



NEVADA
Western Interstate
Commission
for
Higher Education

Health Care Access Program (HCAP)
For Loan Repayment

INSTRUCTIONS FOR APPLICATION

1. **Complete all sections of the application form.** *Read the application carefully and answer all questions precisely. Print using black ink or type and mail to the address below.*
2. **Sign the application's Sections V & VI, the consent and waiver form, and submit a copy of your current license.**
3. **You will be contacted to provide verification of outstanding loan documents.**

Mail application documents to:

Nevada Western Interstate Commission for Higher Education
2601 Enterprise Road
Reno, Nevada 89512
(775) 784-4900

State of Nevada
Western Interstate Commission for Higher Education (WICHE)
Health Care Access Program – *Loan Repayment*

I. PERSONAL BACKGROUND

Last Name First Middle (Full) () Maiden Social Security No.

Birth Date _____ Birthplace _____ Gender: Female Male
(mm/dd/yy)

How did you hear about WICHE? _____

CURRENT ADDRESS: (Please enter a physical address)

Street _____ Apt. # _____ City _____ State _____ Zip _____

Phone (_____) _____ Alternate Phone (_____) _____ E-mail _____

Spouse's name and address _____

Father's name and address _____

Mother's name and address _____

II. EMPLOYMENT (if applicable)

Employer's name and address _____

Phone (_____) _____ P.O. Box/Street _____ Apt. # _____ City _____ State _____ Zip _____
Length of employment _____ yrs. _____ mos.

Job Title: _____

III. RESIDENCY

Are you a Nevada resident? Yes No

Current driver's license #: _____ Date issued _____ State of license _____

If yes: I have been a legal resident of _____ County, Nevada since: month _____ day _____ year _____

III. PROFESSIONAL FIELD

Check field(s) of choice for loan repayment assistance:

- Dentistry
- Mental Health
- Nursing (check appropriate field)
 - Rural Nursing
 - Urban Nursing
 - Psychiatric Nursing
- Teachers for Deaf/Hard of Hearing

IV. EDUCATION / STUDENT LOAN HISTORY

Institute attended _____ Date of Graduation ____/____/____ Degree Obtained _____

Amount of student loans owed: \$ _____

Date of professional licensure (please provide a copy of your current license): _____

Has your professional work license been suspended, revoked, or surrendered? Yes No

I am still in school and not yet licensed. My anticipated graduation date is: _____

V. Please complete the following questions. Use additional sheets, if needed, and attach to application.

1) Explain the factors that attract you to the career path you are choosing.

2) What are the communities, geographic areas, or professional facilities in which you will be working to meet the HCAP program's requirement to provide services to medically underserved populations?

VI. CERTIFICATION

I certify that all statements and data contained in this application are true to the best of my knowledge.

Signature of Applicant

Date

VI. STATEMENT OF INTENT TO PROVIDE SERVICE

I affirm my intent to practice in the state of Nevada and understand I must fulfill the service requirements of this loan or face default penalties. (Additional requirements are included in the Loan Repayment Contract and the rules and regulations of the WICHE Commission.)

Signature of Applicant

Date

If you would like additional information on Chapter 397 of the Nevada Revised Statutes and any revisions thereof, please contact the state of Nevada WICHE office at the address/phone number listed below or visit the State of Nevada Legislative website @ www.leg.state.nv.us.

Mail completed applications and all supporting documentation to:

W.I.C.H.E.
Applied Research Facility, Room 314
Mail Stop 304, University of Nevada, Reno
Reno, Nevada 89557-0116
(775) 784-4900

- Did you keep a copy of the application and any supporting documents for your files?
- Did you sign and date the Certification and Statement of Intent to Provide Service (section V & Vi)?
- Did you sign the Consent and Waiver Form?

* Remember to mail a copy of verification of your current license.

**CONSENT TO TRANSFER PROFESSIONAL RECORDS THROUGH
THE WICHE LOAN REPAYMENT PROGRAM**

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning professional eligibility for the program; application; admission; professional progress; termination from the professional program; and payment of fees by the state through WICHE to the receiving loaning agency.

Periodic accounting for the Loan Repayment Program in the state and in the region may result in publication of reports which may contain the professional's name, home address, year of acceptance, employment office/institution, and money spent by the state to support the professional's effort to reach a professional objective.

This information is exchanged between and among the certifying office of the professional's home state; the staff of the Loan Repayment Program, Western Interstate Commission for Higher Education; and the professional office/institution(s) to which the professional applies and is accepted. The WICHE Commissioners may also review applications from other states to consider eligibility of professional(s).

NOTIFICATION CONCERNING PROFESSIONAL ACCESS TO PERSONAL RECORDS: Any professional participant or applicant for participation in the Loan Repayment Program has access to his/her personal records maintained as a part of the loan activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

CONSENT AND WAIVER

- I understand that it is necessary to process professional records in order to carry out the purpose of the Loan Repayment process, providing access to professional opportunities in Nevada.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Loan Repayment Program of the Western Interstate Commission for Higher Education to include the following:

Information concerning professional eligibility, acceptance, and educational attainment.

Information concerning fees paid by the Nevada WICHE to the receiving lending institution(s).

Lists of applicants certified as eligible for support

Applications, withdrawal reports, and annual reports for WICHE professionals.

Special letters of inquiry and response as required to address questions and concerns identified by program participants.

- I understand that the information referred to herein will be available only to WICHE Loan Repayment Program staff members, WICHE Commissioners, designated institutional officials, and state officials as required to carry out their official duties.
- I further consent to have transferred of all or a portion of educational records to certifying officers as required to accommodate the needs of the Loan Repayment Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.

- I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Loan Repayment Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Loan Repayment Program Director or other designated staff member, the request for information is wholly consistent with my best interest and the purpose of the Loan Repayment Program.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name _____
(Please print)

Signature _____

Permanent Address _____
(Street)

(City) (State) (Zip)

Date _____