

Oregon Behavioral Health Loan Repayment Program (OBHLRP)

(A Component of Oregon's Health Care Provider Incentive Program)

The Oregon Behavioral Health Loan Repayment Program (OBHLRP) supports rural and underserved communities in the recruitment and retention of high quality behavioral and mental health providers who serve in inpatient, outpatient, and community care settings and see patients regardless of their source of coverage (Medicaid, Medicare, private insurance, etc.). OBHLRP accepts applications from QMHAs, QMHPs, pre-licensed and licensed behavioral and mental health care providers. In exchange for service at a qualifying practice site, participants receive tax free funds to repay qualifying educational loan debt.

Eligible Provider Types

For a list of eligible provider types, visit the [program's webpage](#).

Eligible licensed providers who work in a clinic-based outpatient setting are encouraged to apply to the [Oregon Health Care Provider Loan Repayment](#) program.

Qualifying Practice Sites

Practice sites must meet one or more of the criteria established by OAR 409-036-0010 (27). For more information, please see the FAQs on the [program's webpage](#).

Award Information

In exchange for qualifying service, providers may receive funds to repay qualifying educational loan debt. Awards will be calculated based on the balance owed on qualifying educational loans upon program entry.

Full time service providers must commit to a 3-year minimum service obligation in exchange for a tax-free award of 50% of their qualifying educational loan debt balance, up to \$50,000 per obligation year. Part time service providers must commit to a 3-year minimum service obligation in exchange for a tax-free award of 25% of their qualifying educational loan debt balance, up to \$25,000 per obligation year.

Failure to complete the minimum service obligation at a qualified practice site will result in penalties and fees pursuant to OAR 409-036-0120.

Required Attachments

1. A current copy of your curriculum vitae or resume detailing your employment history and education background.
2. A signed copy of your contract or memorandum of agreement (including all appendixes & attachments) to practice at a qualifying practice site
3. Statement(s) from your loan provider with detailed information on your educational loan(s)

Applicant Qualification:

All applicants must:

- Commit to practice in a qualifying practice site; **AND**
- Agree to serve Medicaid and Medicare patients in no less than the same proportion of such patients in the county or other service area, as determined by the Authority up to a maximum of 50 percent with at least 25 percent of which is Medicaid; **AND**
- Be an eligible provider type, providing behavioral health care; **AND**
- Not be currently participating in the National Health Services Corps (NHSC) Loan Repayment or Scholarship Program, Nursing Corps, State Loan Repayment Program (SLRP), or any other service obligation.

Award Determination:

The following factors may be taken into consideration in the determination of awards:

- Providers who apply from a qualifying site located in a high scoring HPSA; **AND/OR**
- Providers who apply from a qualifying site located in a service area ranking below the median in the most recent Areas of Unmet Health Care Need Report; **AND/OR**
- Providers who apply from a qualifying site certified to meet the requirements of the National Health Service Corps; **AND/OR**
- Providers who practice at, or in affiliation with, a Patient Centered Primary Care Home; **AND/OR**
- Providers who meet specific needs identified by a community, including ethnicity, language spoken, specialty, or provider type; **AND/OR**
- Providers who apply from a qualifying site that is facilitating the integration of behavioral health and/or oral health services with primary care.

Application Checklist

- Completed and signed application
- Current educational loan documentation
- CV/Resume
- Copy of unrestricted license to practice in Oregon (if applicable)
- Copy of full signed employment agreement

Return the application form and all required attachments to the **Oregon Office of Rural Health** at:
ruralworkforce@ohsu.edu or Fax to: (503) 494-4798

For questions about the application or program contact the **Oregon Office of Rural Health** at:
ruralworkforce@ohsu.edu or by phone at:
(503) 494-4450 :: Toll Free: (800) 674-4376

1. Biographical Information

Name: _____

Last 4 digits of SSN: _____

Date of Birth: _____

Address: _____

City: _____ State & Zip: _____

County: _____

Home Telephone: _____

Email Address: _____

How do you identify (optional)?

Please see the final page of this application for an optional demographics reporting form.

I have completed the attached optional demographics reporting form

I decline to complete the optional demographics reporting form

Are you bilingual? Yes No

Being fluent is defined as the ability to speak a language at a level that allows you to effectively communicate with a patient during a clinical encounter

If yes, please list which language(s) and level of fluency:

2. Profession & Education

Please list your job title, the degree you obtained that is required for your current position, briefly summarize your daily activities, and provide your National Provider Identifier (NPI) number (if applicable).

Job Title: _____

Degree Required for your Position: _____

Daily Activities: _____

National Provider Identifier (NPI): _____

3. Participation in Other Incentive Programs & Employment Status

Have you received scholarships or loans with service obligations? Yes No

If yes, list the program(s) and describe the service obligation as well as dates of participation.

4A. Employment

Are you currently working at the qualifying practice site at which you will serve? Yes No
If you answered "No" above, please proceed to 4B

Do you split your time between more than one practice site? Yes No

Full name(s) and address(es) of your qualified practice site(s) and employment start date:

4B: If not currently working at the qualifying practice site at which you will serve, explain why and list the date you will be begin practice:

4C: Are you employed full time (at least 32hrs direct patient care per week) or part time (at least 16hrs direct patient care per week)? Full-time Part-time

5. Personal Background

List education relevant to your current position at your qualified practice site.

<u>College(s)</u>	<u>Degree/Certificate</u>	<u>Dates Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the communities where you have lived, starting with your hometown.

<u>City</u>	<u>State</u>	<u>From (Yr)</u>	<u>To (Yr)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Educational Debt Reporting Instructions

All spaces on this form must be completed even if the information appears on your lender statements. Any missing information will make the entire application incomplete and the application will not be reviewed.

Current lender statements must be dated within 30 days of submission and **MUST** include the **current balance, account number, your name, the loan's date of origination and/or school name, and original disbursement amount** for each loan reported. Online printouts are acceptable as long as they include all of the required information.

You must submit evidence of the educational debts listed below. **If your loans have been consolidated you must submit detailed documentation on the consolidation.**

Only submit proof of debt for loans obtained during the course of your education which was required for you to obtain your current position at your qualifying practice site.

The preferred file type when submitting all documentation related to your application is .PDF. ORH is able to accept .JPEG, .TIFF, or .PNG, files so long as they are attached to an email rather than imbedded. Files imbedded in emails are blocked by ORH's email firewall. **ORH is unable to accept files that can be altered (e.g. .doc & .TXT files), even if they are converted to a different file type before they are submitted.**

1. Lender Name: _____

Lender Address (send payments to): _____

City: _____ State: _____ Zip +4: _____

Account Number: _____ Current Loan Balance: \$ _____

2. Lender Name: _____

Lender Address (send payments to): _____

City: _____ State: _____ Zip +4: _____

Account Number: _____ Current Loan Balance: \$ _____

3. Lender Name: _____

Lender Address (send payments to): _____

City: _____ State: _____ Zip +4: _____

Account Number: _____ Current Loan Balance: \$ _____

4. Lender Name: _____

Lender Address (send payments to): _____

City: _____ State: _____ Zip +4: _____

Account Number: _____ Current Loan Balance: \$ _____

Race and Ethnicity

How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

American Indian or Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Hispanic or Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

Asian

- Asian Indian
- Chinese
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
- Micronesian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander

Black or African American

- African American
- African (Black)
- Caribbean (Black)
- Other Black

Middle Eastern/Northern African

- Northern African
- Middle Eastern

White

- Eastern European
- Slavic
- Western European
- Other White

Other Categories

- Other (please list) _____
- Don't know/Unknown
- Don't want to answer/Decline

Preferred Pronouns: _____