ATTACHMENT 1

Minimum Eligibility Requirements

Solicitation of Interest # 20820

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 July 1, 2026.
	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."