

State Loan Repayment Program (SLRP)

Electronic Application System

Primary Care Office

Arizona Department of Health Services
Bureau of Women's and Children's Health



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State Loan Repayment Program Website:

- www.azdhs.gov/stateloanrepayment



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IMPORTANT NOTES

- Service sites have to be registered in the SLRP portal before providers can apply or re-apply.
- Site registration cycle closed on February 28, 2022.
- Please check with your site administrators to confirm that your site has registered.



Provider Application

Who Can Apply?

- Allopathic (MD) or Osteopathic (DO) Physician: Family Medicine, Pediatrics, Obstetrics/Gynecology, Internal Medicine, Geriatrics, or Psychiatry;
- Advance Practice Providers:
 - A Nurse Practitioner or a Physician Assistant (Family Medicine, Pediatrics, Obstetrics/Gynecology, Internal Medicine, Geriatrics); or a certified nurse midwife
- General Dentists
- Behavioral Health Providers:
 - A Nurse Practitioner or a Physician Assistant who is certified to practice as a behavioral health specialist
 - Licensed Clinical Social Worker, Licensed Professional Counselor; Clinical Psychologist, or Licensed Marriage and Family Therapist
- Pharmacists



Provider Application

Who Can Apply?

- U.S. Citizen or U.S. National
- Licensed in Arizona
- Completed the final year of course of study
- For physicians, must have completed residency
 - Board Eligible or Board Certified
- Have a prospective or current employment (full-time or half-time) at an eligible site providing outpatient primary medical, dental and behavioral health services
 - Inpatient services in a Critical Access Hospital qualify for loan repayment in conjunction with outpatient services at the hospital-affiliated rural health clinic.
- Have qualifying loans that are still owed
- Have no current or unsatisfied obligation with any entity



Provider Application Site Eligibility Requirements

- Public, Private Non-Profit or RURAL Private Practices
- Located in a HPSA specific to the provider's discipline
- For rural private practice sites, must meet Arizona Medically Underserved Area (AzMUA) designation if site is not in a HPSA
- AHCCCS, Medicare, Qualifying Health Plan
- Sliding Fee Scale (except free clinics and state prisons)



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Provider Application

Provider Responsibilities

- Understand program requirements and the online application system.
 - The Provider Reference Guide is available online at <https://www.azdhs.gov/documents/prevention/health-systems-development/workforce-programs/loan-repayment/loan-repayment-application/apply-for-repayment/slrp-prov-and-app-guidance.pdf>.
- Complete your application online including uploading all required supporting documents
- Follow-up with your site administrator about your application. Otherwise, you will not be able to complete your application.
 - Site administrators must verify provider employment and provide additional eligibility verification



SLRP PORTAL Step-by-Step

Demo

Login: <https://app3-qa.azdhs.gov/QA-PCO/Account/Login>

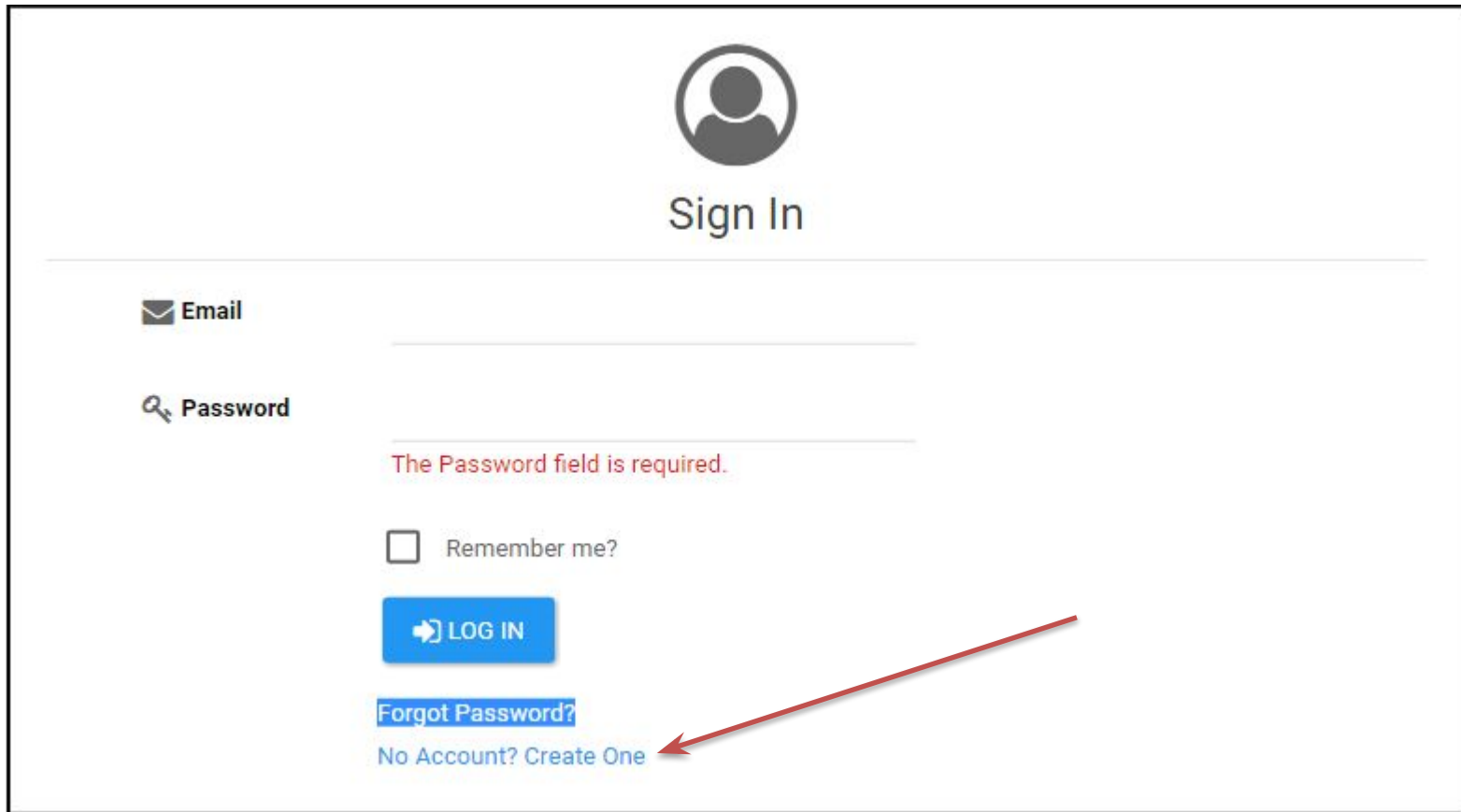


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Create an Account

Log-in: <https://apps.azdhs.gov/PCO/Account/Login>



The screenshot shows a 'Sign In' page with a user icon at the top. Below the icon is the text 'Sign In'. There are two input fields: 'Email' and 'Password'. The 'Password' field has a red error message: 'The Password field is required.' Below the fields is a checkbox labeled 'Remember me?'. A blue button with a right arrow and the text 'LOG IN' is positioned below the checkbox. At the bottom, there are two links: 'Forgot Password?' and 'No Account? Create One'. A red arrow points from the right side of the page towards the 'No Account? Create One' link.



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Provider Management System

Provider Management System Registration:



This portal is for providers who are applying for the Arizona State Loan Repayment or J1 Visa Waiver Program.

PROVIDERS



This portal is for attorneys or authorized representatives submitting a J1 Visa Waiver application on behalf of the J1 provider.

ATTORNEYS/AUTHORIZED REPRESENTATIVES



This portal is for site administrators or employer authorized designees who will be verifying the provider's employment at the service site. This portal is also used for submitting service and encounter verification forms.

SITE ADMINS



Provider Management System

Provider Registration



Select the program you wish to register for:

- State Loan Repayment Program
- J1 Visa Waiver Program



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Provider Management System

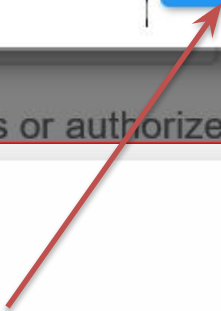
Provider Registration



Select the program you wish to register for:

- State Loan Repayment Program
- J1 Visa Waiver Program

REGISTER AS SLRP PROVIDER



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Account creation for: SLRP Provider

Account Management

First Name

Last Name

Phone

Email


Enter Username/Email

Password

Confirm password

 Register




Sign In


Remember me?

[LOG IN](#)

[If you don't have an account, Click here to Register as a new user](#)


Landing Page

Provider Application Portal




An Initial Application is for a provider who has never been a participant of the State Loan Repayment Program

INITIAL APPLICATION



A Reapplication is for a provider who has never participated in SLRP and whose initial application was denied in the same calendar year as the reapplication period.

REAPPLICATION



A Renewal Application is for an existing or past SLRP participant who is reapplying for a renewal contract or returning to participate in SLRP.

RENEWAL APPLICATION

Initiated applications will appear here.



Applications pending to be completed

Search:

Applicant Name	Birth Date	Application Type	Submitted Year	Status	
Emi TEST	4/7/1992	RENEWAL	2019	NEW	RESUME APPLICATION

Showing 1 to 1 of 1 entries

First Previous **1** Next Last

Completed applications will appear here.



Applications submitted for Processing/ Processed Applications.

Search:

Applicant Name	Birth Date	Application Type	Submitted Year	Status
No data available in table				

Showing 0 to 0 of 0 entries

First Previous Next Last

Provider Application Sections to Complete

1. Personal/Discipline
2. Education/License
3. Past/Present Commitment
4. Service to Underserved
5. Qualifying Loans
6. Employer/Service Site
7. Supporting Documents Upload Section
8. Certification
9. Checklist Verification



(*) Items with "Red Asterisk" are required for "ALL" providers applying for the program. Please check to verify that these documents were uploaded.

(*) Providers must check all or at least one of the items with "Yellow Asterisk" to verify employment.

(*) If applicable, Providers must check to verify submission of documents.

Provider Document Checklist

- * Initial Application (Signed and Notarized)
- * Substitute W-9 Form
- * Register at Arizona Procurement Portal (APP): Submit a copy of the registration email confirmation. [Step-by-Step Vendor Registration](#)
- * Copy of birth certificate, U.S. Passport (current or expired), certificate of naturalization, or documentation as a U.S. National
- * Copy of Social Security card
- * Copy of Arizona driver's license
- * Evidence of residency in Arizona per [A.R.S. 15-1802](#) (Additional Information)

NOTE: AZ residency is not a requirement to apply for SLRP. However, if you have not been an AZ resident for the past 12 months, you will not receive points for scoring.

- * Copy of Arizona medical license
- * Copy of undergraduate, graduate, and if applicable, post-graduate studies diploma
- * Copy of board certification or acceptance letter from examining authority (for physicians)
- * Copy of state and/or national certification (for advance practice providers, behavioral health providers, and pharmacists)
- * Copy of current Curriculum Vitae
- * Certification Letters as evidence of Service to Medically Underserved Populations (Additional Information, [Letter Template](#).)

Note: This only applies to applicants who have reported experience in serving the medically underserved under the Service to Underserved section of this application.

- * Copy of a fully executed employment contract that must include the following:
 - full time employment for at least 40 hours per week or half-time employment for at least 20 hours per week
 - employment start date
 - name and address of the service site(s) where the full-time or half-time services are/will be rendered
- * In lieu of an employment contract, an employer letter on appropriate letterhead that includes the following:
 - name, address, and phone number of the employer if different from the service site(s)
 - name and phone number of the employer's contact person or the contact person associated with the service site
 - full time employment for at least 40 hours per week or half-time employment for at least 20 hours per week
 - employment start date
 - For provider's working at multiple sites, employer letter indicating the provider's estimated number of hours at each site
- * Copy of most recent billing statement for each qualifying educational loan
- * For consolidated loans, an itemized breakdown of the consolidated loans showing that the consolidated loans were used solely for education
- * Documentation from the lender that the loans were used solely for education and reasonable living expenses



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SUBMIT ↗

Provider Application Documents To Prepare

REQUIRED DOCUMENTS

1. Substitute W9 Form
2. Copy of registration confirmation email from the Arizona Procurement Portal (APP)
3. Copy of Birth Certificate, U.S. Passport (current or expired), certificate of naturalization, or documentation as a U.S. National
4. Copy of Social Security Card
5. Copy of Arizona driver's license
6. Copy of current Curriculum Vitae
7. Copy of Arizona medical license
8. Copy of undergraduate, graduate and if applicable, post-graduate studies diploma
9. Copy of board certification or acceptance letter from examining authority (for physicians and dentists)
10. Copy of a fully executed employment contract or employment letter (MUST INCLUDE full-time or half-time, hours per week, start date and name and address of site)
11. Copy of most recent billing statement for each qualifying educational loan
12. Documentation from the lender(s) that the loans were used solely for education and reasonable living expenses (i.e. disbursement report, NSLDS Aid Summary Report)

ADDITIONAL DOCUMENTS

- Evidence of residency in AZ for the past 12 months
- Evidence of service to the medically underserved (New applicants)



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Customer Support

- For the quickest response, please reach out to our centralized email at workforce@azdhs.gov
 - Edith Di Santo, 602-542-1066
 - Erin Gonsalves, 602-542-1211



Thank You!



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