

**New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
Division of Workforce Transformation
SFS Event ID#EVT0000005**

Title: Solicitation of Interest #20643 – Primary Care Service Corps – Round 7

Agency: New York State Department of Health
Office of Primary Care and Health Systems Management
Center for Health Care Policy and Resource Development
Division of Workforce Transformation

Contract Number: TBD

Contract Term: August 1, 2025 to July 31, 2028

Date of Issue: March 20, 2025

Questions Due: April 3, 2025 4:00PM

Answers Posted: April 17, 2025 (on or about)

Due Date/Time: May 8, 2025 4:00PM

County(ies): Statewide

Location: Statewide

Classification: Medical & Health Care

Opportunity Type: Grant or notice of funds availability

I. Introduction

The New York State Department of Health (Department) is issuing this Solicitation of Interest (SOI) under the Primary Care Service Corps (PCSC) Loan Repayment Program, which is modeled after the National Health Service Corps (NHSC). As set forth in Public Health Law (PHL) §§ 923 and 924, PCSC is a service-obligated loan repayment program that is designed to increase the supply of certain clinicians in underserved areas.

Clinicians eligible to apply under the program are:

- Dentists
- Dental Hygienists
- Nurse Practitioners (NP)
- Physician Assistants (PA)
- Certified Nurse Midwives (CNM)
- Clinical Psychologists
- Licensed Clinical Social Workers (LCSW)
- Licensed Marriage and Family Therapists
- Licensed Mental Health Counselors (LMHC)

Clinicians must commit to practice at an Active NHSC Approved Site. In addition, clinicians must demonstrate that they are or will be working in primary care or behavioral health and in an outpatient or other eligible setting as defined further herein.

Up to \$1,000,000 in funding is available to support new awards under this SOI. Up to \$72,000 is available for dentists (for full time practice), up to \$54,000 is available for primary care clinicians (nurse practitioners, physician assistants and nurse midwives), and up to \$36,000 is available for clinical psychologists, licensed clinical social workers licensed marriage and family therapists, licensed mental health counselors, and registered dental hygienists, not to exceed the amount of the individual's qualifying educational debt, in return for a three-year commitment to practice at an NHSC Approved Site.

II. Minimum Qualifications

Only dentists, dental hygienists, nurse practitioners, physician assistants, midwives, clinical psychologists, licensed clinical social workers, licensed marriage and family therapists, and licensed mental health counselors that meet the criteria set forth below are eligible to apply for PCSC funding through this Solicitation of Interest.

A clinician is eligible for a PCSC award for the period August 1, 2025 to July 31, 2028 to repay qualified educational debt if the following requirements are met:

1. The clinician must be a citizen of the United States or a permanent resident alien holding an I-155 or I-551 card.
2. The clinician must begin employment at the intended worksite on or before August 1, 2025.
3. The clinician must complete an Employment Letter using the format/text provided in Attachment 5: Employment Letter template. The Employment Letter must be on the employer's letterhead, signed by an employee with the authority to represent the employer with respect to human resources matters, including the Human Resources Director, the Chief Executive Officer or the Chief Operating Officer.
4. The clinician must be licensed to practice in New York State at the time of application and attach

and submit the appropriate license as Attachment 8.

➤ **Physician Assistants**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law Article 131-B) to practice as a physician assistant (PA) in the State of New York. Only PAs who will provide primary care or behavioral health services – adult primary care, family primary care, pediatric, psychiatry, mental health, geriatrics, and women’s health – are eligible to apply for PCSC.

➤ **Nurse Practitioners**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration to practice as a registered nurse in the State of New York AND a certificate to practice as a nurse practitioner (pursuant to Education Law § 6910) in the State of New York. Only NPs who will provide primary care or behavioral health services – adult primary care, family primary care, pediatric, psychiatry, mental health, geriatrics, and women’s health – are eligible to apply for PCSC.

➤ **Certified Nurse Midwives**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 6955) to practice as a licensed nurse midwife in the State of New York.

➤ **Dentists**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law Article 133) to practice as a dentist in the State of New York in general or pediatric dentistry. Only dentists who will provide general or pediatric dentistry are eligible for a PCSC award. Any time spent providing other services, such as endodontic, periodontic or orthodontic care, is ineligible for loan repayment funds.

➤ **Dental Hygienists**

Requirements: A current, full, permanent, unencumbered, unrestricted license (pursuant to Education Law § 6609) and registration to practice as a dental hygienist in the State of New York. Only dental hygienists who will provide general or pediatric dental hygiene services are eligible for a PCSC award.

➤ **Psychologists**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 7603) to practice as a psychologist in the State of New York.

➤ **Licensed Clinical Social Workers**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 7702) to practice as a clinical social worker in the State of New York.

➤ **Licensed Marriage and Family Therapists**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 8403) to practice as a marriage and family therapist in the State of New York.

➤ **Licensed Mental Health Counselors**

Requirements: A current, full, permanent, unencumbered, unrestricted license and registration (pursuant to Education Law § 8402) to practice as a licensed mental health counselor in the State of New York.

5. The clinician must be in good standing, meaning that such clinician:
 - a. Has not been excluded from or terminated by the federal Medicare or Medicaid programs (see <http://www.omig.ny.gov>);
 - b. **For Physician Assistant Applicants Only:** Has not been disciplined by the New York State Board for Professional Medical Conduct (see <https://www.health.ny.gov/professionals/doctors/conduct>/<https://www.health.ny.gov/professionals/doctors/conduct>);
 - c. **For Applicants who are not Physician Assistants:** Does not have an enforcement action from the New York State Board of Regents (see <https://www.op.nysed.gov/verification-search>)
Note: conduct rules are listed by profession at <https://www.op.nysed.gov/title8/rules-board-regents/part-29>
 - d. Is neither under indictment for, nor has been convicted of, any felony as defined by New York State Penal Code.

Note: to determine if a crime is a felony:
 - Go to this website: <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>;
 - Click on PEN (which is next to Penal)
 - Click on the Article Number next to the crime in question (for example: Article 177 for Health Care Fraud)
 - Click on the relevant sub-article (for example: 177.25 for Health Care Fraud in the first degree)
 - The description will indicate if the crime is a misdemeanor or felony, and its class (for example: Health Care Fraud in the first degree is a class B felony).
 - e. Has not had their professional clinical license revoked in any state or territory in the United States.
6. The clinician must not be in breach of a health professional service obligation to the federal government, any state government, or a local government.
7. The clinician must not have any judgment liens arising from debt to the federal government or any state government.
8. The clinician must not be fulfilling an obligation under any state or federal loan repayment program – including the Public Service Loan Forgiveness (PSLF) program -- which overlaps or coincides with the three-year PCSC service obligation.

9. On the date of award, the health care site where the clinician will be employed must be an NHSC Active Site with a Health Professional Shortage Area (HPSA) score of 1 or more for the applicant's professional discipline, as explained in Attachment 6, and evidenced by submission of Attachment 7.
10. The applicant must not have previously received, or currently be receiving, an award from the Primary Care Service Corps.
11. If selected to receive a Primary Care Service Corps award, the applicant agrees to complete and submit participant surveys sent to them by the New York State Department of Health.
12. If applicant is selected to receive a Primary Care Service Corps award, the applicant's employer agrees to complete and submit Employment Verification forms and Administrator surveys sent to them by the New York State Department of Health.
13. Clinicians must meet the following weekly hours of work requirements:

Except for FULL-TIME DENTISTS, clinical practice is defined as at least 20 hours per week for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than two work-days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Time spent "on call" will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.

For all health professionals, except as noted in **bold below**:

- At least 16 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining four (4) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s) or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s) or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.

For providers of geriatric services, behavioral health services, and certified nurse midwives:

- At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining nine (9) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s) or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.

For physician assistants, nurse practitioners, and certified nurse midwives serving in Critical Access Hospitals (CAHs):

- At least eight (8) of the minimum 20 hours per week must be spent providing direct patient care or teaching, mentoring or serving as a preceptor in the CAH-affiliated outpatient ambulatory care setting(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining 12 hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, mentoring, or serving as a preceptor at the CAH's skilled nursing facility or swing bed unit or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.

For FULL-TIME dentists, clinical practice is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than four (4) days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service requirement, except to the extent the provider is directly serving patients during that period:

- At least 32 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining eight (8) hours of the minimum 40 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed eight (8) hours of the minimum 40 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) at the approved service site shall not exceed eight (8) hours of the minimum 40 hours per week.

The following table summarizes the weekly hour requirements:

Table 1: Weekly Hour Requirements

Profession/ Setting	Max Patient Care Onsite	Min Patient Care Onsite	Max Patient Care Offsite	Min Patient Care Offsite	Max Teach	Min Teach	Max Admin	Min Admin	Min Week Total
All health professionals (including dentists) except as noted below	20	16	4	0	4	0	4	0	20
Geriatric Providers and Midwives	20	11	9	0	4	0	4	0	20
Geriatric Providers, Behavioral Health Providers, and Midwives	20	11	9	0	4	0	4	0	20
PAs, NPs, and Midwives at CAHs	20	8	12	0	4	0	4	0	20
Full Time Dentists	40	24	8	0	8	0	8	0	40

III. Project Narrative

Up to \$72,000 is available for dentists (for full time practice), up to \$54,000 is available for primary care clinicians (nurse practitioners, physician assistants and nurse midwives), and up to \$36,000 is available for clinical psychologists, licensed clinical social workers licensed marriage and family therapists, licensed mental health counselors, and registered dental hygienists, not to exceed the amount of the individual's qualifying educational debt, in return for a three-year commitment to practice at an NHSC Approved Site referenced herein as the "PCSC service obligation period". To be considered for funding, applicants must meet the eligibility requirements outlined in Section II (Minimum Qualifications).

A. Use of Funds

One hundred percent of PCSC Award funds must be applied to qualified educational debt.

For purposes of this SOI, "qualified educational debt" means any outstanding amounts remaining on student loans that were used by the clinician to pay graduate or undergraduate tuition or

related educational expenses, where such loans were made by or guaranteed by the federal or state government or made by a lending or educational institution approved under Title IV of the federal Higher Education Act. Applicants must include educational loan statements dated no more than 30 days prior to submission (to be uploaded as Attachment 3). Such statements will be forwarded to the New York State Higher Education Services Corporation (HESC) to verify the existence and amount of qualified education debt. Applicants must complete Attachment 4 to give consent for HESC to disclose any loan information to the Department. No PCSC award shall be made in excess of the outstanding amount of educational debt as verified by HESC. Awardees will be required to submit educational loan statements within 60 days of award payment to ensure that payments were applied to qualified educational loans.

Please note: Awardees are not permitted to hold their Primary Care Service Corps grant contract payments in private accounts for an extended period of time. All contract disbursements must be applied to the pre-approved outstanding educational debt by the earlier of (a) the first date following grant disbursement upon which an installment payment is owed by the Awardee on the pre-approved educational debt, or (b) sixty (60) days after the date of the grant disbursement, whichever comes first. In any event, Awardees must provide the New York State Department of Health with proof of the application of the full amount of the grant disbursement to the pre-approved educational payment no later than sixty (60) days prior to the next scheduled grant disbursement. If you are not able or willing to apply these funds, you may be required to return all prior disbursements of grant funds not applied to the repayment of eligible student loan debt to the State. The New York State Department of Health will not be able to disburse any future funds until educational loan repayment statements verifying that prior funds have been applied are received.

A. Application Limits

No more than one application will be accepted from a single clinician. If a clinician submits more than one application, the last application submitted shall supersede all previous submissions. In such case, the email time stamp date of the last application submitted shall be considered the application submission time. The previously submitted applications will not be reviewed or considered.

B. Award Limits

The award limit for the Primary Care Service Corp Loan Repayment Program for primary care providers is \$36,000 for a three-year contract, unless the awardee is a nurse practitioner, physician assistant or nurse midwife, in which case the award limit is \$56,000, or a full time dentist, in which case the award limit is \$72,000 for a three-year contract.

C. Default

There are significant financial consequences in the event a clinician fails to complete their three-year Primary Care Service Corps service obligation. The default penalties are provided in Attachment 9 – Default Penalty Attestation.

In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this SOI, the Department, acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

D. Contract Modifications

Awardees may be permitted to change the service location of the contract, or defer the PCSC service obligation period, as described below.

1. Change of Location:

Obligated clinicians are permitted to change their service locations, provided that:

- 1) the clinician interested in changing locations notifies the Department in writing **prior to** the change;
- 2) the new service location is an NHSC Active site in York State with a HPSA score of 1 or more in the awardee's professional discipline; and
- 3) the Department approves the change **prior to** the awardee changing job sites.
- 4) If the site change is approved by the Department, an Attachment 5 – Employment Letter for the new work site(s) must be submitted by the appropriate administrator of the new work site(s) within 30 days of execution of the employment contract.

2. Request to Defer Obligation:

- Clinicians who request to defer their PCSC service obligations for reasonable cause may submit a request in writing to the Department.
- Examples of reasonable cause may include: parental leave, personal or family illness, military service, etc.
- The decision to permit a deferral will be solely at the discretion of the Department.
- Any deferral period granted by the Department will be added to the obligated practitioner's term obligation.

IV. How to Apply

Written questions will be accepted until 4:00 p.m. on April 3, 2025. All questions should be submitted electronically to the Email address: sch_loan@health.ny.gov. All questions should be submitted with the subject line "PCSC Round 7 Question". In the event that any updates and/or clarification of information is warranted, information will be posted in the Contract Reporter under the tab "Documents" for this announcement. Responses to all questions received by April 3, 2025, will be posted on or about April 17, 2025.

Late Applications Will Not Be Accepted.

It is the Applicant's responsibility to ensure that all materials included in the application have been properly prepared and submitted. The application consists of the completed Attachments 1-10 listed below. You must submit ONE EMAIL with each required Attachment as its own pdf file attachment. Make sure to name each document accordingly (i.e. Attachment 1, Attachment 2). Applications must be submitted via Email to sch_loan@health.ny.gov no later than 4:00 pm ET on the date posted on the cover of this SOI. Again, all application documents should be submitted together as attachments in ONE EMAIL.

Attachments

The following attachments (1-10) include both reference materials and items that must be completed and submitted as the PCSC application for this SOI. If you cannot complete Attachment 1 successfully, do not continue any further; you are not an eligible applicant for the PCSC program.

Items in Attachment 6 will require supporting documentation. This documentation will be required for all applicants to justify that the clinicians will be working in an underserved area. All mandatory attachments must be completed to have your application be reviewed for a PCSC award.

- Attachment 1: Minimum Eligibility Requirements (mandatory)
- Attachment 2: Program Specific Questions (mandatory)
- Attachment 3: Loan Statements (mandatory)
- Attachment 4: Consent to Disclosure (mandatory)
- Attachment 5: Employment Letter (mandatory)
- Attachment 6: Tool to Identify Eligible Sites (for reference only)
- Attachment 7: Site Information
- Attachment 8: Current Professional Licenses (mandatory)
- Attachment 9: Default Penalty Attestation (mandatory)
- Attachment 10: Tax Issues (for reference only)

Review & Award Process

Applications meeting the guidelines and having submitted all mandatory Attachments will be reviewed and evaluated by the Department. Applications will be evaluated on a Pass/Fail basis.

Department staff will review applications in the order in which they are received.

The Department will notify an applicant by e-mail if the application is complete or incomplete. If the application is complete, no further action by the Applicant is needed. If the application is incomplete, the Department will provide the applicant a list of outstanding items. The applicant will have one opportunity to supply the missing information within 10 business days of being notified by the Department via Email. All missing information must be Emailed to: sch_loan@health.ny.gov. If the applicant fails to respond to the missing information request within this time period, the application will not be processed any further and will not be funded. Because of this, it is advantageous to submit a complete application, and to respond to the Department's Email regarding any omissions, as soon as possible. The due date will be clearly stated in the communication from the Department advising that the application is incomplete. No additional information will be accepted after this due date.

Funding for this project is contingent on the availability of funding and the number of eligible applicants that respond to the advertisement. Available funding to support this initiative will be limited to the amount(s) appropriated in the enacted State Fiscal Year budgets for this purpose. **This advertisement is not a guarantee or promise of funding.**

The pool of complete and eligible applications will be awarded in order of the postmark date of the valid application until available funding is exhausted. When funding has been depleted to a level such that an Applicant's total requested funding amount cannot be met, the Applicant will be offered a reduced award amount. If the Applicant accepts that amount, no further awards will be made. If the Applicant declines that amount, the next eligible Applicant will be offered an award until funds are completely exhausted. The Department reserves the right to allocate funding in ways to best serve the interests of the State.

The Department of Health, acting at the discretion of the Commissioner of Health, reserves the right to postpone, change, or waive the service obligation and/or payment amounts in individual circumstances where there is a compelling need or hardship due to circumstances beyond the control of the Contractor which causes or is likely to cause the Contractor to default in the performance/completion of their service obligation under their contract.

The Department anticipates that awards will be announced in June 2025. Awardees will have a PCSC contract start date of August 1, 2025.

Contact Information

Primary contact: Jon Wettergreen
Division of Workforce Transformation
New York State Department of Health
Corning Tower, Room 1695
Albany, New York 12237
sch_loan@health.ny.gov

Submit to contact: Jon Wettergreen
Division of Workforce Transformation
New York State Department of Health
Corning Tower, Room 1695
Albany, New York 12237
sch_loan@health.ny.gov

Minimum Eligibility Requirements

Solicitation of Interest # 20643

Applicant Name: _____

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: The Clinician who is completing the PCSC service obligation is eligible to participate in this program only if they can answer “Yes” to questions (1-12). Applicants are instructed to upload the completed document as Attachment 1 of the application.

1.	You are a U.S. citizen or a permanent resident alien holding an I-155 or I-551 card.
	YES NO
2.	You will be employed at the intended worksite on or before August 1, 2025.
	YES NO
3.	You submitted an Employment Letter (Attachment 5) signed by authorized administrator.
	YES NO
3a.	Employment Letter (Attachment 5) includes the appropriate CLASSIFICATION STATEMENT, and the text of the CLASSIFICATION STATEMENT has not been altered.
	YES NO
3b.	If you indicated your profession as Physician Assistant, then Employment Letter includes sentence: “The clinician is a physician assistant, and their primary practice area will be in adult medicine, family medicine, pediatrics, psychiatry, mental health, geriatrics or women’s health.”
	YES NO Not Applicable
3c.	If any of your Intended Worksites are School Based Clinics, then the Employment Letter includes the sentence: “The clinician will be serving at a School Based Health Center and will be primarily engaged in direct clinical and counseling services, and clinician will meet

	clinical practice requirements for entire calendar year.”		
	YES	NO	Not Applicable
4.	You are currently licensed to practice your profession in New York State.		
	YES	NO	
4a..	You have Included a copy of a current, full, permanent, unencumbered, unrestricted license and registration to practice your profession in the State of New York.		
	YES	NO	
4b.	If you are a Nurse Practitioner, you have included a copy of a current, full, permanent, unencumbered, unrestricted license and registration to practice as a registered nurse in the State of New York AND a certificate to practice as a nurse practitioner in the area of adult health, family health, gerontology, pediatrics, psychiatry, or women's health OR proof of pending license and/or registration and/or certification.		
	YES	NO	Not Applicable
5a.	You have not been excluded from or terminated by the federal Medicare or Medicaid programs (see http://www.omig.ny.gov).		
	TRUE	FALSE	
5b.	If you are a Physician Assistant, you have not been disciplined by the New York State Board for Professional Medical Conduct (see https://www.health.ny.gov/professionals/doctors/conduct).		
	TRUE	FALSE	
5c.	If you are not a Physician Assistant, you do not have an enforcement action from the New York State Board of Regents		
	TRUE	FALSE	
5d.	<p>You are neither under indictment for, nor have you been convicted of, any felony as defined by New York State Penal Code. To determine if a crime is a felony:</p> <ul style="list-style-type: none"> • Go to this website: http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO: • Click on PEN (which is next to Penal) • Click on the Article Number next to the crime in question (for example: Article 177 for Health Care Fraud) • Click on the relevant sub-article (for example: 177.25 for Health Care Fraud in the first degree) • The description will indicate if the crime is a misdemeanor or felony, and its class (for example: Health Care Fraud in the first degree is a class B felony). 		
	TRUE	FALSE	

5e.	You have not had your professional clinical license revoked in any state or territory in the United States.
	TRUE FALSE
6.	You are not in breach of a health professional service obligation to the federal government, any state government, or a local government.
	TRUE FALSE
7.	You do not have any judgement liens arising from debt to the federal government or any state government.
	TRUE FALSE
8.	You are not fulfilling an obligation under any state or federal loan repayment or forgiveness program (including, but not limited to: the National Health Service Corps, the New York State Primary Care Service Corps, the Public Service Loan Forgiveness Program, the Indian Health Service Loan Repayment, the New York State Licensed Social Worker Loan Forgiveness Incentive Program) which overlaps or coincides with the three-year PCSC service obligation period of June 1, 2025 to May 31, 2028
	TRUE FALSE
9a.	All your intended worksites are Active NHSC Sites according to the HRSA Health Workforce Connector Website at: https://connector.hrsa.gov/connector/
	TRUE FALSE
9b.	All your intended worksites each have HPSA scores greater than zero for your professional discipline (primary care or dental or mental health) according to the HRSA Health Workforce Connector Website at: https://connector.hrsa.gov/connector/
	TRUE FALSE
10.	You have not previously received, nor are currently receiving, an award from the Primary Care Service Corps.
	TRUE FALSE
11.	If you receive a Primary Care Service Corps award, do you agree to complete and submit participant surveys sent to you by the New York State Department of Health?
	YES NO
12.	Employment Letter (Attachment 5) indicates that if you receive a Primary Care Service Corps award, your employer agrees to complete and submit Employment Verification

	forms and Administrator Surveys relating your worksite(s),and agrees to notify the Department of Health in the event of your termination or separation.
	TRUE FALSE
13.	Employment Letter (Attachment 5) indicates that you will work for at least 20 clinical hours per week for 45 weeks per year.
	TRUE FALSE

Program Specific Questions

Solicitation of Interest # 20643

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Respond to each of the questions in all sections described below when completing the Program Specific Questions. *All questions require an answer, and you must ensure all answers are legible.* Only questions marked with an asterisk (*) may be answered “Not Applicable”. **Applicants are instructed to upload the completed document as Attachment 2 of the application.**

1	First Name	
2	Middle Name*	
3	Last Name	
4	Prefix (Dr., Mr., Ms., Mrs., Mx., etc.):	
5	Profession:	
6	Sub-Specialty*	
7	HPSA Discipline Class (Primary Care or Mental Health or Dental) for your Profession	
8	Are you applying as a Full-Time Dentist*?:	
9	National Provider Identification (NPI) Number:	
10	New York State Professional License Number:	
11	How many different sites will you be practicing at while fulfilling their PCSC service obligation:	
12	Employer (Corporate Operator) of Intended Worksite #1.	
13	Site Name and Address of Intended Worksite #1:	
14	Number of Weekly Work Hours at Intended Worksite #1:	
15	Name of Supervisor at Intended Worksite #1:	
16	Work Email address of Supervisor at Intended Worksite #1:	
17	Employer (Corporate Operator) of Intended Worksite #2*.	
18	Site Name and Address of Intended Worksite #2*:	
19	Number of Weekly Work Hours at Intended Worksite #2*:	
20	Name of Supervisor at Intended Worksite #2*:	
21	Work Email address of Supervisor at Intended Worksite #2*:	
22	Employer (Corporate Operator) of Intended Worksite #3*:	
23	Site Name and Address of Intended Worksite #3*:	
24	Number of Weekly Work Hours at Intended Worksite #3*:	
25	Name of Supervisor at Intended Worksite #3*:	

26	Work Email address of Supervisor at Intended Worksite #3*:	
26	Maiden Name*:	
28	Home Street Address:	
29	Home City:	
30	Home State:	
31	Home ZIP:	
32	Email Address where correspondence and information about PCSC should be sent:	
33	Work Email Address:	
34	Home Telephone Number:	
35	Cellular Telephone Number*:	
36	Please list any other loan repayment programs (including, but not limited to: the National Health Service Corps, Indian Health Service Loan Repayment, New York State Licensed Social Worker Loan Forgiveness Incentive Program, Public Service Loan Forgiveness Program) for which you have an application pending.	
37	Current amount of eligible student loan debt (round down to nearest whole dollar). Please upload, as Attachment 3 under Pre-Submission Uploads, loan balance statements for all current loan debt for undergraduate or graduate education, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the Federal Higher Education Act.	
38	Amount of funding requested from PCSC:	
39	Worksite(s) on March 1, 2025. Corporate Operator, Site Name(s), Address(es):	

ATTACHMENT 3 (Mandatory)

Loan Statements For Qualified Educational Debt

Solicitation of Interest # 20643

Primary Care Service Corps (PCSC) Loan Repayment Program

Please note this document is a placeholder as loan statements will vary among applicants.

Applicants are instructed to upload the most current Loan Statements for qualified educational debt* as Attachment 3.

These statements should be no greater than (30) days prior to the date on which the application is submitted.

The Loan Statements must show, at a minimum, the following information:

- Evidence of Statement Authenticity (letterhead or statement banner with credit corporation logo)
- Creditor Name
- Applicant Name
- Loan Number
- Loan Statement Date
- Loan Balance

* Qualified educational debt is defined in Section III.A. Use of Funds of this SOI.

Consent to Disclosure

Solicitation of Interest # 20643

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Applicants are instructed to upload the completed Consent to Disclosure document as Attachment 4 of the application.

I authorize and provide my consent for any lender, servicer, the U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to disclose to NYS Higher Education Services Corporation (HESC) any information relevant to HESC's review and consideration of my outstanding student loan debt. I give HESC permission to contact and disclose my personal information to any lender, servicer, U.S. Department of Education, any servicer for the U.S. Department of Education, or other institution or individual to facilitate HESC's review and consideration of my outstanding student loan debt. I give HESC permission to share my personal information with its agents, business partners, other State and/or federal agencies, and other institutions or individuals necessary for the purpose of evaluating my student loan debt. I give HESC permission to use whatever means it deems necessary to verify any information I have provided, or will provide, to be used for the purpose of evaluating my student loan debt, including but not limited to, documentation submitted or accessed through other parties.

Applicant's Name (Print)

Applicant's Signature

Date

ATTACHMENT 5 (Mandatory Upload)

Solicitation of Interest #20643

Employment Letter Template

(EMPLOYER LETTERHEAD)

(Date)

Dear Primary Care Service Corps Administrator:

It is mutually understood that (*clinician name*) intends to fulfill a NYS Primary Care Service Corps service obligation with (*name of employer*) during the period August 1, 2025 to July 31, 2028. During that time, (*clinician name*) will be assigned to:

- (*name and address of work site*) which is a National Health Service Corps Active Site, for ___ % of his/her time. (Note: add additional worksite bullets if there are multiple worksites, the total should equal 100%)

They will work as a (*clinical title and specialty*) for approximately ___ clinical hours per week for ___ weeks per year during that time.

(For clinicians serving at School Based Health Centers only) {The clinician will be serving at a School Based Health Center and will be primarily engaged in direct clinical and counseling services, and clinician will meet clinical practice requirements for entire calendar year.}

(For Physician Assistants only) {The clinician is a physician assistant, and their primary practice area will be in adult medicine, family medicine, pediatrics, psychiatry, mental health, geriatrics or women's health.}

(Insert the Appropriate CLASSIFICATION STATEMENT from list below. Please select the appropriate bracketed term to describe your employee. Do not alter any other text in the statement.)

If the applicant receives Primary Care Service Corps award, (*name of employer*) agrees to complete and submit Employment Verification forms and Administrator Surveys relating to the applicant and their worksite(s), and agrees to notify the Department of Health in the event of termination or separation of the employee applicant.

Sincerely,

(Signature)

(Title of Signatory)

CLASSIFICATION STATEMENTS

As a {physician assistant} {nurse practitioner} {dentist} {dental hygienist} serving at a {primary care} / {dental} facility, this clinician will work at least 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than two workdays per week, with no more than 12 hours of work to be performed in any 24-hour period. In addition, it is understood that:

- At least 16 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining four (4) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s) or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by a half-time participant will not change the participant's half-time status and will not entitle the clinician to full-time service credit. Also, time spent "on call" will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.

As a {certified nurse midwife} {physician assistant providing geriatric services} {nurse practitioner providing geriatric services}, this clinician will work at least 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than two workdays per week, with no more than 12 hours of work to be performed in any 24-hour period. In addition, it is understood that:

- At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours.
- The remaining nine (9) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s) or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by a half-time participant will not change the participant's half-time status and will not entitle the

clinician to full-time service credit. Also, time spent “on call” will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.

As a {physician assistant} {nurse practitioner} {clinical psychologist} {licensed clinical social worker} {licensed marriage and family therapist} {licensed mental health counselor} providing behavioral health services, this clinician will work at least 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than two workdays per week, with no more than 12 hours of work to be performed in any 24-hour period. In addition, it is understood that:

- At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician’s executed contract, during normally scheduled office hours.
- The remaining nine (9) hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), or providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by a half-time participant will not change the participant’s half-time status and will not entitle the clinician to full-time service credit. Also, time spent “on call” will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.

As a {physician assistant} {nurse practitioners} {certified nurse midwife} serving at a Critical Access Hospital (CAH), this clinician will work at least 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than two workdays per week, with no more than 12 hours of work to be performed in any 24-hour period. In addition, it is understood that:

- At least eight (8) of the minimum 20 hours per week must be spent providing direct patient care or teaching, mentoring, or serving as a preceptor in the CAH-affiliated outpatient ambulatory care setting(s) specified in the Clinician’s executed contract, during normally scheduled office hours.
- The remaining 12 hours of the minimum 20 hours per week must be spent providing direct patient care or teaching, mentoring, or serving as a preceptor at the CAH’s skilled nursing facility or swing bed unit, or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) shall not exceed a total of four (4) hours of the minimum 20 hours per week.
- Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by

a half-time participant will not change the participant's half-time status and will not entitle the clinician to full-time service credit. Also, time spent "on call" will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.

As a FULL-TIME dentist serving at a dental facility, this clinician will work a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than four (4) days per week, with no more than 12 hours of work to be performed in any 24-hour period. In addition, it is understood that:

- At least 32 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the clinician's executed contract, during normally scheduled office hours;
- The remaining eight (8) hours of the minimum 40 hours per week must be spent providing direct patient care or teaching, in the approved service site(s), providing direct patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
- Practice-related administrative activities shall not exceed eight (8) hours of the minimum 40 hours per week.
- Teaching (which includes mentoring and serving as a preceptor) at the approved service site shall not exceed eight (8) hours of the minimum 40 hours per week.
- Participants do not receive service credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service requirement, except to the extent the provider is directly serving patients during that period.

Proof of Site Eligibility

Solicitation of Interest # 20643Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Primary Care Service Corps awardees must be employed at National Health Service Corps Active Sites, and the site must have a HPSA score of 1 or more for the awardee's professional discipline (primary care or dental or mental health)

To verify that a site is a National Health Service Corps Approved Site:

1. Go to this website: <https://connector.hrsa.gov/connector/>
2. In the Search dialog box, click on the Sites radio button (blue dot will appear in circle next to word Sites)
3. In the Location box, enter the name of the town, and then click on the choice that appears in the drop box (to see all sites in New York State, choose: "New York USA").
4. Press the [Search] Button.
5. A list of all NHSC Approved Sites in New York State (centered on the requested town) will appear in the Search Results on the Site tab.
6. Use the scroll bar to scroll through the Search Results list to find the intended work site.
7. If the right column of the Search Results for the intended site shows the words "NHSC Active", or "NHSC/Nurse Corps Active" or "NHSC/Nurse Corps/STAR Active" then the site is an NHSC Active Site.
8. Click on the name of the site to activate the link and display site details.
9. Verify that the address of the site is the address of the intended site (some site names are vague, so please check that you have found the correct site).
10. Verify that the NHSC HPSA score (top right corner of screen) for the applicant's professional discipline (primary care or dental or mental health) is 1 or more. If the NHSC HPSA score shows "NA" for the applicant's discipline, then this site is NOT an allowable worksite for the applicant.
11. Print the screen (or save screenshot as a PDF) showing site name, site address and site HPSA scores, and submit with the application as Attachment 8 Site Information.
12. Repeat steps above for each intended worksite.

The Site Status **MUST** indicate “NHSC Active” and **MUST** have a NHSC HPSA score of 1 or more for the applicant’s discipline to be an eligible worksite for the PCSC Loan Repayment Program.

Site Information

Solicitation of Interest # 20643

Primary Care Service Corps (PCSC) Loan Repayment Program

Please note this document is a placeholder, as site information will vary among applicants.

Applicants are instructed to upload the site information obtained from the instructions in Attachment 6: Proof of Site Eligibility as Attachment 7.

The Site Information must show, at a minimum, the following information:

- Site Name
- Site Address
- NHSC HPSA Scores

Solicitation of Interest # 20643

Current Professional Licenses

*Please note this document is a placeholder as current professional licenses will vary among applicants. *

Applicants are instructed to upload a photocopy or printout of any professional licenses currently held.

Default Penalty Attestation

Solicitation of Interest # 20643

Primary Care Service Corps (PCSC) Loan Repayment Program

Instructions: Applicants are instructed to upload this signed document as Attachment 9 of the application.

There are significant financial consequences in the event a clinician fails to complete their three-year service obligation.

These default provisions are defined in the Master Grant Contract as follows:

In the event of default, the physician will, within one year of defaulting, repay the State of New York the greater of either \$31,000 or the sum of:

- The proportionate amount of the loan repayments paid by the State of New York to the physician representing any period of obligated service not completed; AND
- \$7,500 multiplied by the number of months of obligated service not completed; AND
- Interest on the above amount calculated from the date of default at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.

Uncollectable accounts, or failure to fully repay the amounts stated below, will be referred to the New York State Attorney General's Office for possible legal action.

In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this SOI, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

I certify that I have reviewed this document and understand how default penalties are applied in relation to this SOI. Signature of Applicant:

Signature

Date

Name (printed)

For clarity, the following table shows the theoretical MINIMUM amount a default penalty could be, using an Interest rate of 0%, an award amount of \$30,000, and \$0 in payments made from the Department of Health to the awardee at the time of default:

Period (in months) of Obligated Service Period Not Completed	Dollars Defaulting Awardee must pay to Department
36	\$270,000.00
35	\$261,500.00
34	\$273,000.00
33	\$264,500.00
32	\$256,000.00
31	\$247,500.00
30	\$239,000.00
29	\$230,500.00
28	\$222,000.00
27	\$213,500.00
26	\$205,000.00
25	\$196,500.00
24	\$188,000.00
23	\$179,500.00
22	\$191,000.00
21	\$182,500.00
20	\$174,000.00
19	\$165,500.00
18	\$157,000.00
17	\$148,500.00
16	\$140,000.00
15	\$131,500.00
14	\$123,000.00
13	\$114,500.00
12	\$106,000.00
11	\$97,500.00
10	\$109,000.00
9	\$100,500.00
8	\$92,000.00
7	\$83,500.00
6	\$75,000.00
5	\$66,500.00
4	\$58,000.00
3	\$49,500.00
2	\$41,000.00
1	\$32,500.00

Tax Issues

Solicitation of Interest # 20643

Primary Care Service Corps (PCSC) Loan Repayment Program

Funds to support loan repayment under the Primary Care Service Corps (PCSC) Loan Repayment Program may be currently exempt from federal and state taxes. If you receive monies for loan repayment, you should not be issued a 1099 statement. Please consult your tax professional for more information about your specific tax situation.

Section 10908 of the Patient Protection and Affordable Care Act (PL 111-148) addresses federal taxability of state loan repayment programs that are not part of the Federal State Loan Repayment (SLRP) program. This section puts the state loan repayment programs on par with the federal/state SLRP programs in terms of federal taxability. The text is as follows:

SEC. 10908. Exclusion for assistance provided to participants in state student loan repayment programs for certain health professionals.

(a) In general —Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

"(4) Payments under national health service corps loan repayment program and certain state loan repayment programs.—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of healthcare services in underserved or health professional shortage areas (as determined by such State)."

(b) Effective date — The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

PLEASE CONSULT YOUR TAX PROFESSIONAL FOR MORE INFORMATION ABOUT YOUR SPECIFIC TAX SITUATION.