



**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. **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.**

**Deadline Date: APRIL 15<sup>th</sup>**

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**

\_\_\_\_\_  
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**

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.

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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?

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**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](http://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 \_\_\_\_\_