

Arizona Department of Health Services, State Loan Repayment Program

Step-by-Step: Provider Renewal Application

Step 1: Log-in to the State Loan Repayment Program Portal, <https://app3.azdhs.gov/PCO/Account/Login>.

Step 2: Enter your username and password.

Provider Management System

Sign In

Email ana.lyn.roschetti@azdhs.gov

Password

Remember me?

LOG IN

[Forgot Password?](#)

[No Account? Create one](#)

Click here to reset
your password.

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Step 3: After you logged in, you will arrive at your portal homepage. Click "Renewal Application."

You can click on the ADHS logo on the top left corner of the page to navigate back to this home page.

Navigate back to homepage by clicking the ADHS icon.

Primary Care Office
ARIZONA DEPARTMENT OF HEALTH SERVICES

Provider Management System

PCOAPP11@YAHOO.COM

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

Applications pending to be completed

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

Applications submitted for Processing/ Processed Applications.

Search:

Applicant Name	Birth Date	Application Type	Submitted Year	Status	
Emil David Marvin	8/25/1972	CHANGE	2018	APPROVED	
REQUEST FOR CHANGE	Emil David Marvin	8/25/1972	NEW	2018	APPROVED

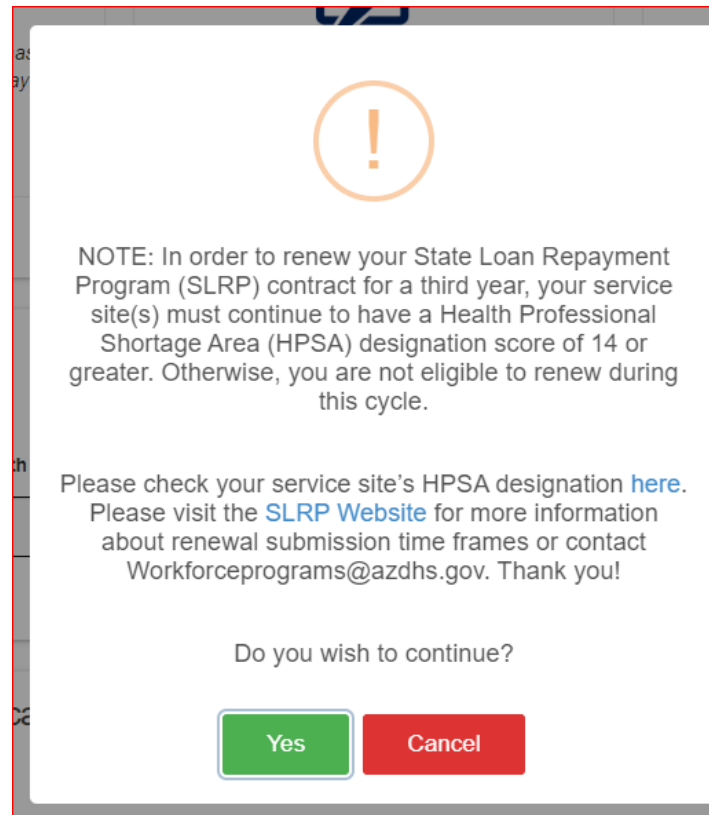
Showing 1 to 2 of 2 entries

First Previous **1** Next Last

Click to start the Renewal Application.

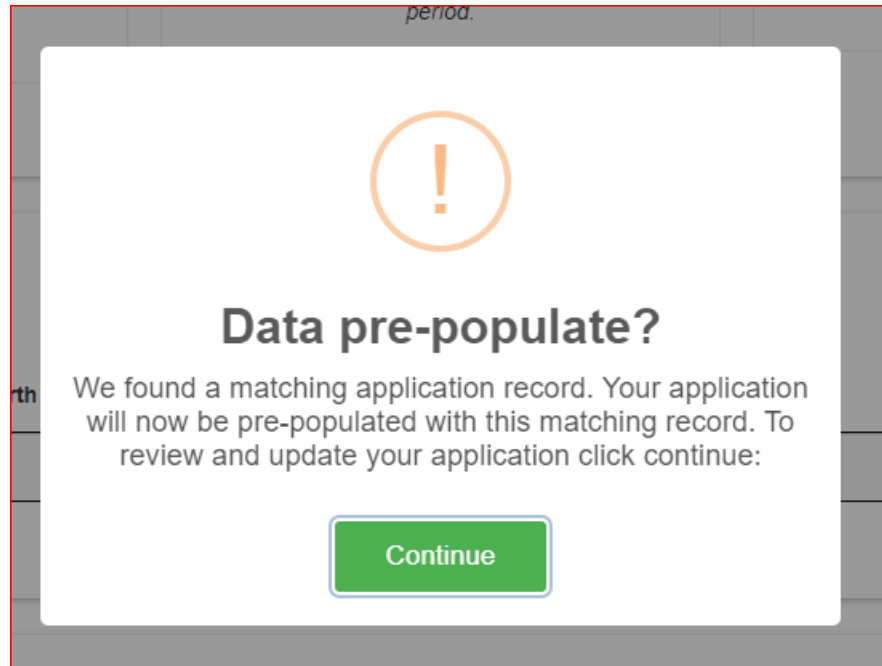
Arizona Department of Health Services, State Loan Repayment Program

Step 4: After clicking “Renewal Application,” the message below will appear on your screen. To check if your service area is still in the HPSA and the HPSA score, access <https://data.hrsa.gov/tools/shortage-area>. Once you’ve confirmed that you continue to be in a HPSA with a score of 14 and above, click “Yes” to continue...



Arizona Department of Health Services, State Loan Repayment Program

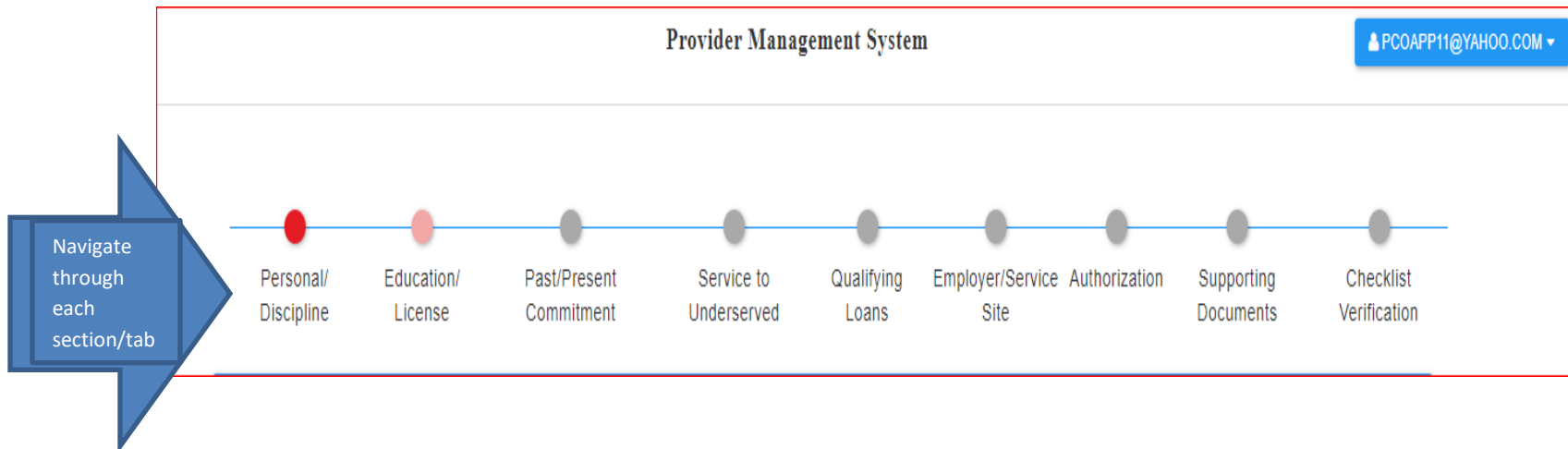
Step 5: After clicking “Yes” and if the portal finds a matching record to your profile, another pop-up message will appear on your screen. Click “Continue” to proceed with your renewal application.



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Step 6: After clicking “Continue,” you will be navigated to the application section. Navigate through each tab on the top of your application page. All sections except the “Employer/Service Site” section will be pre-populated with previously entered data. Please review the information on each section carefully and update as needed. NOTE: You will not be able to proceed to the next screen unless all required fields are completed.

Click “Save and Continue” at the bottom right corner of each page...



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Step 7: Service to Underserved Tab: The information you entered previously during your initial application filing AND any information you will add in this section will be used for scoring your application. This information may also be used by ADHS to break a tie when limited funds are available. You may add your service experience by clicking “Add Service Info.” Click “Save & Continue” to navigate to the “Qualifying Loans” section.

NOTE: Any new entry will require a certification letter from the employer that you MUST upload under the Supporting Documents tab in the appropriate “Additional Documents” section. Otherwise, it will not count towards your service experience to the underserved hours. You may use the letter template provided in the Supporting Documents tab, Additional Documents folder.

Personal/Discipline Education/License Past/Present Commitment **Service to Underserved** Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

"Health service experience to a medically underserved population" means at least 500 clock hours of medical services, dental services, pharmaceutical services, or behavioral health services provided by a primary care provider, including clock hours completed during the primary care provider's residency or graduate education:

Under the direction of a governmental agency, an accredited educational institution, or a non-profit organization; and
At a service site located in:
A medically underserved area designated by a federal or state agency, or
A HPSA designated by a federal agency.

SLRP Service Information

Do you have experience serving the medically underserved areas or populations? Yes No

Site Information

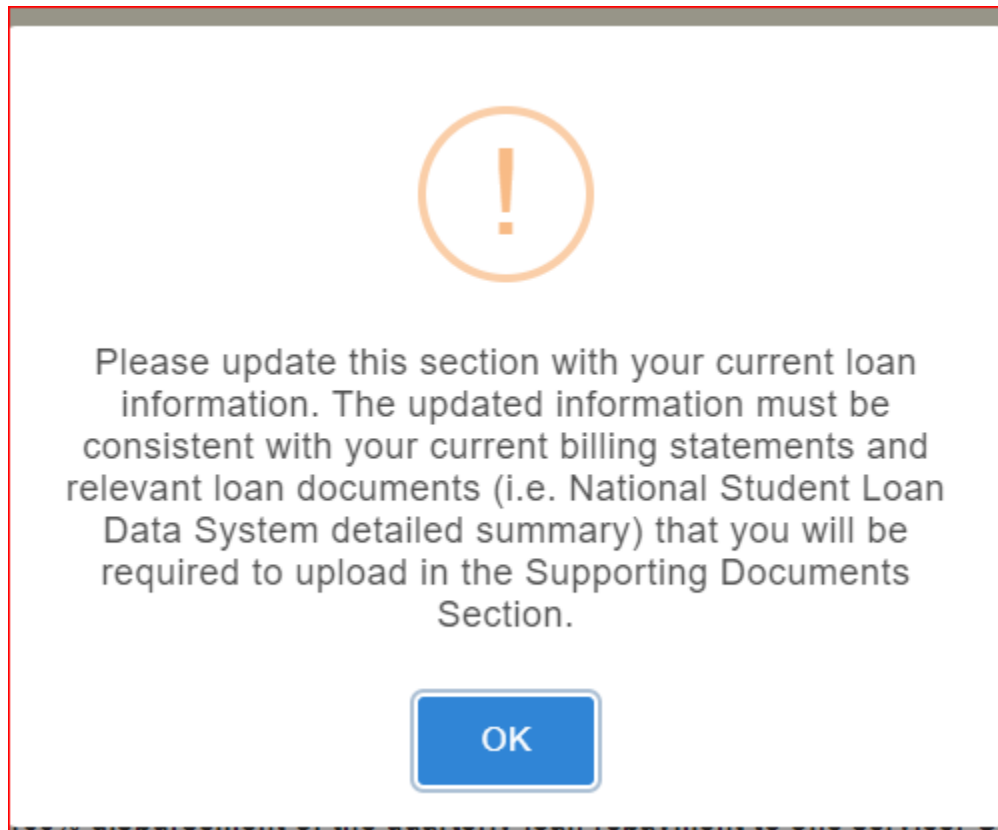
Information provided in this section will be used for scoring applicants. Reported services without accompanying certification letters will not be counted towards service to the underserved populations.

Name of Organization/ Service Site	Contact Person	Phone Number	HPSA or MUA designation number
AZDHS	Kay M. Marien	602-542-1066	45654654
Service Address	Service City	Service State	Service Zip
150 N. 18th Avenue, Suite 320	Phoenix	Arizona	85007
Site Type	Number of Hours per week	Service Start Date	Service End Date
STATE ENTITY	40.00	1/1/2006	1/1/2010

+ADD SERVICE INFO **< PREVIOUS** **SAVE & CONTINUE >**

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Step 8: **Qualifying Loans Section:** After clicking Save & Continue from the previous page, a pop-up message below will appear. Please make sure that the information you entered in this section is supported by the most current billing statement that you **MUST** upload in the Supporting Documents section in the appropriate “Loans” section. Click “OK” to continue.



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After clicking “OK,” you MUST update the loan section (if lender/loan information changed from initial filing). Update the lender’s name, account number, lender’s payment address (NOT MAILING ADDRESS), and lender’s phone number if applicable. Please also make sure to update your current loan balances. NOTE: The information you enter here must be consistent with the loan billing statement that you will provide as supporting documentation.

For help in completing this section, access the “Instructions on How to Complete This Section” hyperlinked above the blue bar.

Click “Save & Continue.”

Personal/ Discipline Education/ License Past/Present Commitment Service to Underserved Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

NOTE: ADHS can disburse loan repayments to up to three (3) loan servicers.

List the current balance of each student loan you wish to have repaid under the Arizona State Loan Repayment Program. Please submit the most recent billing statement from the loan servicer. For any consolidated loans, please submit an itemized breakdown of the consolidated loans. A document or statement from the servicer/lender that the consolidated loans were used for the purpose of education and reasonable living expenses is also required.

[Instructions on How to Complete This Section](#)

Loan Servicer - 1			
Current Servicer	Loan Account Number	Purpose of the loans	Lender Phone Number
Fedloan Servicing	98852849	Education	602-542-1211
Payment Address	Payment City	Payment State	Payment Zip
PO BOX 7960	St. Louis	Missouri	97852
Original Lender (If not the current servicer)	Total Balance of Loans	As of Date	
Navient	50258.00	10/2/2019	
Percentage of Quarterly loan repayment disbursement to this loan servicer			
100.00			
A provider approved for SLRP may assign 100% disbursement of the quarterly loan repayment to one servicer OR if a provider has multiple loan servicers, to up to 3 loan servicers (to a total of 100%).			
+ADD LOAN TYPE			
Loan Servicer 1 >> Loan Details Information - 1			

Total Percentage of Quarterly loan repayment disbursement : 100

[← PREVIOUS](#) [+ADD LOAN SERVICER](#) [SAVE & CONTINUE](#)

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Step 9: **Employer/Service Site Section:** This section will NOT be pre-populated. You must select your Employer (1) then select the Site Administrator (2). Once you have made your selection, sites registered in the SLRP portal under the selected Site Admin will appear in the drop down menu (3). Please make your selection then click “Add Site+ (4).” Click “Continue” (5).

After you have selected your site, an email will be generated to the Site Admin to complete the employment verification process. Please follow up with your site administrator. Once your site administrator completes the verification process, you will receive an email that will prompt you to log back in to your portal to complete and submit your application.

NOTE: While you can navigate through all sections of the portal and upload all the required documents in the Supporting Documents section, you will not be able to access the “Checklist Verification” tab unless the employment verification process has been completed. The Checklist Verification is a section where the provider can verify that all the requirements and supporting documents needed have been uploaded and the final step to submit the renewal application.

The screenshot shows a multi-step process flow at the top: Personal/Discipline, Education/License, Past/Present Commitment, Service to Underserved, Qualifying Loans, Employer/Service Site, Authorization, Supporting Documents, and Checklist Verification. The 'Employer/Service Site' step is currently active. Below the flow is a yellow instruction box: "Please select all the Sites that you work for by selecting the Employer and associated Site Admins." The main form has three dropdown menus: "Employer Name" (with a red arrow pointing to callout 1), "Employer Site Admin" (with a red arrow pointing to callout 2), and "Sites" (with a red arrow pointing to callout 3). A blue "ADD SITE +" button is located below the "Sites" dropdown (with a red arrow pointing to callout 4). At the bottom of the form are "PREVIOUS" and "CONTINUE" buttons (with a red arrow pointing to callout 5). A table titled "Assigned Service Sites" is partially visible below the form. A red-bordered box on the right contains the text: "You will not be able to access this tab to submit your application unless the employment verification has been completed." A red arrow points from this box to the "Checklist Verification" step in the flow.

1

2

3

4

5

You will not be able to access this tab to submit your application unless the employment verification has been completed.

9

Arizona Department of Health Services, State Loan Repayment Program

Example 1: In this example, the employer selected is AZDHS, the Site Admin selected is DEMO ACCOUNT, and the site, SITE ONE. After clicking “Add Site+,” the selected site will appear under the Assigned Service Sites. Note that the Site Admin Emp Verification status is PENDING and the Site Admin Validation status is IN-COMPLETE. **You can only submit your renewal application if the status for both Site Admin Emp Verification and Site Admin Validation shows “COMPLETE.”**

Please select all the Sites that you work for by selecting the Employer and associated Site Admins.

Employer Name	Employer Site Admin	Sites
AZDHS	DEMO ACCOUNT	Select

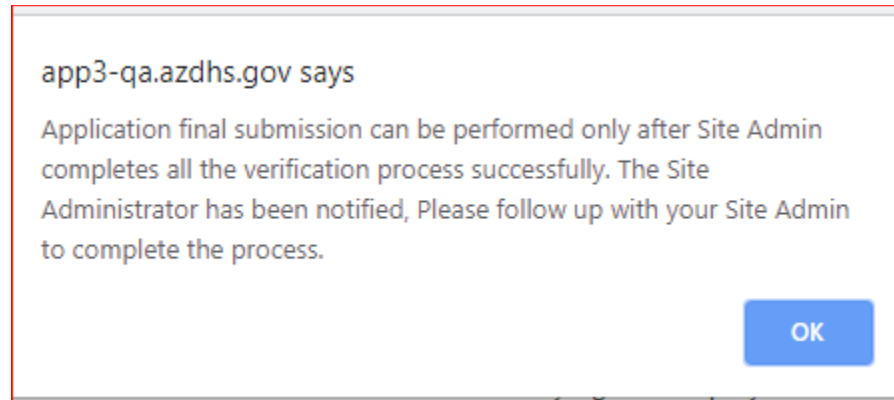
ADD SITE +

Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
AZDHS	DEMO ACCOUNT	site one	PENDING	IN-COMPLETE

PREVIOUS **CONTINUE**

Arizona Department of Health Services, State Loan Repayment Program

After clicking “Continue,” a pop-up message below will appear on the screen. Click OK.



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Step 11: **Authorization:** Please carefully read and understand the requirements provided in this section. Check the boxes to confirm and certify that you meet and will continue to meet program requirements. Enter your initials where initials are required (highlighted in yellow). Click "Save & Continue."

Personal/ Discipline Education/ License Past/Present Commitment Service to Underserved Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

Certification and Authorization (Initials Required)

I hereby certify that, to the best of my knowledge, the loan(s) identified in the loan information form is/are educational loan(s), incurred solely for the costs of undergraduate or graduate education, including reasonable living expenses, leading to a degree in the health profession and specialty indicated in Section I of this application; and that the loan amounts do not reflect consolidated loans for other purposes.

I hereby certify that I am applying to enter into a contract with the state of Arizona for repayment of all or part of the educational loan(s) listed in this application.

I hereby certify that I will accept Medicare, Medicaid (AHCCCS), and the Health Insurance Marketplace Qualifying Health Plan assignment and rates.

Except for a provider working at a free clinic or a state or federal prison, I hereby certify that I will implement/utilize a sliding fee scale.

I hereby certify that I will treat patients regardless of their ability to pay.

I hereby certify that I will not discriminate, and

I hereby certify that I have read and understand the default provision as specified in A.R.S. 36-2172 or A.R.S. 36-2174: a participant in the primary care provider or rural private primary care loan repayment program who breaches the loan repayment contract by failing to begin or to complete the obligated services as specified in the contract will be in default of their contract and will liable for liquidated damages in an amount equivalent to the amount that would be owed for default under the Federal Grants to States for Loan Repayment or as determined and authorized by the Department.

AUTHORIZATION FOR SUPPLEMENTAL INFORMATION REQUEST
I hereby authorize the Arizona Department Health Services to request and obtain supplemental information from me regarding my application.
Initials

PRIVACY ACT RELEASE AUTHORIZATION
I hereby authorize the U.S. Department of Health and Human Services (DHHS) and/or the Department of Defense to disclose any information contained in its files pertaining to my participation in the Public Health and National Health Service Corps Scholarship Training Program, the National Service Corps Scholarship Program, the Physician Shortage Area Scholarship Program, the National Health Service Corps Loan Repayment Program, the Nursing Education Loan Repayment Program, the Community Scholarship Program, the State Loan Repayment Program, or U.S. military service to the administrators of the Arizona State Loan Repayment program, a DHHS grantee under Section 3381 of the Public Health Service Act.
Initials

PRIVACY ACT RELEASE AUTHORIZATION
I hereby authorize the Arizona Department Health Services to disclose any personal information such as name, date of birth, Social Security number, and other confidential information such as account numbers, for the purpose of verifying all information presented in this application.
Initials

PRIVACY ACT RELEASE AUTHORIZATION
I hereby authorize the Arizona Department of Economic Security to disclose any information related to child support payments and delinquencies to the Arizona Department of Health Services for the purpose of verifying child support information as per [Executive Order 13019-Supporting Families: Collecting Delinquent Child Support Obligations](#).
Initials

CONSENT TO RELEASE INFORMATION
For the purpose of collecting retention survey data, I hereby authorize the Arizona Department Health Services (ADHS) to release my information to [Practice Sights Retention Collaborative](#) or another entity that ADHS employs to collect retention data as long as the release of my information is limited to the data requirement of the survey project.
Initials

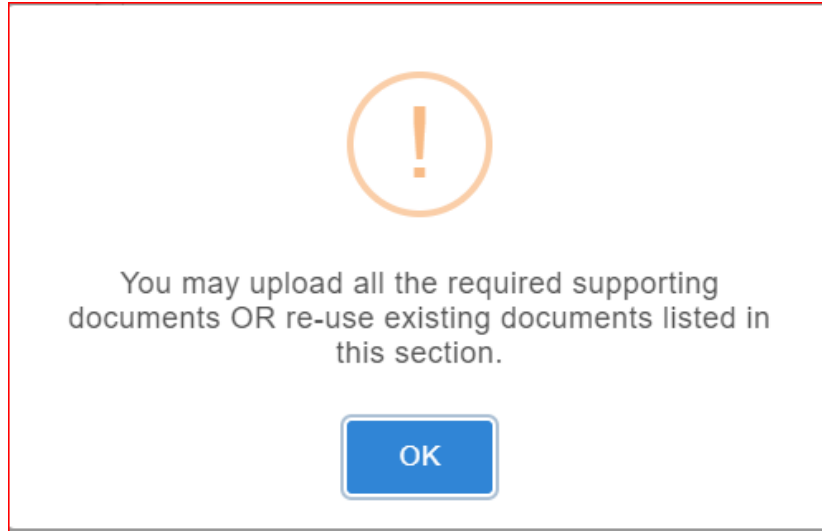
Certification by Applicant Borrower and Release of Loan Information
I hereby certify to the accuracy of the loan information listed in the Qualifying Loan Section of this application and apply to enter into an agreement with the State of Arizona for repayment of all or the appropriate portion of the educational loan(s) listed herein. I further certify that this/these loan(s) were incurred solely for the costs of medical education, including reasonable living expenses. I hereby authorize the lender, be it government or financial institution, named in the Qualifying Loans Section to release information about the loan(s) listed in that section to the administrators of the Arizona State Loan Repayment Program.
Initials

WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents as true and accurate.
Initials

← PREVIOUS SAVE & CONTINUE →

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After clicking "Save & Continue," a pop-up message below will appear. Click OK.



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Step 13: **Supporting Documents:** After clicking OK, you will be navigated to the Supporting Documents tab. Navigate through each section on the left hand side of the screen for all required supporting documents. Again, you may re-use previously uploaded documents unless otherwise specified.

1: Start by clicking the Application Certification tab.

1.1: Download the SLRP Document for Notarization by clicking the button “Initial Application and Certification (Print for Signature and Notary)”. After you have downloaded and printed the document, you must sign, notarize and scan the form in **one** pdf document.

1.2: Click “View Documents/Continue to Upload” to upload the scanned notarized document.

Navigate through each section below...

1. The number inside the red bubble indicates the number of files uploaded.

1.1

1.2

Section	Files Uploaded
Application Certification	0
Procurements	1
Personal Information	1
License & Educational Certifications	1
Employment Verification Documents	1
Loan Documents	0
Additional Documents	1

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1.3: The print screen of the upload section is below. Drag and drop your file for upload or click anywhere inside the upload box to select your file. When in the upload section, always click **Save** to save the uploaded file.

Personal/ Discipline Education/ License Past/Present Commitment Service to Underserved Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

Application Certification 0
Procurements 1
Personal Information 1
License & Educational Certifications 1
Employment Verification Documents 1
Loan Documents 0
Additional Documents 1

Application Certification File Upload Section

Files Uploaded:

File Name	Created Date
Click Here to Upload Documents and Save	

SAVE ← BACK TO CONTENT

← PREVIOUS CONTINUE →

Click Save...

1.3

Arizona Department of Health Services, State Loan Repayment Program

After you have uploaded your file here and in any future upload sections, you **MUST** click Save.

Personal/ Discipline Education/ License Past/Present Commitment Service to Underserved Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

Application Certification (0)
Procurements (1)
Personal Information (1)
License & Educational Certifications (1)
Employment Verification Documents (1)
Loan Documents (0)
Additional Documents (2)

Application Certification File Upload Section

Files Uploaded:

File Name	Created Date
Certification.pdf	

File Name Actions

SAVE ← BACK TO CONTENT

Do not forget to save. Please make sure the file has been uploaded successfully.

Your uploaded files will appear here.

You should see a pop-up message that informs you that the file has been successfully uploaded. Please make sure that the number of files in parenthesis matches the number you have uploaded. Click OK.

Your files(1) have been uploaded successfully.

OK

Arizona Department of Health Services, State Loan Repayment Program

2: Navigate to the Procurements Sections.

2.1. If you changed your address and have not reported the change to ADHS prior to the renewal application, you must upload a new Substitute W-9 Form. The link to the Substitute W9 Form is available in the Supporting Documents tab, Procurement.

2.2. To upload a new Substitute W9 Form, click “View Documents/Continue to Upload.” You will then be navigated to the Upload Section to complete the upload. Do not forget to click Save. Wait until you see the prompt that the file has been successfully uploaded then click OK.

2

Personal/ Discipline Education/ License Past/Present Commitment Service to Underserved Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

Application Certification 0
Procurements 1
Personal Information 1
License & Educational Certifications 1
Employment Verification Documents 1
Loan Documents 0
Additional Documents 1

Procurements File Upload Section

Documents to be Uploaded:

- Substitute W-9 Form (Sample)
- Register at Arizona Procurement Portal (APP) (Step by Step Guide)

NOTE: Please upload a copy of the Arizona Procurement Portal (APP) email registration confirmation

VIEW DOCUMENTS/ CONTINUE TO UPLOAD

PREVIOUS CONTINUE

2.1

Click on “Substitute W9 Form” to access the form.

Click on “Sample” to access the instruction.

2.2

Arizona Department of Health Services, State Loan Repayment Program

3: Navigate to the Personal Information Section. View previously uploaded documents by clicking “View Documents/Continue to Upload.” If no changes, proceed to **4**.

4: Navigate to the License & Educational Certifications Section. View previously uploaded documents by clicking “View Documents/Continue to Upload.” If no changes, proceed to **5**.

3

4

Personal/ Discipline Education/ License Past/Present Commitment Service to Underserved Qualifying Loans Employer/Service Site Authorization Supporting Documents Checklist Verification

Application Certification	0
Procurements	1
Personal Information	1
License & Educational Certifications	1
Employment Verification Documents	1
Loan Documents	0
Additional Documents	1

Personal Information File Upload Section

Documents to be Uploaded:

- 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.
- Copy of current Curriculum Vitae

VIEW DOCUMENTS/ CONTINUE TO UPLOAD

PREVIOUS CONTINUE

Arizona Department of Health Services, State Loan Repayment Program

5: Navigate to the Employment Verifications Section. **ADHS requires a copy of the employment contract or employer letter at initial application filing or at renewal application.** You **MUST** upload a copy of your most recent employment contract with the employer that includes the elements as specified on the portal page and in the print screen below. In lieu of a contract, an employer letter that includes the elements specified is acceptable.

5.1. Click “View Documents/Continue to Upload” to access the upload section. You will then be navigated to the Upload Section to complete the upload. Do not forget to click Save. Wait until you see the prompt that the file has been successfully uploaded then click OK.

5

5.1

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6: Navigate to the Loan Documents Section. ADHS requires a copy of the most recent billing statement for the loan(s) that the provider wants repaid. The billing statement must include the loan account number, current balance, and the payment address of the lender. For all federal loans, also submit a loan detail summary generated from the National Student Loan Data System (NSLDS), https://nslds.ed.gov/nslds/nslds_SA/. For consolidated loans that have not been previously reported to ADHS, upload the recent billing statement AND the itemized breakdown of the consolidated loans to demonstrate that only the provider's student loans were consolidated. A copy of the consolidation document filed with the new lender is acceptable. If the consolidated loans include federal loans, upload the loan detail summary generated from the National Student Loan Data System, https://nslds.ed.gov/nslds/nslds_SA/.

Additional Resources on how to retrieve the loan detailed summary can be found here, <https://www.azdhs.gov/documents/prevention/womens-childrens-health/retrieve-itemized-breakdown-of-consolidated-loans.pdf>.

6.1. Click "View Documents/Continue to Upload" to access the upload section. You will then be navigated to the Upload Section to complete the upload. Do not forget to click Save. Wait until you see the prompt that the file has been successfully uploaded then click OK.

6

6.1

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7: Navigate to the Additional Documents Section. There is no required upload for Evidence of Residency. However, if you entered additional service in the “Service to Underserved” tab, you must upload a certification letter from the entity certifying the services you reported. Otherwise, those services will not count. You may use the template provided (see below).

7.1. Click “View Documents/Continue to Upload” to access the upload section. You will then be navigated to the Upload Section to complete the upload. Do not forget to click Save. Wait until you see the prompt that the file has been successfully uploaded then click OK.

7.2. Click “Continue” to navigate to the next tab, Checklist Verification. You may also click the Checklist Verification on the top right corner of the page.

7

7.1

7.2

Click to access the checklist. NOTE: If the employment verification has not been completed, you will NOT be able to access this page.

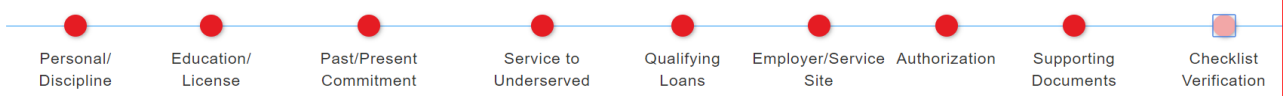
Click to access the service letter template.

NOTE: When reporting service hours, the certifying entity must provide the total cumulative hours from the start to the end of service. For example, if the provider worked at the site from 1/1/2020 to 3/31/2020 (13 weeks) for 40 hours per week, the total cumulative hours is 13 weeks X 40 hours per week = 520 hours. A “cumulative hours calculator” is provided for assistance.

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Step 14: Checklist Verification Section. Please make sure that all items on this checklist - red asterisks (required documents), yellow and green asterisks have been addressed. Check the boxes to confirm that you have either uploaded the documents or the documents already exist in the system. Please note again that you **MUST** upload a new employer letter or contract with the required elements per the checklist, recent billing statement, loan detail summary from NSLDS (for federal loans and consolidated loans), itemized breakdown of consolidated loans (if the consolidation has not previously been reported to ADHS), and the certification letter of service to the underserved (if applicable).

Click "Submit" to submit your application. **If you cannot submit, this means that items are still missing.**



(*) 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

[SUBMIT ↗](#)

Arizona Department of Health Services, State Loan Repayment Program

After clicking “Submit,” a pop-up message will appear on the screen informing you that your application has been successfully submitted. Click OK to go back to the home page.

Step 15: On your portal’s homepage, your recently submitted renewal application will appear at the bottom of the screen, under “Applications Submitted for Processing/Processed Applications.”

The screenshot displays the 'Provider Management System' homepage. At the top left, it identifies the 'Primary Care Office' and 'ARIZONA DEPARTMENT OF HEALTH SERVICES'. The user's email 'PCOAPP11@YAHOO.COM' is shown in the top right. The main content area is titled 'Provider Application Portal' and features three application options: 'INITIAL APPLICATION' (green button), 'REAPPLICATION' (blue button), and 'RENEWAL APPLICATION' (purple button). Below these is a section for 'Applications pending to be completed', which is currently empty. The bottom section, 'Applications submitted for Processing/ Processed Applications', contains a table with two entries for 'Emil David Marvin' from 2018, both with a status of 'APPROVED'. A red callout box with the text 'View your submitted applications here.' points to this table. A 'REQUEST FOR CHANGE' button is visible next to the first entry in the table.

Applicant Name	Birth Date	Application Type	Submitted Year	Status
Emil David Marvin	8/25/1972	CHANGE	2018	APPROVED
Emil David Marvin	8/25/1972	NEW	2018	APPROVED

END OF DOCUMENT