

ARIZONA STATE LOAN REPAYMENT PROGRAM INSTRUCTIONS FOR REQUESTING A CHANGE

This technical assistance guide provides the instructions to providers obligated under the Arizona Department of Health Services (ADHS) State Loan Repayment Program (SLRP) on how to submit a Request for Change to their personal information, loan/lender information, and employer/service site or service hours information. The Request for Change must be submitted electronically through the SLRP portal. Please follow the step by step guide to make the necessary changes to your SLRP record. ADHS will no longer accept paper requests.

STEP BY STEP GUIDE:

1. Login in to the Arizona Loan Repayment Program Portal at <https://apps.azdhs.gov/PCO/Home>



Provider Management System

Exhibit 1

A screenshot of the 'Sign In' page for the Provider Management System. At the top center is a grey person icon with the text 'Sign In' below it. Below this is a horizontal line. Under the line are two input fields: 'Email' with the value 'pcodummyprovider2@gmail.com' and 'Password' with masked characters '.....'. Below the password field is a checkbox labeled 'Remember me?'. At the bottom is a blue 'LOG IN' button with a right-pointing arrow. Below the button are two links: 'Forgot Password?' and 'No Account? Create One'.

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2. Once you've logged in, you will be directed to the landing page where you can see any pending applications (Exhibit 2) and applications that have been submitted successfully to ADHS (Exhibit 3).

Exhibit 2

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 that are pending

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				

Exhibit 3

Applications submitted for Processing/ Processed Applications.

Search:

	Applicant Name	Birth Date	Application Type	Submitted Year	Status
REQUEST FOR CHANGE	John Snow Snow	1/1/1972	RENEWAL	2018	APPROVED
	John Snow Snow	1/1/1972	RENEWAL	2018	APPROVED
	John Snow Snow	1/1/1972	NEW	2018	DENIAL

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

Applications that have been submitted to ADHS

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3. Scroll down to the bottom section labelled APPLICATIONS SUBMITTED FOR PROCESSING/PROCESSED APPLICATIONS. This is where you can view all the applications you have successfully submitted. Your most recent “APPROVED” application will appear on top. Click the blue button labelled REQUEST FOR CHANGE. This is the process you will take each time you are requesting for a change in personal information, loan/lender information, employer/service site information or change in service hours from full-time to half-time.

Exhibit 4

Applications submitted for Processing/ Processed Applications.

Search:

	Applicant Name	Birth Date	Application Type	Submitted Year	Status
REQUEST FOR CHANGE	John Snow Snow	1/1/1972	RENEWAL	2018	APPROVED
	John Snow Snow	1/1/1972	RENEWAL	2018	APPROVED
	John Snow Snow	1/1/1972	NEW	2018	DENIAL

Showing 1 to 3 of 3 entries

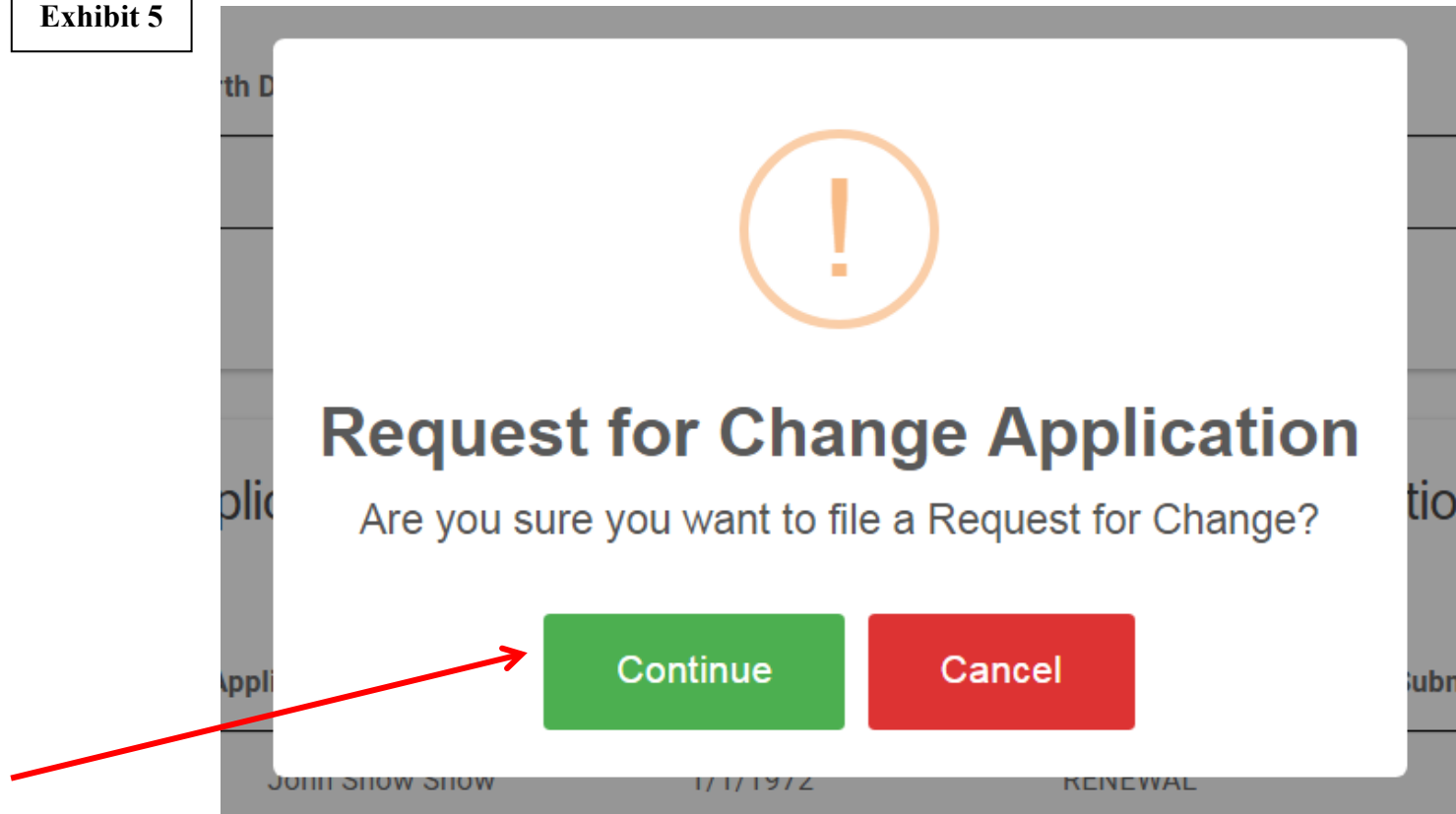
First Previous **1** Next Last

Click here to begin the
Request for Change
application

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4. Once you click on the REQUEST FOR CHANGE button, a pop up box will appear asking if you are sure that you want to file a request for change. You have two options, you can either click continue or click cancel. Click “Continue” to proceed with your request.

Exhibit 5

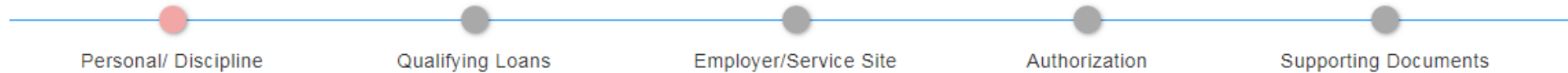


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5. You will be directed to the next screen (Exhibit 6) that provides access to sections of your approved application that you are authorized to make changes to. You will have the option to change your personal information, qualifying loans/lender information, employer/service site information or service hours. You will have to go through each of the 5 bubbles and only make changes to the sections that pertain to your situation. If the bubble is pink, you are currently on that section. If the bubble is red, you have completed the section. If it is gray, you have not completed the section. If you don't have changes for that section you will click save and continue.

Exhibit 6



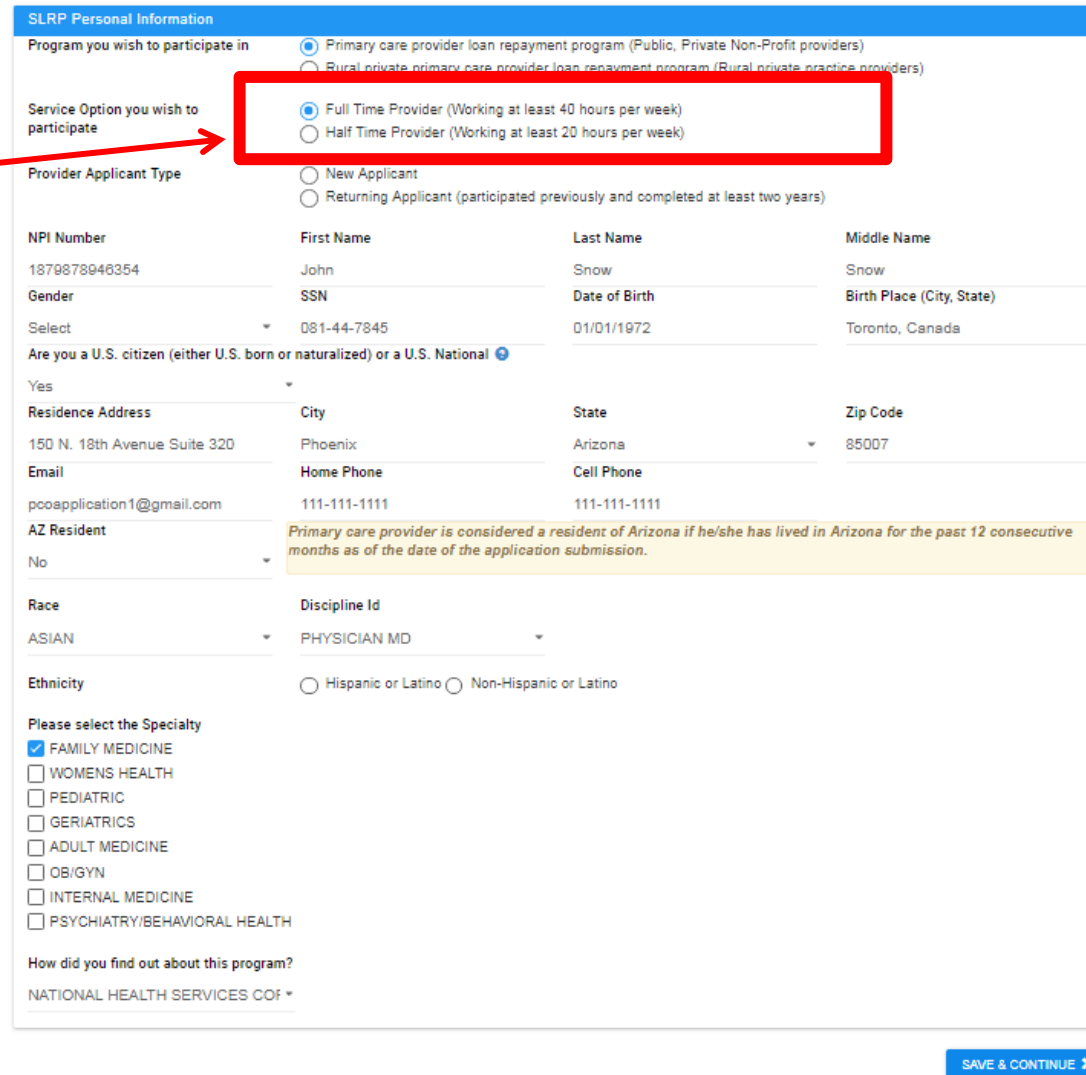
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INSTRUCTIONS FOR REQUESTING A CHANGE

6. The first section is the **Personal/Discipline** information that is prefilled with information you provided from your initial or renewal application. You can make changes to this section or you can proceed by clicking SAVE & CONTINUE. Please note that this section is where you can change your service from full time to half-time. A request to change from half-time to full-time is only authorized when a provider renews his/her SLRP contract.

Exhibit 7

You will only be able to change your service from full time to half time in the Request for Change application.



SLRP Personal Information

Program you wish to participate in ☒ Primary care provider loan repayment program (Public, Private Non-Profit providers)
☐ Rural private primary care provider loan repayment program (Rural private practice providers)

Service Option you wish to participate ☒ Full Time Provider (Working at least 40 hours per week)
☐ Half Time Provider (Working at least 20 hours per week)

Provider Applicant Type ☐ New Applicant
☐ Returning Applicant (participated previously and completed at least two years)

NPI Number 1879878946354 First Name John Last Name Snow Middle Name Snow
Gender Select SSN 081-44-7845 Date of Birth 01/01/1972 Birth Place (City, State) Toronto, Canada
Are you a U.S. citizen (either U.S. born or naturalized) or a U.S. National ☒ Yes
Residence Address 150 N. 18th Avenue Suite 320 City Phoenix State Arizona Zip Code 85007
Email pcoapplication1@gmail.com Home Phone 111-111-1111 Cell Phone 111-111-1111
AZ Resident No *Primary care provider is considered a resident of Arizona if he/she has lived in Arizona for the past 12 consecutive months as of the date of the application submission.*
Race ASIAN Discipline Id PHYSICIAN MD
Ethnicity ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Please select the Specialty ☒ FAMILY MEDICINE
☐ WOMENS HEALTH
☐ PEDIATRIC
☐ GERIATRICS
☐ ADULT MEDICINE
☐ OB/GYN
☐ INTERNAL MEDICINE
☐ PSYCHIATRY/BEHAVIORAL HEALTH
How did you find out about this program?
NATIONAL HEALTH SERVICES COF

SAVE & CONTINUE


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7. Please note that you can always exit the application portal and resume at a later time. However, please make sure to save the changes you have made before exiting the section you are working in. An incomplete request for change will appear under “Applications pending to be completed on the landing page of the provider portal (Exhibit 8) Click RESUME APPLICATION to continue.

Exhibit 8


Provider Application Portal


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

INITIAL APPLICATION


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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	
Arya Stark	1/1/1972	CHANGE	2019	NEW	RESUME APPLICATION

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Applications submitted for Processing/ Processed Applications.

Search:

Applicant Name	Birth Date	Application Type	Submitted Year	Status
Arya Stark	1/1/1972	SUPPLEMENTAL	2018	APPROVED
Arya Stark	1/1/1972	NEW	2018	REJECTED

Showing 1 to 2 of 2 entries

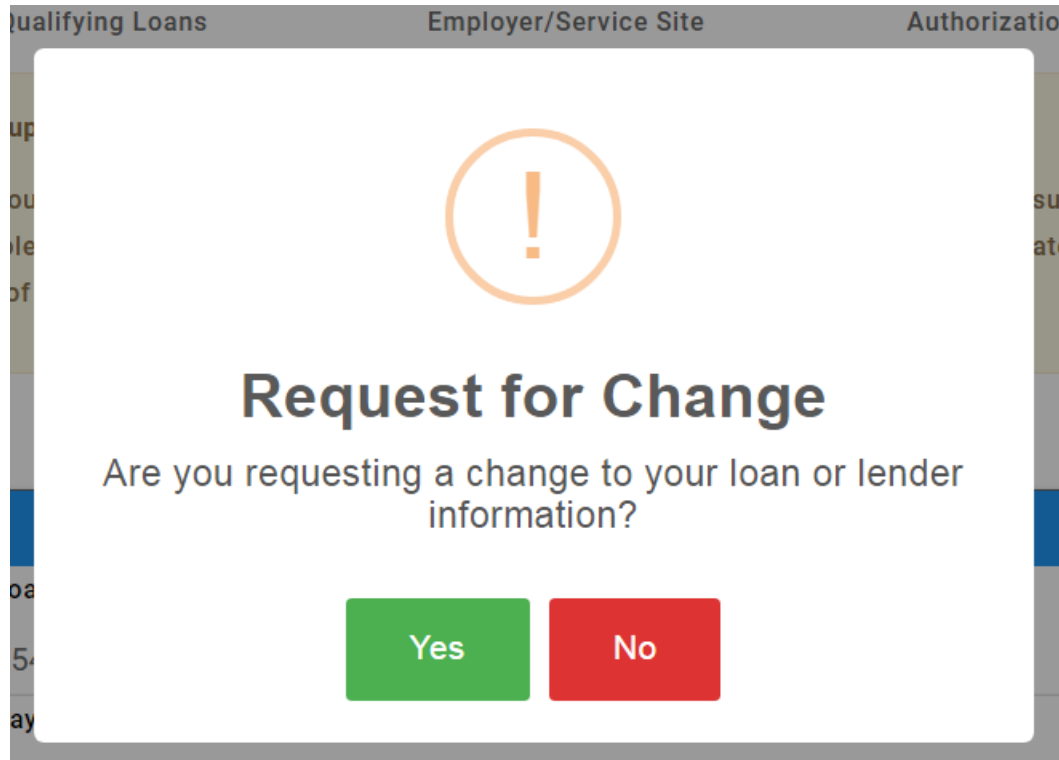
First Previous 1 Next Last

Click here to resume your application.

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8. After clicking Save & Continue, you will be directed to the **Qualifying Loans** section. A pop up box will appear asking if you are requesting a change to your loan or lender information (Exhibit 9). Click YES to continue. If you click NO, you will be directed to the next section.

Exhibit 9



Qualifying Loans Employer/Service Site Authorization

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ate

Request for Change

Are you requesting a change to your loan or lender information?

oa
5.
ay

Yes No

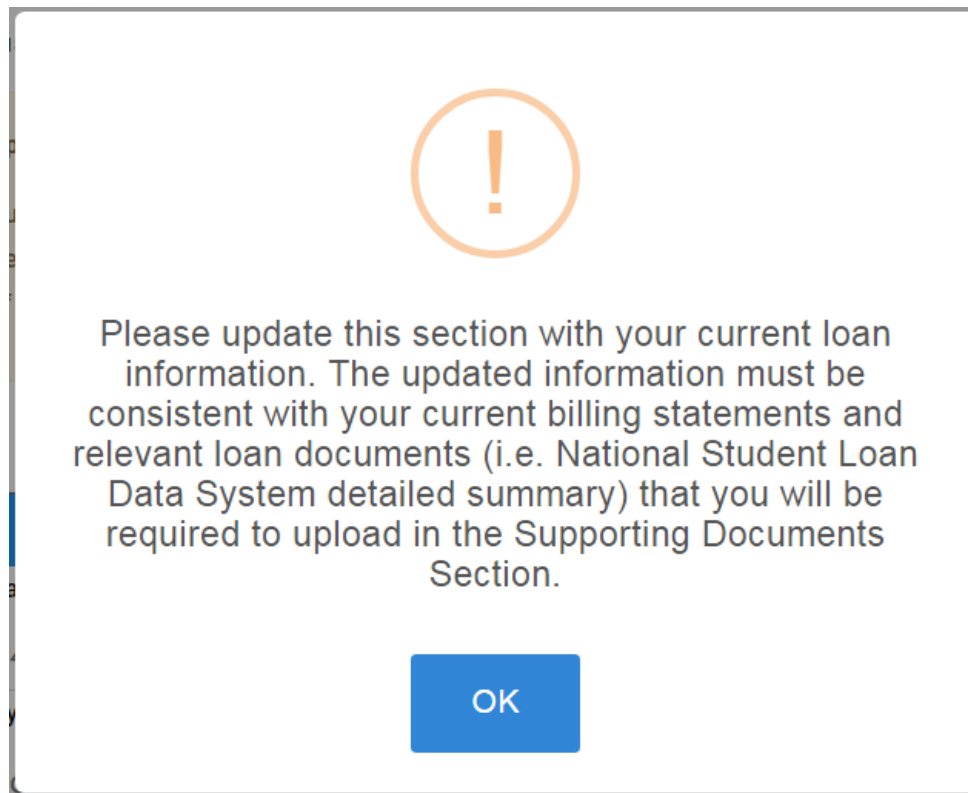
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9. If you click YES, another pop up appears informing you that you need to update the section with all current loan information (Exhibit 10). Click OK.

NOTE: Any change in this section requires updated billing statements and other necessary loan documents to be uploaded in the Supporting Documents section.

Exhibit 10



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10. After you click OK, you will be directed to the loan section which will be prefilled with the information from your most recent approved initial application or renewal application. If your lender changed as a result of consolidating loans that were previously approved by ADHS, you will need to make the necessary changes to your loan/lender information you are requesting in this section. The instructions link on how to complete this section is provided in the portal. Any new loans that were not included in your most recent approved application may only be added at renewal. Once you have completed the section click SAVE & CONTINUE.

Exhibit 11

Personal/ Discipline Qualifying Loans Employer/Service Site Authorization Supporting Documents

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	65496874987	education	888-888-8888
Payment Address	Payment City	Payment State	Payment Zip
150 N. 18th Avenue	Tucson	Arizona	85447
Original Lender(If not the current servicer)	Total Balance of Loans	As of Date	
	12542.00	5/16/2018	
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 →](#)

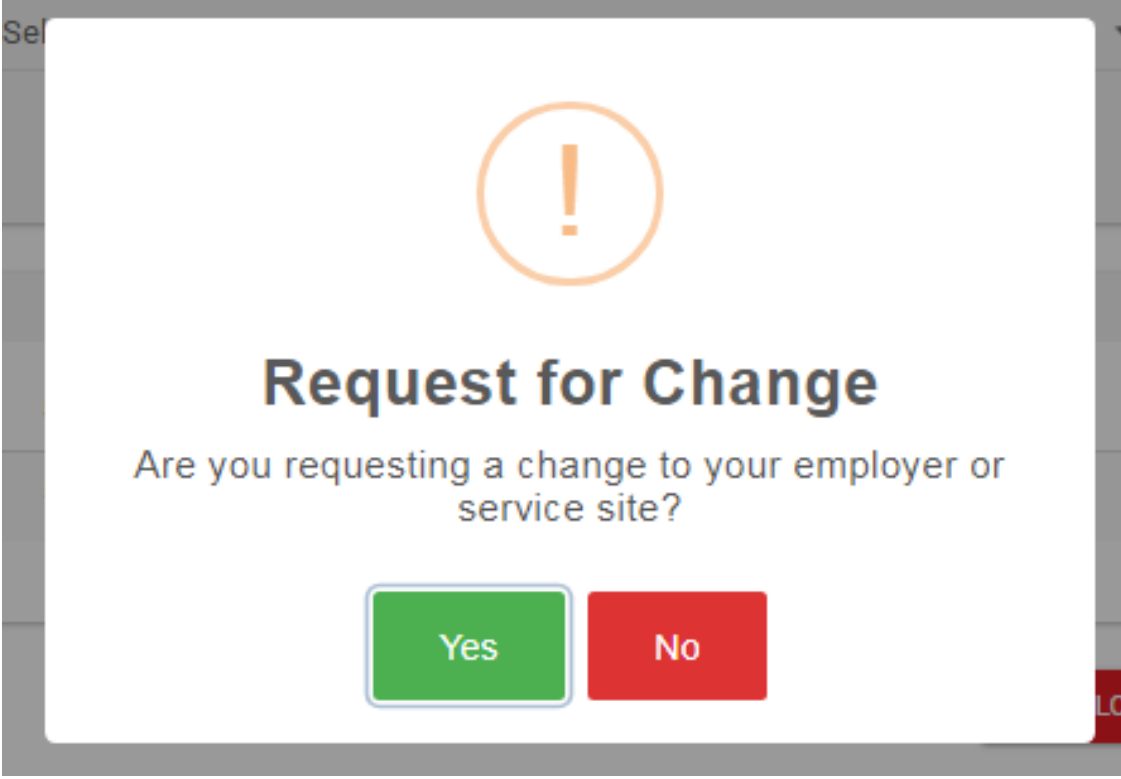
Instructions on how
to complete this
section

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11. You will then be directed to the **Employer/Service Site** section. A pop up will appear asking if you have any changes to your employer or service site. Clicking “YES” will allow you to make any necessary changes and clicking “NO” will direct you to the next section. In this section, you can request to change to your employer and/or service site. Any changes entered in this section will require supporting documents from your new employer/service site that you must upload in the Supporting Documents Section.

Exhibit 12



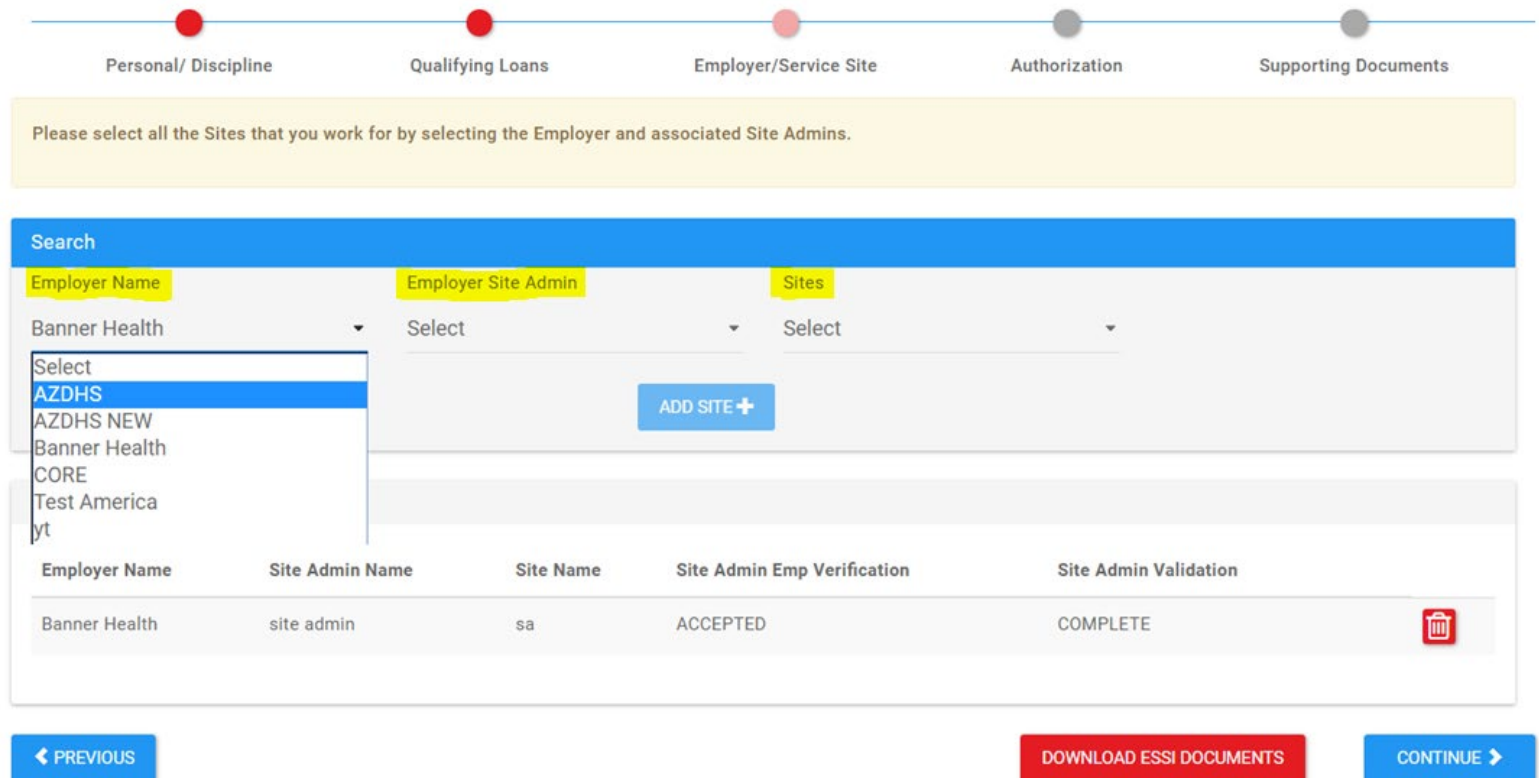
The image shows a screenshot of a web application's pop-up window. At the top center is a large orange circle containing a white exclamation mark. Below this, the text 'Request for Change' is displayed in a bold, dark blue font. Underneath, a question is posed in a smaller, grey font: 'Are you requesting a change to your employer or service site?'. At the bottom of the pop-up, there are two rectangular buttons: a green one on the left labeled 'Yes' in white text, and a red one on the right labeled 'No' in white text. The pop-up itself has a white background and a thin grey border, set against a blurred background of the website.

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12. If you are **changing your employer**, select the employer name in the drop down section. You will select the employer; service site admin associated with that employer, and then select the sites under the corresponding tabs. Please contact workforce@azdhs.gov if the site does not appear on the list.

Exhibit 13



Personal/ Discipline Qualifying Loans **Employer/Service Site** Authorization Supporting Documents

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

Search

Employer Name Employer Site Admin Sites

Banner Health Select Select

Select
AZDHS
AZDHS NEW
Banner Health
CORE
Test America
yt

ADD SITE +

Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
Banner Health	site admin	sa	ACCEPTED	COMPLETE

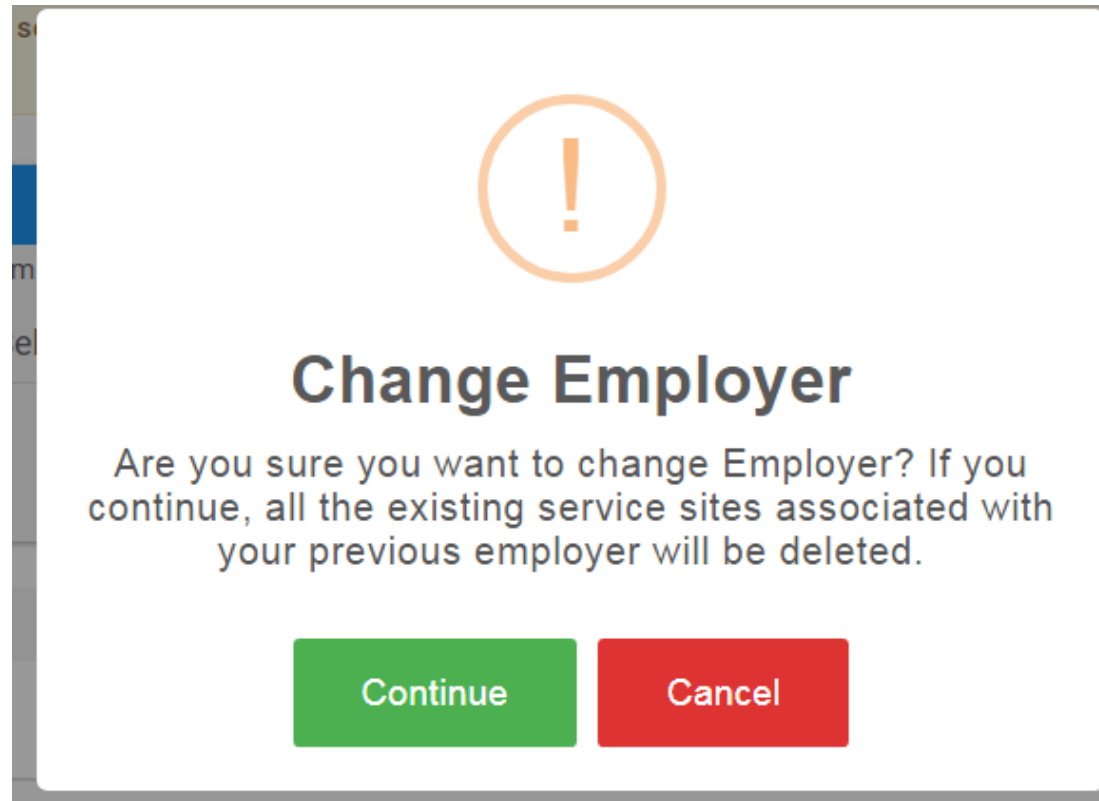
< PREVIOUS DOWNLOAD ESSI DOCUMENTS CONTINUE >

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INSTRUCTIONS FOR REQUESTING A CHANGE

13. When you change your employer, a pop up box appears warning you that all previous employer information and associated sites with that employer will be deleted (Exhibit 14). If you want to proceed with changing your employer, select “Continue.”

Exhibit 14



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14. Once you change your employer, you will select the employer site admin and then add the site(s) you will be working at, by selecting them from the drop down menu under the Sites tab (Exhibit 15). Click the ADD SITE + button. Once clicked, the newly added service site will appear below with a “Pending” Site Admin Emp Verification status (Exhibit 16). The service site admin selected for the added site will be notified of your request.

Exhibit 15

The screenshot shows a form with three dropdown menus: 'Employer Name' (selected: AZDHS), 'Employer Site Admin' (selected: Ana Roscetti), and 'Sites' (selected: Select). A red box highlights these three dropdowns. Below them is a blue button labeled 'ADD SITE +'. A red arrow points to this button.

Exhibit 16

Assigned Service Sites				
Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
AZDHS	Ana Roscetti	Site Two	PENDING	IN-COMPLETE

ARIZONA STATE LOAN REPAYMENT PROGRAM INSTRUCTIONS FOR REQUESTING A CHANGE

15. The site admin must complete the employment verification process similar to the initial/renewal application employment verification process by accessing the site admin portal. **Please note that you will not be able to successfully submit your request for change unless the employment verification process has been completed.** You can see the difference in a pending application versus a completed application. When you finish your changes, click CONTINUE at the bottom right hand side of the screen.

Exhibit 17

Assigned Service Sites				
Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
AZDHS	Ashley Smith	ADHS	ACCEPTED	COMPLETE

“Accepted” means that the site admin has approved your employment verification request. If not, the status will show “Pending.”

“Complete” means that the site admin has fully completed the employment verification process. If not the status will say “Incomplete”

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16. If you are **adding a site for the same employer**, access the list of sites from the drop down menu, select the additional site, and click ADD SITE + (Exhibit 18). Your site admin will then have to go through the entire process of verifying your employment and will need to login to the site admin portal to do this. **Please note that you will not be able to successfully submit your Request for Change unless the service site admin completes the employment verification.** After you have completed your changes, click the CONTINUE button. To **add or remove a service site** for the same employer, you can simply use the trash can icon to remove a site.

Exhibit 18

Personal/ Discipline Qualifying Loans Employer/Service Site Authorization Supporting Documents

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

Search

Employer Name

AZDHS

Employer Site Admin

Ana Roscetti

Sites

Select

ADD SITE +

Select
Site Two
Site one

Assigned Service Sites

Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
AZDHS	Ana Roscetti	Site Two	PENDING	IN-COMPLETE

◀ PREVIOUS

Click CONTINUE to save and move to the section

CONTINUE ▶

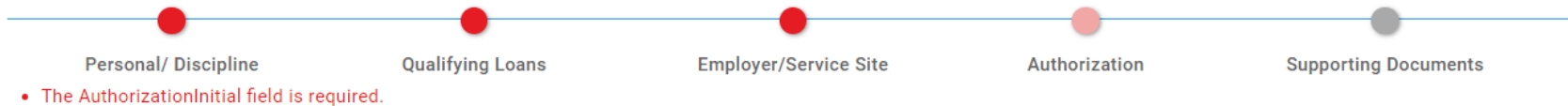
Click trashcan to remove a site

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INSTRUCTIONS FOR REQUESTING A CHANGE

17. Once you hit continue, you will be directed to the **Authorization** section of the application. You MUST initial the 3 items before clicking SAVE & CONTINUE.

Exhibit 19



Certification and Authorization (Initials Required)

AUTHORIZATION FOR SUPPLEMENTAL INFORMATION REQUEST

I hereby authorize the Arizona Department Health Services to request and obtain supplemental information from me regarding my application.

an Initial

Loan Information

I have attached a copy of the most recent billing statement for the current approved qualifying loan for which I am requesting a change of information for or for the new loans I am hereby requesting to qualify for repayment under my LRP contract.

an Initial

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.

an Initial

← PREVIOUS

SAVE & CONTINUE →

ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

18. Once you click SAVE & CONTINUE, you will be directed to the **Supporting Documents** section of the application. This is where you will need to upload all the supporting information that is required for the specific type of change you are requesting as listed on the page. Click on the VIEW DOCUMENTS/CONTINUE TO UPLOAD at the bottom of the screen to access the “Supporting Documents” section where you will upload the relevant documents for the request.

Exhibit 20

Please note the list of documents required for each Request for Change.

Personal/ Discipline Qualifying Loans Employer/Service Site Authorization Supporting Documents

Request for Change 0

Request for Change File Upload Section

Documents to be Uploaded:

- **Change of Address:**
 - Substitute W-9 Form (required whenever a change in address occurs).
 - Please update your address in the Arizona Procurement Portal (APP) website. [Click HERE](#)
- **Change in Loan/Lender Information:**
 - Copy of most recent billing statement for the new loan/lender.
 - For consolidated loans, a copy of the consolidation documents that include the itemized breakdown of the consolidated loans showing that the consolidated loans were used solely for education.
- **Change in Employer/Service Site Information:**
 - Copy of a fully executed employment contract or amendment that list the new employer or service site and the start date with the new employer or service site. In lieu of a contract, an employer letter is acceptable.
 - Except for a free clinic or a state/federal prison, Sliding Fee Scale based on current Federal Poverty Level Guidelines
 - Except for a free clinic or a state/federal prison, Sliding Fee Scale Policy
 - Except for a free clinic or a state/federal prison, Sliding Fee Scale Signage
- **Change in Service Hours (Full-Time to Half-Time):**
 - Copy of a fully executed employment contract amendment that indicates the half-time status of at least 20 hours per week at the approved service site(s) and the start date of the half-time status. In lieu of a contract, an employer letter is acceptable.

VIEW DOCUMENTS/ CONTINUE TO UPLOAD

◀ PREVIOUS SUBMIT APPLICATION

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19. Once on the Supporting Documents page, upload all documents required for your request for change. You may drag and drop the documents into the box or you can click inside the box and manually upload by browsing a file. Once you upload the file you must click SAVE and you must do this for each file being uploaded. You can always click the orange button “Back to Content” to go back to the screen that lists the required documents that you have to upload.

Exhibit 21

Personal/ Discipline

Qualifying Loans

Employer/Service Site

Authorization

Supporting Documents

Request for Change

0

Request for Change File Upload Section

Files Uploaded:

File Name	Created Date
<div><div>File Name</div><div>service-verification-form.pdf</div></div>	
<div><div>Actions</div><div><div><div></div></div><div></div></div></div>	

SAVE

← BACK TO CONTENT

← PREVIOUS

SUBMIT APPLICATION

ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

20. Once you click SAVE after uploading a document, the successfully uploaded file will appear below the “Files Uploaded” section and the upload date and time. In addition, the Request for Change button on the left hand side of the screen displays the number of files uploaded. For this example, if a file is successfully uploaded, you should see the number in the red bubble change from 0 to 1. You may delete a file by clicking on the blue trash can.

Exhibit 22

The screenshot displays the 'Request for Change' section of the Arizona State Loan Repayment Program. At the top, a progress bar shows five steps: 'Personal/ Discipline', 'Qualifying Loans', 'Employer/Service Site', 'Authorization', and 'Supporting Documents'. The 'Request for Change' button is highlighted with a red box and a red bubble containing the number '1'. A callout box points to this bubble, stating 'Number of successfully uploaded documents'. Below the button, the 'Request for Change File Upload Section' contains a table of uploaded files. The table has two columns: 'File Name' and 'Created Date'. A single file, 'service-verification-form.pdf', is listed with a creation date of '2/21/2019 8:56:35 AM'. To the right of the file name is a blue trash can icon. A callout box points to this icon, stating 'To delete click trash can icon.' Below the table is a large button labeled 'Click Here to Upload Documents and Save'. At the bottom of the section are two buttons: 'SAVE' and '← BACK TO CONTENT'. At the very bottom of the page are two buttons: '← PREVIOUS' and 'SUBMIT APPLICATION'.

Personal/ Discipline Qualifying Loans Employer/Service Site Authorization Supporting Documents

Request for Change 1

Number of successfully uploaded documents

Request for Change File Upload Section

Files Uploaded:

File Name	Created Date	
service-verification-form.pdf	2/21/2019 8:56:35 AM	

Click Here to Upload Documents and Save

SAVE ← BACK TO CONTENT

← PREVIOUS SUBMIT APPLICATION

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INSTRUCTIONS FOR REQUESTING A CHANGE

21. Once you have fully completed the request for change, click SUBMIT APPLICATION on the bottom right hand corner of the screen.

Exhibit 23

Personal/ Discipline Qualifying Loans Employer/Service Site Authorization Supporting Documents

Request for Change 1

Request for Change File Upload Section

Files Uploaded:

File Name	Created Date
service-verification-form.pdf	2/21/2019 8:56:35 AM

Click Here to Upload Documents and Save

SAVE **← BACK TO CONTENT**

← PREVIOUS

SUBMIT APPLICATION

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22. A pop up box will ask if you are sure you want to submit your Request for Change (Exhibit 24). Clicking CANCEL will direct you back to the application. If you click YES, a second pop up box will appear (Exhibit 25) indicating that you have successfully submitted your Request for Change. Click OK to be redirected to the landing page.

Exhibit 24

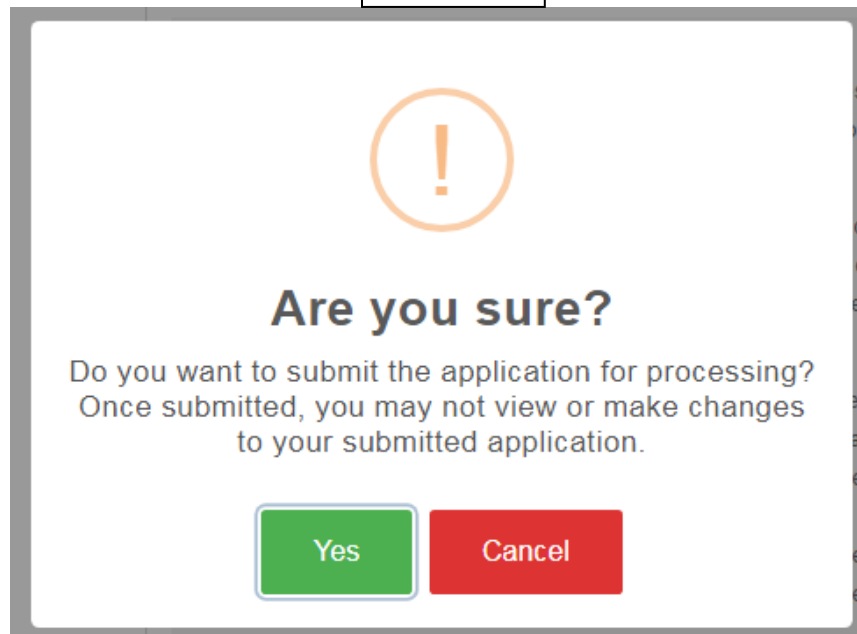
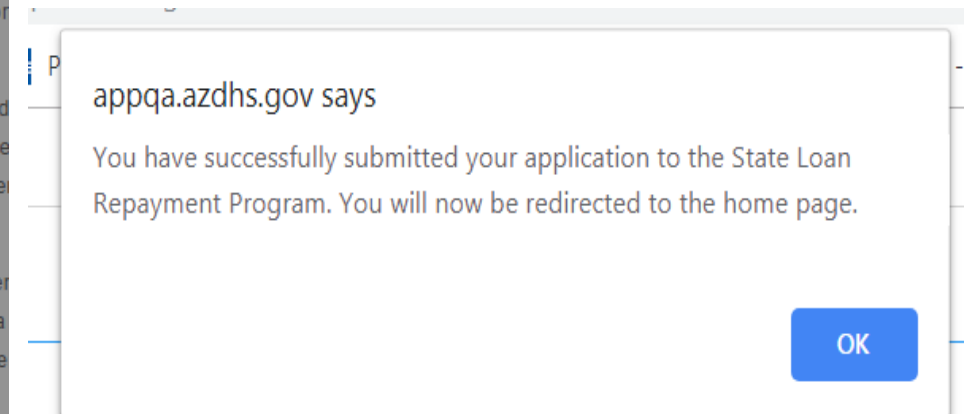


Exhibit 25




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23. To view the submitted Request for Change and ensure that your submission was successful, go back to the landing page and scroll down to the **Application submitted for Processing/Processed Applications** section. The recent submission with an application type of “Change” should appear in this section and with a status of “Processing” meaning that ADHS is currently processing the application.


Exhibit 26

Provider Application Portal




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

INITIAL APPLICATION



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REAPPLICATION



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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
Arya Stark	1/1/1972	SUPPLEMENTAL	2018	APPROVED
Arya Stark	1/1/1972	NEW	2018	REJECTED
Arya Stark	1/1/1972	CHANGE	2019	PROCESSING

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

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24. Upon ADHS review and if ADHS identifies any issues with the request, an email will be generated to you (Sample Email, Exhibit 27). The email will also list the due date of when the required documents are due. ADHS will not grant any extensions. You must access your portal to address the issues identified.

Exhibit 27

ACTION REQUIRED: Arizona State Loan Repayment Program Notice of Deficiency Inbox x



AZPCO@azdhs.gov

to me ▾

9:37 AM (8 minutes ago)



Dear Arya Stark,

An administrative completeness review of your Arizona State Loan Repayment Program application has been conducted and your initial application was found to be deficient. Login to the portal to address the missing items. All documents being requested on the portal must be received by the specified due date of 3/7/2019. ADHS will NOT grant any requests for extensions.

Please do not respond to this email. It was automatically generated by the processing system.

If you have further questions please contact Ashley Neves at Ashley.neves@azdhs.gov or 602-542-1211.

Thank you

Office of Workforce Programs

Bureau of Women's & Children's Health

Arizona Department of Health Services


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25. When you go to login, you will see that your “Change” request is now sitting in the **Applications pending to be completed** section. Click on VIEW DEFICIENCIES AND RESUBMIT to begin to address the deficient items in your application.


Exhibit 28

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	
Arya Stark	1/1/1972	CHANGE	2019	NOD	VIEW DEFICIENCIES AND RESUBMIT

Showing 1 to 1 of 1 entries

First Previous 1 Next Last

Applications submitted for Processing/ Processed Applications.

Search:

Applicant Name	Birth Date	Application Type	Submitted Year	Status
Arya Stark	1/1/1972	SUPPLEMENTAL	2018	APPROVED
Arya Stark	1/1/1972	NEW	2018	REJECTED

Showing 1 to 2 of 2 entries

First Previous 1 Next Last

ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

26. After clicking View Deficiencies and Resubmit, a pop up box will appear displaying the deficiency reasons. Click the X button in the upper right hand corner to exit out of the screen. You will then be directed to the various sections where you can begin to address the deficiencies noted. If you only need to upload documents, you can access the Supporting Documents section directly

Exhibit 29

Provider Management System

View Notice of Deficiency(NOD) Reasons

Provider Name: Arya Stark Status: NOD Respond By: 3/7/2019

Notes from Admin for Resubmission
You have not provided the correct information. Please review the check marked items and resubmit.

Documents/Information Required for Resubmission

- Substitute W-9 Form
- Submit a copy of the registration email confirmation by registering at Arizona Procurement Portal (APP):
<https://appstate.az.gov/page.aspx/en/usr/login>
- Copy of Social Security card
- Evidence of residency in Arizona for at least 12 months per [A.R.S. 15-1802](#) (Evidence may include one or more of the following: Arizona Driver's License, Voter's Registration, Motor Vehicle Registration, Employment History in Arizona, Transfer of Major Banking services to Arizona, change of permanent address on all pertinent records, or other materials of whatever kind or a source relevant to domicile or residency status.)

If supporting documents are required for resubmission, please navigate to the "Supporting Documents" section and upload your documents in the appropriate section.

SLRP Person
Program you participate in

Service Options
You can participate in the following services

Provider Application
NPI Number First Name Last Name Middle Name

354654654	Arya	Stark	
Gender	SSN	Date of Birth	Birth Place (City, State)
Female	654-65-4651	01/01/1972	Lakview, Illinois
Are you a U.S. citizen (either U.S. born or naturalized) or a U.S. National			
Yes			
Residence Address	City	State	Zip Code
150.18th Avenue Ste 320	Phoenix	Arizona	85002
Email	Home Phone	Cell Phone	
pcoapp3@gmail.com	586-546-5465	654-654-6545	
AZ Resident	<i>Primary care provider is considered a resident of Arizona if he/she has lived in Arizona for the past 12 consecutive months as of the date of the application submission.</i>		
No			
Race	Discipline Id		
BLACK	PHYSICIAN MD		
Ethnicity	<input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic or Latino		

ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

27. You will always have access to the deficiency reasons from each section of the portal. To view, click VIEW RESUBMISSION REASONS found in the upper right hand corner of your screen. This will display the pop box again (Exhibit 29 from previous section) for your review.

Exhibit 30

The screenshot displays the 'Supporting Documents' section of the Arizona State Loan Repayment Program portal. A red box highlights the 'View Resubmission Reasons' link in the top right corner. A red arrow points from this link to a callout box that reads: 'You can view the resubmission reasons at any time and on any screen.'

The portal interface includes a progress bar at the top with five steps: Personal/ Discipline, Qualifying Loans, Employer/Service Site, Authorization, and Supporting Documents. The 'Supporting Documents' step is currently active.

The main content area is titled 'SLRP Personal Information' and contains the following fields:

- Program you wish to participate in**
 - ☐ Primary care provider loan repayment program (Public, Private Non-Profit providers)
 - ☒ Rural private primary care provider loan repayment program (Rural private practice providers)
- Service Option you wish to participate**
 - ☐ Full Time Provider (Working at least 40 hours per week)
 - ☒ Half Time Provider (Working at least 20 hours per week)
- Provider Applicant Type**
 - ☐ New Applicant
 - ☐ Returning Applicant (participated previously and completed at least two years)
- NPI Number**: 354654654
- Gender**: Female
- First Name**: Arya
- Last Name**: Stark
- Middle Name**:
- SSN**: 654-65-4651
- Date of Birth**: 01/01/1972
- Birth Place (City, State)**: Lakview Illinois

ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

28. Once you have addressed the deficiencies, you will go to the **Supporting Documents** section and click RESUBMIT APPLICATION.

Exhibit 31

[View Resubmission Reasons](#)

Personal/ Discipline

Qualifying Loans

Employer/Service Site

Authorization

Supporting Documents

Request for Change 1

Request for Change File Upload Section

Files Uploaded:

File Name	Created Date		
service-verification-form.pdf	2/21/2019 8:56:35 AM		

Click Here to Upload Documents and Save

SAVE

← BACK TO CONTENT

← PREVIOUS

RESUBMIT APPLICATION

This is where you will resubmit your application with all the changes you made.

ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

29. A pop up box appears asking if you are sure you want to resubmit the application (Exhibit 32). There is also an option to add any notes that will be sent to ADHS along with your application. If you click CANCEL, you will be directed back to Supporting Documents Section. If you click YES, a second pop up will let you know that you have successfully re-submitted your Request for Change (Exhibit 33).

Exhibit 32

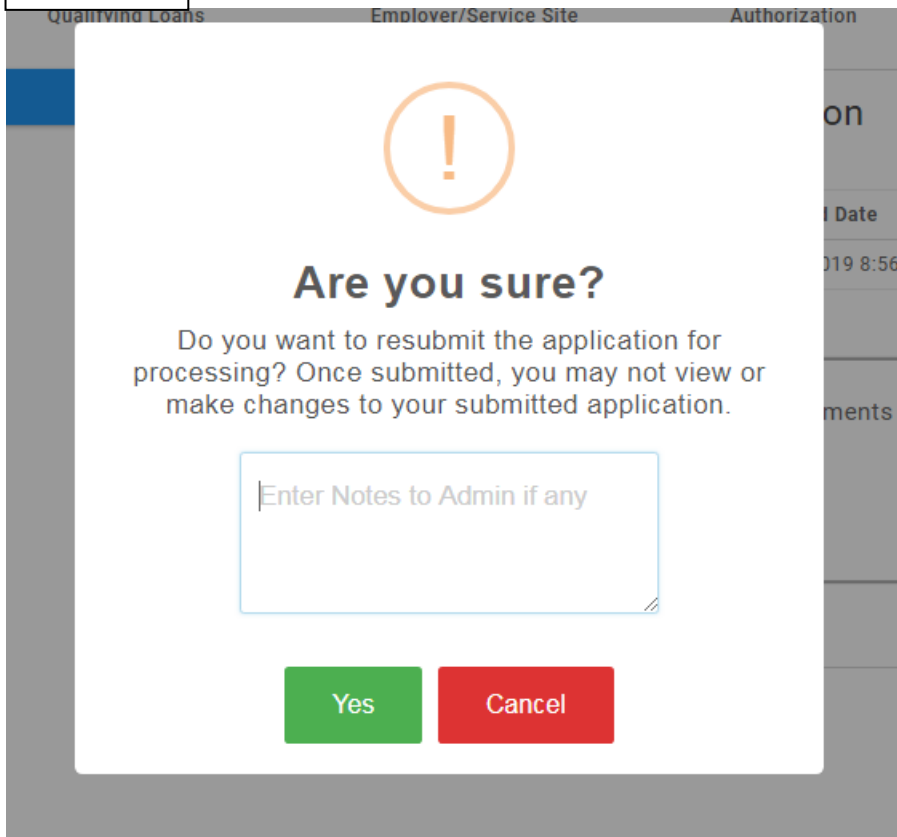
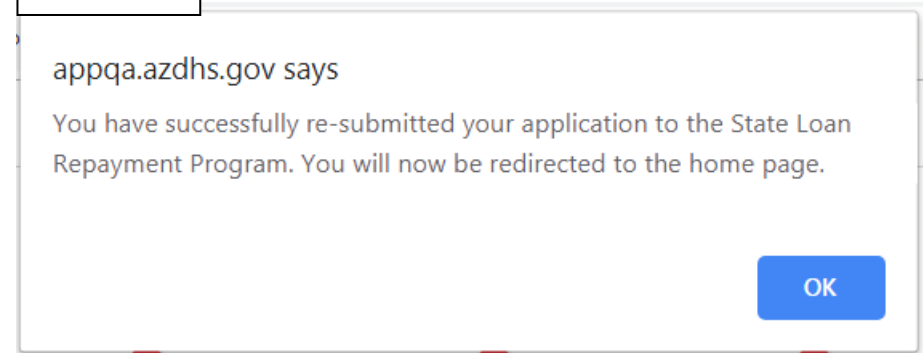


Exhibit 33




ARIZONA STATE LOAN REPAYMENT PROGRAM

INSTRUCTIONS FOR REQUESTING A CHANGE

30. Upon clicking YES, you will again be directed back to the landing page and you can see the recent submission under the **Applications submitted for Processing/Processed Applications.**


Exhibit 34

Provider Application Portal




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

INITIAL APPLICATION



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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
Arya Stark	1/1/1972	SUPPLEMENTAL	2018	APPROVED
Arya Stark	1/1/1972	NEW	2018	REJECTED
Arya Stark	1/1/1972	CHANGE	2019	PROCESSING

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

ARIZONA STATE LOAN REPAYMENT PROGRAM


INSTRUCTIONS FOR REQUESTING A CHANGE

31. After ADHS completes the review of the request for change and finds it compliant with program requirements, an approval notification email will be sent to the provider's email. Please note that any changes approved by ADHS will require a fully executed contract amendment before those changes are official.

To view the approved request, please access the landing page of the provider's portal, the Request for Change displays an "Approved" status.


Exhibit 35

Provider Application Portal




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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
REQUEST FOR CHANGE	Arya Stark	1/1/1972	SUPPLEMENTAL	2018	APPROVED
	Arya Stark	1/1/1972	NEW	2018	REJECTED
	Arya Stark	1/1/1972	CHANGE	2019	APPROVED

Showing 1 to 3 of 3 entries

First Previous 1 Next Last

ARIZONA STATE LOAN REPAYMENT PROGRAM INSTRUCTIONS FOR REQUESTING A CHANGE

For any questions please find our contact information listed below

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