



PENNSYLVANIA PRIMARY CARE LOAN REPAYMENT PROGRAM (LRP) ONLINE PRACTITIONER APPLICATION INSTRUCTIONS

An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: [Loan Repayment | Department of Health | Commonwealth of Pennsylvania](#),

I. Previous Applicants

You do NOT need to create another user account. If you do not remember your logon credentials, please email RA-DHLoanRepayment@pa.gov to have your information sent to you.

II. Create User Account

- A. To connect to the LRP portal, select the link to the PA Primary Care Loan Repayment Program Web-based Application (online) from the Loan Repayment Program main webpage.
- B. Create a user account in the LRP portal by selecting "Request Account" on the main logon page.

A screenshot of the web application's logon page. The header is dark blue with the "pennsylvania PA" logo on the left and the title "Pennsylvania Primary Care Loan Repayment Program" in white. On the left side, there is a dark blue sidebar with two links: "* Logon" and "* Valid Sites". The main content area is white and contains a "Username:" label followed by a text input field, a "Password:" label followed by a text input field, a "Submit" button, a "Request Account" link (highlighted in yellow), and a "Reset Password" link.

- C. Fill in the required information selecting Practitioner Application as the Application Type. Select and note a Username and Password. Usernames are limited to 10 characters. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.

- Logon
- Valid Sites

Create Account

First Name:

Last Name:

Date of Birth: (MM/DD/YYYY)

Phone:

Email:

Application Type: Practitioner Application ▼

Question 1: - Select One - ▼

Answer 1:

Question 2: - Select One - ▼

Answer 2:

Question 3: - Select One - ▼

Answer 3:

Username:

Password:

Confirm Password:

Passwords should be 12-16 characters long and include upper case, lower case, numbers and special characters

III. Application Instructions

Applicants must complete each of the sections below to be able to submit an online application.

A. Personal Information

This is the section for the applicant's contact information, demographics, and employer organization. The organization may or may not be the same as the practice site. If your practice site is one of many within an organization, this field is for the name of the managing umbrella organization. If the organization name is not located in the drop-down menu, the organization must submit an online Site Application and receive LRP approval of the application before the applicant can continue with the Practitioner Application. Any training rotations completed with this organization are to be indicated here along with the dates of that training. These fields are to indicate if you completed a clinical training rotation with your current organization. The training would have been part of your education required to obtain licensure in the discipline under which you are applying to the LRP. For the purpose of this RFA, the Service Commitment is 2 Years. Be sure to indicate your Time Commitment.

pennsylvania PA **Pennsylvania Primary Care Loan Repayment Program** Friday, July 3

Welcome LRP Applicant

Personal Information | Educational Information | Professional Information | Certification | Service Obligation

Site Information | Loan Information | Submit Application

* Logoff
 • User Maintenance

Practitioner Application

First Name

Middle Name

Last Name

Organization Name

Did you complete any training rotations with this organization?
 Yes No

Training Start Date (MM/DD/YYYY)

Training End Date (MM/DD/YYYY)

Gender

Home Address

City

State

Zip Code

Home Phone

Cell Phone

Email

Date of Birth (MM/DD/YYYY)

Are you an American Citizen? Yes No

Hispanic Ethnicity Yes No

What race are you? American Indian Or Alaskan Native Undeclared
 Asian Or Pacific Islander Unknown
 Black White
 Two Or More Races

Service Commitment 2 Years 3 Years 4 Years

Time Commitment Half-Time Full-Time

B. Educational Information

The name and address of the high school, undergraduate school, and the professional school where the applicant attained the education required for licensure in the discipline for which he or she is applying for loan repayment must be provided. When providing dates of education, the day can be estimated as long as the month and year are correct.

The screenshot displays the 'Pennsylvania Primary Care Loan Repayment Program' application interface. The header includes the Pennsylvania state logo, the program name, and a welcome message to the LRP Applicant. The date is Monday, August 3, 2024. The navigation menu includes 'Personal Information', 'Educational Information' (highlighted), 'Professional Information', 'Certification', and 'Service Obligation'. A secondary menu has 'Site Information', 'Loan Information', and 'Submit Application'. The left sidebar contains 'Logoff', 'User Maintenance', and 'Practitioner Application'. The main content area is titled 'Professional Education' and contains the following fields: Name of School*, Address (two lines), City, State (PA), Zip Code, Beginning Date of Education (calendar icon, MM/DD/YYYY), Graduation date (calendar icon, MM/DD/YYYY), Degree, and Major. A note states: '* School attended where education required for licensure in eligible discipline was obtained.' Below this is the 'Undergraduate Education' section with fields for Name of School, Address (two lines), City, State, Zip Code, Graduation date (calendar icon, MM/DD/YYYY), Degree, and Major. The 'High School Education' section has fields for Name of School, Address (two lines), City, State, Zip Code, and Graduation date (calendar icon, MM/DD/YYYY). At the bottom are 'Back' and 'Save and Continue' buttons.

C. Professional Information

This section applies to the licensing required for the discipline and specialty for which the applicant is applying for loan repayment. Include your National Provider Identifier (NPI) number. If, you do not have an NPI number, place N/A in this box. Residency Program information must be provided if applicable. Fill in the box with the number of hours you normally are scheduled to provide direct out-patient primary care in a workweek. Include hours spent providing telehealth visits.

The screenshot shows the 'Professional Information' section of the application. It includes a navigation menu on the left with options like 'Logoff', 'User Maintenance', and 'Practitioner Application'. The main content area has several tabs: 'Personal Information', 'Educational Information', 'Professional Information' (highlighted), 'Certification', and 'Service Obligation'. Below these are sub-tabs for 'Site Information', 'Loan Information', and 'Submit Application'. The form contains radio buttons for selecting a discipline: Physician, General Dentist, Certified Registered Nurse Practitioner, Physician Assistant, Certified Nurse-Midwife, Registered Dental Hygienist, Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, and Marriage and Family Therapist. There are input fields for 'License Number' and 'NPI Number' (the latter is highlighted in yellow). A section for 'Residency Program (if applicable)' includes fields for Name, Completion Date (with a calendar icon), Address, City, State, and Zip Code. At the bottom, there are questions about providing prenatal care and the number of hours spent providing direct out-patient primary care during a workweek (the latter is highlighted in yellow). 'Back' and 'Save and Continue' buttons are at the bottom.

D. Certification

The applicant is to complete this section if he or she is Board Certified.

The screenshot shows the 'Certification' section of the application. It features the same navigation and tab structure as the previous section, with 'Certification' highlighted. The form contains three input fields: 'Date of Certification' (with a calendar icon), 'Name of Board', and 'Sub-Specialty Board'. 'Back' and 'Save and Continue' buttons are located at the bottom.

E. Service Obligation

The applicant must complete this section if he or she has or had any other service obligation. The LRP does not consider the Public Service Loan Forgiveness Program (PSLF) as a service obligation because the PSLF does not require the participant to remain a specific location. Loan repayment is not available for practitioners who currently have other service obligations.

The screenshot shows the 'Service Obligation' section of the Pennsylvania Primary Care Loan Repayment Program application. The page header includes the Pennsylvania logo, the program name, and the date 'Monday, August 3, 20'. A navigation menu at the top contains links for 'Personal Information', 'Educational Information', 'Professional Information', 'Certification', 'Service Obligation', 'Site Information', 'Loan Information', and 'Submit Application'. The 'Service Obligation' link is highlighted in yellow. On the left, a dark blue sidebar contains links for 'Logoff', 'User Maintenance', and 'Practitioner Application'. The main content area contains the following text and form elements:

If you have, had, or anticipate having any other contractual service obligation for the payment of educational loans you must declare this to the Pennsylvania primary Care Loan Repayment Program (LRP). The LRP is not available for practitioners who currently have other contractual service obligations though there are specific exceptions. Based on the information provided below, an LRP representative may contact you for additional information regarding your service obligation to determine your eligibility for this program.

Do you NOW have a contractual service obligation with any other entity?
 Yes No

Anticipated Completion date (MM/DD/YYYY)

Have you successfully completed a contractual service obligation with any other entity?
 Yes No

Completion Date (MM/DD/YYYY)

If you answered yes to either question, with which entity is or was the obligation with?

- National Health Service Corps Loan Repayment Program
- National Health Service Corps Scholarship Program
- NURSE Corps Loan Repayment Program
- Employer-Provided Sign-On Bonus
- Employer-Provided Moving Expenses
- Active Military
- National Guard
- Reserved Military
- Private Foundation
Specify Foundation
- Employer-Provided Educational Loan
- NURSE Corps Scholarship Program
- State Loan Repayment Program
Specify State
- Other
Specify

Provide any additional information you would like to be considered.

At the bottom of the form are two buttons: 'Back' and 'Save and Continue'.

F. Site Information

This section pertains to the actual site where the applicant will be practicing primary care. Only LRP-approved practice sites will appear in the drop-down menu. If your practice site is not available, contact the LRP Administrator, Monday through Friday, 7:30 am – 4:00 pm, exclusive of state holidays. When selected, the practice site information will prepopulate. Verify that the site address is where you will be providing out-patient primary healthcare services. Selecting a practice site where you are not providing healthcare services will disqualify the application. Fill in the number of hours you are normally scheduled at this site each week and the date you started employment at this site. The scheduled hours should be from the time you start at the site until the time you leave and includes paid or unpaid breaks or meal times. Applicants can add up to four practice sites. The number of hours spread across all sites must equal the required number of hours for the service commitment option chosen (full-time or half-time).

The screenshot shows the 'Practice Site - 1' section of the application. It features a dropdown menu for 'Select Site Name' with the text '- Select One -'. To its right is a text input field for 'Hours Worked Per Week'. Below these are several text input fields: 'Organization Name', 'Approved till', 'Started at sight on (MM/DD/YYYY)' (with a calendar icon), 'HPSA Name', 'Site Address', 'City', and 'HPSA ID'. At the bottom right of the form is an 'Add Practice Site' button. At the bottom center are 'Back' and 'Save and Continue' buttons. The top of the page includes the program name, a welcome message, the date 'Monday, August 3, 2020', and navigation tabs for 'Personal Information', 'Educational Information', 'Professional Information', 'Certification', and 'Service Obligation'. A sidebar on the left contains links for 'Logoff', 'User Maintenance', and 'Practitioner Application'.

G. Loan Information

This section pertains to each qualifying educational loan for which the applicant is seeking repayment. List all current loans with a balance that you wish to be considered for repayment here. If the loan is a consolidated loan, all original loan information must be included in the Disbursement Report. All loans submitted require verification. For each current loan listed, be sure to scroll to the right to attach an Account Statement and Disbursement Report.

The documents from your lender may not be called Account Statement and Disbursement Report, but they must contain the required information.

The Account Statement provides the LRP with your current balance, which determines the amount of grant funding received, if awarded. The statement must

contain your name, your lender's name, your account number, the current (within 30 days of application) balance and date.

The Disbursement Report provides the LRP with the dates that the loans were originally disbursed to verify that the loan is contemporaneous with the education necessary to obtain licensure in the discipline for which you are applying for loan repayment. If you submit a consolidated or refinanced loan for repayment, the disbursement report must show your name, the dates and amounts of the original disbursements for the loans that were consolidated or refinanced, and payoff date if available. For Federal loans, this information is available in the NSLDS Report from studentaid.gov. The report comes in a .txt format and is not compatible to upload to the LRP on-line application. You can convert the file to .pdf or email the file to RA-DHLoanRepayment@pa.gov. If you email the file, you still need to upload a document in the on-line application. That document can be a simple Word document that says the documentation was emailed because it could not be uploaded within the application.

The information for the Account Statement and Disbursement Report may be on the same document from your lender. However, the LRP system requires you to upload two documents for each loan listed, so the same document may be uploaded twice – once in each space.

Keep in mind that the LRP only provides funding to pay down qualifying loans and those loans will be incorporated in the LRP Grant Agreement. To verify that a loan qualifies for reimbursement, the documentation that you provide must:

- Let LRP administration know that it is your loan and not someone else's so your name must be included on the documentation;
- That the loan was for qualifying education so the documentation must contain the original disbursement dates, not the date that the loan was consolidated or refinanced;
- Contain a current balance to determine the amount of loan repayment awarded so the documentation must have a date no later than 30 days prior to application submission;
- Be identifiable to be incorporated into the LRP Grant Agreement so it must contain your lender or servicer's name and account number. When you provide proof that you applied your LRP Grant funding towards your qualifying loans, this information on the verification documentation must match what is in the Grant Agreement.

Information for at least one qualifying loan must be provided. Please note there is a short time-out window on the application which also applies to the time spent uploading documentation. It is recommended that you enter one loan at a time and save after each entry. Additional loan information can be added by returning to the Loan Information tab and clicking on the Edit button at the bottom of the page.

The Academic Period is for the dates you were in school when this loan was taken out. Since all loans with the same lender and having the same account number are to be placed on the same line, the Academic Period may cover several years.

There is a size limit on the uploaded documentation within the LRP application. Account statements and disbursement reports verifying multiple loans with the same lender and having the same account number **do not** need to be listed individually on the application and should be placed on a single line.

pennsylvania **Pennsylvania Primary Care Loan Repayment Program** Monday, August 3, 2020
 Welcome LRP Applicant

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List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application. **Place all loans with the same lender and having the same account number on one line. Attach supporting documentation that includes all sub-loans within that account.**

Loan #	Delete	Account #	Academic Period		Loan program Name	Lender
			From	To		
1	<input type="checkbox"/>					
2	<input type="checkbox"/>					
3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					
6	<input type="checkbox"/>					
7	<input type="checkbox"/>					
8	<input type="checkbox"/>					
9	<input type="checkbox"/>					
10	<input type="checkbox"/>					

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Upload Loan Documentation			
Lender PAYMENT Address	Balance	Account Statement	Disbursement Report
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="text" value="Browse..."/>	<input type="text" value="Browse..."/>
Total Loan Balance	0		

H. Submit Application

In this section, the applicant must upload his or her resume or curriculum vitae (CV) and include a statement of personal commitment. Successful submission will result in an “Application Submitted Successfully” message. It is recommended that a copy of the Practitioner Application be downloaded by the applicant and saved for future reference.

pennsylvania PA **Pennsylvania Primary Care Loan Repayment Program** Welcome LRP Applicant Tuesday, August 4, 2020

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Upload Curriculum vitae or Resume Browse...

Statement of Personal Commitment

Describe your education and practice experience which you believe qualifies you to participate in the Loan Repayment Program below. This statement should include the following:

- Your training and experience in providing services to underserved populations.
- Practice experience in shortage areas.
- Personal origins or other factors which describe your commitment to practice in a shortage area.
- Service awards received during your education or practice.
- Pre-professional experiences which caused you to decide to practice in a shortage area.

Signature Agreement

By typing my name in the indicated fields, I hereby certify that all of the information submitted in this entry is true, accurate and complete. I understand that transactions and/or signatures in record may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement. I further understand that false statements made knowingly and willfully are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. § 1857 and U.S.C. § 1001

I have read and understand the statement above

Signature:

pennsylvania PA **Pennsylvania Primary Care Loan Repayment Program** Welcome LRP Applicant Tuesday, August 4, 2020

• Logoff
 • User Maintenance
 • Download Application

Application Submitted Successfully

Once “submitted”, practitioners will not be able to edit information in their applications.