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. Be sure to sign the application’s Sections VII & VIII, the Consent and Waiver form, Loan Disclosure form, and submit a copy of your current license.  

3. You will be contacted regarding certification and selection of applicants by *approximately* July.  

4. Verification of outstanding loans does not need to be provided at this time.  

5. Proper postage must be applied or your application will be returned.  

**Deadline Date: APRIL 15th**  

Mail application and documents to:  

Nevada Western Interstate Commission for Higher Education  
2601 Enterprise Road  
Reno, Nevada 89512  
Phone: (775) 784-4900 / Fax: (775) 784-1127
State of Nevada  
Western Interstate Commission for Higher Education (WICHE)  
Health Care Access Program – Loan Repayment

I. PERSONAL BACKGROUND

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle (Full)</th>
<th>Maiden</th>
<th>Social Security No.</th>
</tr>
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Birth Date: __________ Birthplace: __________________________
(mm/dd/yy)        Gender: Female ☐ Male ☐

How did you hear about WICHE? _______________________________________________________

CURRENT ADDRESS: (Please enter a physical address)

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
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</table>

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

Spouse’s name and address _______________________________________________________________________________________
Father’s name and address _______________________________________________________________________________________
Mother’s name and address _______________________________________________________________________________________  

II. EMPLOYMENT

Employer’s name and address: ____________________________________________________________

P.O. Box/Street: __________________________ Apt. #: __________ City: __________ State: _______ Zip: __________

Phone (_____) _________________  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 _______

IV. PROFESSIONAL FIELD

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

☐ Dentistry
☐ Mental Health
☐ Nursing (check appropriate field)
☐ Rural Nursing
☐ Urban Nursing
☐ Psychiatric Nursing

V. 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: __________________________
VI. 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 have chosen.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

VII. CERTIFICATION

I certify that all statements and data provided in this application are true and correct to the best of my knowledge. I understand that if any information is found to have been falsified at any time during my participation in the WICHE program I may be denied receipt of any program support and, if support has been received, immediately dismissed from the program and repayment terms will become effective.

__________________________________________   __________________________
Signature of Applicant                      Date

VIII. 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 Statute, 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.
2601 Enterprise Road
Reno, Nevada 89512
(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 VII & VIII)?
☐ 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 lending agency.

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 review applications to consider eligibility of professional(s).

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.

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 and loan 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______________________________
WAIVER

Western Interstate Commission for Higher Education (W.I.C.H.E.)

Open Meeting Law NRS 241 states that a public body shall provide “individual notice to persons against whom the public body may take certain administrative action…” and must give written notice to that person of the time and place of the meeting. Such written notice must either be (a) delivered personally to that person at least five (5) working days before the meeting, or (b) sent by certified mail to the last known address of that person at least twenty-one (21) working days before the meeting. However, if the Nevada Western Interstate Commission for Higher Education (WICHE) Commission has to serve you with this written notice, it may have the effect of delaying consideration of your request.

By signing this waiver form, you hereby acknowledge your right to be noticed under NRS 241; however, you hereby waive such notice so that Nevada WICHE may discuss and consider your request at a future publicly noticed meeting. An agenda of meetings is provided at the Nevada WICHE website at www.nevada.edu/wiche. Should you require formal notification of the meeting via certified mail, please contact the Nevada WICHE office at the address above.

________________________________________  __________________________
Date                                           Signature of Applicant/Student

________________________________________
Print name of Applicant/Student

NRS 241.034
Providing individual notice to persons against whom the public body may take certain administrative action or from whom the public body may acquire real property by the exercise of the power of eminent domain.: Written notice to person required; copy of record.

A public body may not hold a meeting to take administrative actions against a person or to acquire real property by condemnation from a person unless the public body has given written notice to that person. The written notice must be either:

(1) Delivered personally to that person at least 5 working days before the meeting; or
(2) Sent by certified mail to the last known address of that person at least 21 working days before the meeting.

A public body must receive proof of service of the notice required by this subsection before the public body may consider the matter. Proof of receipt of the notice is not required.
This document provides an outline of the terms and conditions of the HCAP financial obligation for a **one-year funding period**. The support fee and interest amounts are **estimates only**. Amounts may differ depending upon the actual approved support fee. **Your signature** acknowledges that you understand the payback obligation to WICHE and the State of Nevada.

### IF YOU DO PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:

<table>
<thead>
<tr>
<th>Student Loan portion of support fee paid to lending institution on your behalf:</th>
<th>Amount you will be required to repay (student loan + interest):</th>
<th>Monthly payment amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>Principal = $0</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Interest = $0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total = $0</td>
<td></td>
</tr>
</tbody>
</table>

### IF YOU DO NOT PRACTICE IN NEVADA AS REQUIRED, YOU MAY OWE UP TO:

<table>
<thead>
<tr>
<th>Triple Support Fee: 100% of support fee paid to lending institution on your behalf x 3:</th>
<th>Amount you may be required to repay (stipend grant + loan + interest):</th>
<th>Monthly payment amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Year = $14,400 x 3</td>
<td>Principal = $43,200</td>
<td>$541</td>
</tr>
<tr>
<td>Total = $43,200</td>
<td>Interest = $21,747</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total = $64,947</td>
<td></td>
</tr>
</tbody>
</table>

**Estimated Repayment Schedule & Terms if you do NOT practice in Nevada:**

<table>
<thead>
<tr>
<th>Payment Schedule:</th>
<th>Stipend grant loan: 120 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Rate:</td>
<td>8% unsubsidized at time of disbursement.</td>
</tr>
<tr>
<td>Forbearance Period:</td>
<td>1 month from date of default.</td>
</tr>
<tr>
<td>Other Fees:</td>
<td>Late fees, letter fees, return check fees, etc., are applicable.</td>
</tr>
<tr>
<td>Payment Due Dates:</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

(OVER)
Note: Due to federal regulations, we must provide you this information during the application, funding approval, and funding consummation stages.

About the repayment example: The repayment example above is based on the best estimate currently available. Example reflects interest to end of obligation period and 1 month grace period before beginning payment. Interest to date of conversion not reflected.

Bankruptcy Limitations. If you file for bankruptcy you may still be required to pay back this loan.

Forbearance period: Payments are not required, but can be made without penalty, during this time.

Prepayment: There is no prepayment penalty for early payoff. However, you will be required to pay the outstanding accrued interest through the payoff date.

The terms of the contract offer are good for 30 days. You have 30 days from the approval date to accept the offer during which the terms will not change. Further, you will have a 3-day right to cancel the contract.

Contracts may offer additional terms and conditions.

I HEREBY ACKNOWLEDGE RECEIPT OF THE LOAN DISCLOSURE STATEMENT.
DATED:__________________ SIGNATURE:______________________________

A COPY OF THIS STATEMENT SHOULD BE RETAINED FOR YOU RECORDS