an employer at the time of application or will be self-employed, this section may be completedby a representative of the community, county health department or an elected or appointed representative of a qualifying community.

**Employer Information**

\_\_\_\_No Employer Information Available at Time of Application \_\_\_\_Self Employed

Name of organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of organization representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Unless Self Employed)

Position/title of organization representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address of community representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer engagement with applicant:

Employment (check one): \_\_\_\_\_is employed \_\_\_\_\_has been offered employment

\_\_\_\_No Employer Information Available at Time of Application \_\_\_\_Self Employed

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of clinical hours per week: \_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Full time (check one): \_\_\_\_\_yes \_\_\_\_\_no

Employer currently serves and clinician will serve patients with the following payers (check all that apply):

\_\_\_\_Medicaid

\_\_\_\_CPS Medicaid

\_\_\_\_Medicare

\_\_\_\_SCHIP

\_\_\_\_Sliding Scale/Indigent

To the best of my knowledge, all information provided is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Employer Representative, Title

**Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Community Need (To be completed by the employer or the community representative identified on page 13):

Please attach a document describing the need for the clinical services to be offered by the applicant in the community. If available, please reference any supporting documentation of this need (e.g. Community Health Needs Assessment, federal designation of county, demographic or population information, information about next nearest provider of similar services). Please describe the efforts the community has put into supporting the applicant (e.g. letter of hire, efforts to retain employees, community engagement activities to help new hires and/or their families join the community).

Include your health facility’s status as a National Health Service Corps (NHSC) site. If your site is a NHSC site, explain whether applicant is eligible for NHSC and why the applicant is seeking assistance through this program instead.

To the best of my knowledge, all information provided is true and complete.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employer Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Employer Representative, Title

**APPLICATION CHECKLIST**

A hard copy or scanned and emailed document of the application must be received by the close of business (5:00pm CST) on April 22, 2013.

CHECKLIST OF REQUIRED ATTACHMENTS

-Proof of graduation from accredited health care training program (copy of diploma OR copy of final transcript)

-Copy of Driver’s License showing current address

-Copy of Professional License

-Copy of most recent student loan statement(s), showing most current balance(s), if applying for student loan repayment

- Completed application, including applicant essay and community statement of need

-Offer of employment or evidence of employment in qualifying community health care facility

-For self-employed clinicians:

Proof of self-employment (business tax return or articles of incorporation)

Appendix A: Medically Underserved Areas (MUA) - Counties under 50,000

This list may be used for community eligibility for any type of non-physician licensed clinician.

Aransas\*

Archer

Armstrong\*

Atacosta

Austin\*

Bandera

Baylor\*

Bee\*

Blanco\*

Borden\*

Bosque\*

Brewster\*

Briscoe\*

Brooks\*

Brown\*

Burleson

Burnet\*

Caldwell

Calhoun\*

Callahan

Camp\*

Carson\*

Cass\*

Castro\*

Chambers

Childress\*

Clay\*

Cochran\*

Coke\*

Coleman\*

Collingsworth\*

Comanche\*

Cooke\*

Cottle\*

Crane\*

Crockett\*

Crosby

Culberson\*

Dallam\*

Dawson\*

Deaf Smith\*

Delta\*

DeWitt\*

Dickens\*

Dimmit\*

Donley\*

Duval\*

Eastland\*

Edwards\*

Erath\*

Falls\*

Fannin\*

Fayette\*

Fisher\*

Floyd\*

Foard\*

Franklin\*

Freestone\*

Frio\*

Gaines\*

Garza\*

Glasscock\*

Goliad

Gonzales\*

Grimes\*

Hall\*

Hardeman\*

Hartley\*

Haskell\*

Hemphill\*

Hill\*

Hockley\*

Hopkins\*

Houston\*

Howard\*

Hudspeth\*

Hutchinson\*

Irion\*

Jack\*

Jackson\*

Jeff Davis\*

Jim Hogg\*

Jim Wells\*

Jones

Karnes\*

Kenedy\*

Kent\*

Kimble\*

King\*

Kinney\*

Kleberg\*

Lamar\*

Lamb\*

Lampasas

La Salle\*

Lavaca\*

Lee\*

Leon\*

Limestone\*

Live Oak\*

Llano\*

Lynn\*

McCulloch\*

McMullen\*

Madison\*

Marion\*

Mason\*

Matagorda\*

Medina

Menard\*

Milam\*

Mills\*

Mitchell\*

Montague\*

Morris\*

Motley\*

Nacogdoches\*

Navarro\*

Newton\*

Nolan\*

Ochiltree\*

Oldham\*

Panola\*

Parmer\*

Pecos\*

Polk\*

Presidio\*

Real\*

Red River\*

Reeves\*

Refugio\*

Robertson

Runnels\*

Sabine\*

San Augustine\*

San Jacinto

San Saba\*

Schleicher\*

Shackelford\*

Shelby\*

Sherman\*

Stephens\*

Sterling\*

Stonewall\*

Sutton\*

Swisher\*

Terrell\*

Terry\*

Throckmorton\*

Trinity\*

Tyler\*

Upshur

Upton\*

Uvalde\*

Val Verde\*

Walker\*

Waller

Ward\*

Washington\*

Wharton\*

Wilbarger\*

Willacy\*

Wilson

Winkler\*

Wood\*

Yoakum\*

Young\*

Zapata\*

Zavala\*

\*Indicates that county is also not part of a metropolitan statistical area.

Appendix B: Health Professional Shortage Area (HPSA) for Mental Health - Counties under 50,000

This list may be used for community eligibility for any non-physician licensed clinician who works in mental health care.

Andrews\*

Aransas\*

Armstrong\*

Atascosa

Austin

Bailey\*

Bandera

Baylor\*

Bee\*

Blanco\*

Borden\*

Bosque\*

Brewster\*

Briscoe\*

Brooks\*

Brown\*

Burleson

Burnet\*

Caldwell

Callahan

Camp\*

Carson\*

Cass\*

Castro\*

Chambers

Childress\*

Cochran\*

Coke\*

Coleman\*

Collingsworth\*

Comanche\*

Concho\*

Cooke\*

Cottle\*

Crane\*

Crockett\*

Crosby

Culberson\*

Dallam\*

Dawson\*

Deaf Smith\*

DeWitt\*

Dickens\*

Dimmit\*

Donley\*

Duval\*

Eastland\*

Edwards\*

Erath\*

Falls\*

Fannin\*

Fayette\*

Fisher\*

Floyd\*

Foard\*

Freestone\*

Frio\*

Gaines\*

Garza\*

Gillespie\*

Glasscock\*

Gonzales\*

Gray\*

Grimes\*

Hale\*

Hall\*

Hamilton\*

Hansford\*

Hardeman\*

Hartley\*

Haskell\*

Hemphill\*

Hill\*

Hockley\*

Hood\*

Houston\*

Howard\*

Hudspeth\*

Hutchinson\*

Jack\*

Jasper\*

Jeff Davis\*

Jim Hogg\*

Jim Wells\*

Jones

Karnes\*

Kenedy\*

Kent\*

Kerr\*

Kimble\*

King\*

Kinney\*

Kleberg\*

Knox\*

La Salle\*

Lamb\*

Lampasas

Lee\*

Leon\*

Limestone\*

Lipscomb\*

Live Oak\*

Llano\*

Loving\*

Lynn\*

Madison\*

Marion\*

Martin\*

Mason\*

Matagorda\*

McCulloch\*

McMullen\*

Medina

Menard\*

Milam\*

Mills\*

Mitchell\*

Montague\*

Moore\*

Motley\*

Nacogdoches\*

Navarro\*

Newton\*

Nolan\*

Ochiltree\*

Oldham\*

Palo Pinto\*

Panola\*

Parmer\*

Pecos\*

Polk\*

Presidio\*

Rains\*

Reagan\*

Real\*

Red River\*

Reeves\*

Roberts\*

Robertson

Runnels\*

Sabine\*

San Augustine\*

San Jacinto

San Patricio

San Saba\*

Schleicher\*

Scurry\*

Shackelford\*

Shelby\*

Sherman\*

Somervell\*

Stephens\*

Stonewall\*

Sutton\*

Swisher\*

Terrell\*

Terry\*

Throckmorton\*

Trinity\*

Tyler\*

Upton\*

Uvalde\*

Val Verde\*

Waller

Ward\*

Washington\*

Wheeler\*

Wilbarger\*

Willacy\*

Wilson

Winkler\*

Wood\*

Yoakum\*

Young\*

Zapata\*

Zavala\*

\*Indicates that county is also not part of a metropolitan statistical area.

Appendix C: Health Professional Shortage Areas (HPSA) for Primary Care - Counties < 50,000 population

This list may be used for community eligibility for any non-physician licensed clinician who works in primary care.

Andrews\*

Aransas\*

Archer

Armstrong\*

Atascosa

Austin

Bailey\*

Bandera

Bee\*

Blanco\*

Borden\*

Bosque\*

Brewster\*

Briscoe\*

Books\*

Burleson

Burnet\*

Caldwell

Calhoun\*

Camp\*

Carson\*

Cass\*

Castro\*

Chambers

Childress\*

Clay\*

Coke\*

Coleman\*

Collingsworth\*

Colorado\*

Cottle\*

Crane\*

Crockett\*

Crosby

Culberson\*

Dallam\*

Dawson\*

Deaf Smith\*

Delta\*

Dickens\*

Dimmit\*

Donley\*

Duval\*

Eastland\*

Edwards\*

Falls\*

Fannin\*

Fayette\*

Fisher\*

Foard\*

Franklin\*

Freestone\*

Frio\*

Gaines\*

Garza\*

Glasscock\*

Goliad

Gonzales\*

Gray\*

Grimes\*

Hall\*

Hansford\*

Haskell\*

Hemphill\*

Hill\*

Houston\*

Howard\*

Hudspeth\*

Hutchinson\*

Irion\*

Jack\*

Jackson\*

Jasper\*

Jeff Davis\*

Jim Hogg\*

Jim Wells\*

Jones

Karnes\*

Kenedy\*

Kent\*

Kimble\*

King\*

Kinney\*

Knox\*

La Salle\*

Lamb\*

Lampasas

Lee\*

Leon\*

Lipscomb\*

Live Oak\*

Loving\*

Lynn\*

Madison\*

Marion\*

Mason\*

McCulloch\*

McMullen\*

Medina

Menard\*

Milam\*

Mills\*

Mitchell\*

Moore\*

Morris\*

Motley\*

Nacogdoches\*

Navarro\*

Newton\*

Nolan\*

Oldham\*

Palo Pinto\*

Panola\*

Parmer\*

Pecos\*

Polk\*

Presidio\*

Rains\*

Reagan\*

Real\*

Red River\*

Reeves\*

Refugio\*

Roberts\*

Robertson

Runnels\*

Sabine\*

San Augustine\*

San Jacinto

San Saba\*

Schleicher\*

Scurry\*

Shackelford\*

Shelby\*

Sherman\*

Sterling\*

Stonewall\*

Sutton\*

Swisher\*

Terrell\*

Terry\*

Throckmorton\*

Titus\*

Trinity\*

Tyler\*

Upton\*

Uvalde\*

Val Verde\*

Waller

Ward\*

Washington\*

Wharton\*

Wilbarger\*

Willacy\*

Wilson

Winkler\*

Wise\*

Yoakum\*

Young\*

Zapata\*

Zavala\*

\*Indicates that the county is also not part of a metropolitan statistical area.

Appendix D: Health Professional Shortage Area (HPSA) for Dental - Counties under 50,000

This list may be used for community eligibility for any non-physician licensed clinician who works in dental health care, including dentists.

Aransas\*

Armstrong\*

Atascosa

Bee\*

Borden\*

Briscoe\*

Brooks\*

Brown\*

Burleson

Burnet\*

Caldwell

Carson\*

Castro\*

Cochran\*

Coke\*

Coleman\*

Comanche\*

Crosby

Culberson\*

Dawson\*

Delta\*

DeWitt\*

Dickens\*

Dimmit\*

Donley\*

Duval\*

Eastland\*

Edwards\*

Fannin\*

Fayette\*

Frio\*

Gaines\*

Glasscock\*

Goliad

Gonzales\*

Hale\*

Hall\*

Hansford\*

Haskell\*

Hockley\*

Hudspeth\*

Jeff Davis\*

Jim Hogg\*

Jim Wells\*

Jones

Karnes\*

Kent\*

King\*

Kinney\*

Knox\*

La Salle\*

Lamb\*

Loving\*

Matagorda\*

Medina\*

Mitchell\*

Motley\*

Nacogdoches\*

Newton\*

Oldham\*

Panola\*

Pecos\*

Presidio\*

Real\*

Reeves\*

Roberts\*

Robertson

San Jacinto

Schleicher\*

Shackelford\*

Shelby\*

Sherman\*

Stephens\*

Sterling\*

Stonewall\*

Terrell\*

Terry\*

Throckmorton\*

Trinity\*

Uvalde\*

Val Verde\*

Wharton\*

Willacy\*

Yoakum\*

Zapata\*

Zavala\*

\*Indicates that the county is also not part of a metropolitan statistical area.