

## Eligibility Screening Questionnaire for New Applicants

If you answer **YES** to all of these questions, you may be eligible to apply for the State Loan Repayment Program.

1. Are you any one of these providers?
  - Allopathic (MD) or Osteopathic (DO) physician in the field of family medicine, pediatrics, obstetrics, internal medicine, geriatrics, or psychiatry;
  - Nurse practitioner or a physician assistant in the field of family medicine, pediatrics, obstetrics, internal medicine, or geriatrics; or a certified nurse midwife
  - Pharmacist
  - General Dentist
  - Behavioral Health Providers:
    - A Nurse Practitioner or a physician assistant certified to practice as a behavioral health specialist,
    - Independently licensed clinical social worker, professional counselor; clinical psychologist, or marriage and family therapist
2. Are you a US citizen or US National?
3. Do you have a full, unencumbered, unrestricted license to practice your discipline in Arizona OR will you have your license before the initial application cycle ends on June 1<sup>st</sup> of each year?
4. Do you have a current or prospective employment with a public or private non-profit entity OR employment with a for-profit rural private practice?
5. If employed by a public or private non-profit entity, is the site where you are or will be practicing located in a federally designated Health Professional Shortage Area (HPSA)?
  - To determine if your site is located in a HPSA, click [here](#).
6. If employed by a for-profit rural private practice, is the site where you are or will be practicing located in a federally designated Health Professional Shortage Area (HPSA) or an Arizona Medically Underserved Area (AzMUA)?
  - To determine if your site is located in a HPSA, click [here](#).
  - To determine if your site is located in an AzMUA, access the [AzMUA Biennial Report](#), then find the census tract or specific place where your service site is located. Click [here](#) to find your census tract.
7. Do you have an employment contract or agreement with your employer to work full-time for at least 40 hours per week OR half-time for at least 20 hours per week? If **yes**, please check the specific service site eligibility requirements for your discipline [here](#).
8. Are you working or will you be working in an outpatient clinic providing primary and preventative medical, dental or behavioral health services?
9. Is/Are your service site(s) provide services to the general population and not to a categorical group of people i.e. military, veterans, disabled, disease specific clinic? (Pediatric clinics serving all children and not a category of children are eligible).
10. Does your site accept State Medicaid (Arizona Health Care Cost Containment System or AHCCCS) and Medicare assignment?
11. Does your site implement a Sliding Fee Scale for uninsured individuals at or below 200% of the Federal Poverty Level Guidelines (except state/federal prisons and free clinics)?

Click [here](#) for the full eligibility requirements.

Please contact Ana Roscetti at [ana.lyn.roscetti@azdhs.gov](mailto:ana.lyn.roscetti@azdhs.gov) or 602-542-1066 for any questions.