

# Arizona State Loan Repayment Program

## Renewal and Reapplication Guidance

September 1, 2022 – October 1, 2022

1. All applicants need to submit via the PCO Portal here: <https://app3.azdhs.gov/PCO/Account/Login>.
  - a. For providers who applied and participated in the program prior to 2018, you will need to create an account.
  - b. For providers who already have an account, please log into your existing State Loan Repayment Portal account.
2. Based on your eligibility, either choose Reapplication or Renewal Application, based on the descriptions provided. *Do not select Initial Application as this option will not allow you to proceed.*

**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.

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

*\*Note: the system will not allow you to proceed if you select an application type that is not applicable to you.*

### Provider Application Portal

The screenshot shows three application options in a grid. Each option has an icon of a document with a pen and a descriptive text box. Below each text box is a button. The 'REAPPLICATION' and 'RENEWAL APPLICATION' buttons are circled in red.

Application Type	Description
INITIAL APPLICATION	An Initial Application is for a provider who has never been a participant of the State Loan Repayment Program
REAPPLICATION	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.
RENEWAL APPLICATION	A Renewal Application is for an existing or past SLRP participant who is reapplying for a renewal contract or returning to participate in SLRP.

### Applications pending to be completed

The screenshot shows a search bar and a table with columns: Applicant Name, Birth Date, Application Type, Submitted Year, and Status. The table is currently empty.

Search:

Applicant Name	Birth Date	Application Type	Submitted Year	Status
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3. If you are completing a **Reapplication**, proceed to **Step 4**. If you are completing a **Renewal Application**, you will be asked the question below. Choose the response that best describes your situation. *Please note, if your selection deems you ineligible for Renewal at this time, the system will not allow you to proceed.*

## October Renewal Questionnaire

Please select the response that best fits your situation:

- I am a new applicant or never participated in the program.
- I am a provider who has been denied participation in the June 1st cycle of the current calendar year.
- I have previously participated in the program and have successfully completed at least two years and resuming participation after a gap in service.
- I am a provider who has completed or will complete three or more years in the program.
- I am a provider who has completed or will complete the initial two year commitment and my service site has a HPSA score of less than 14.

CANCEL

CREATE A RENEWAL APPLICATION

4. If you have previously applied via the PCO Portal, the system will recognize that you previously applied and will pre-populate some of your information. For providers who have not used the system before, you will need to enter all your information at this time. Please use this guide to assist in completing the application.

<https://www.azdhs.gov/documents/prevention/health-systems-development/workforce-programs/loan-repayment/loan-repayment-application/repayment-application-step-by-step-guide.pdf> (please note you will not be submitting an initial application, you will still submit a renewal application-this is just for reference purposes)

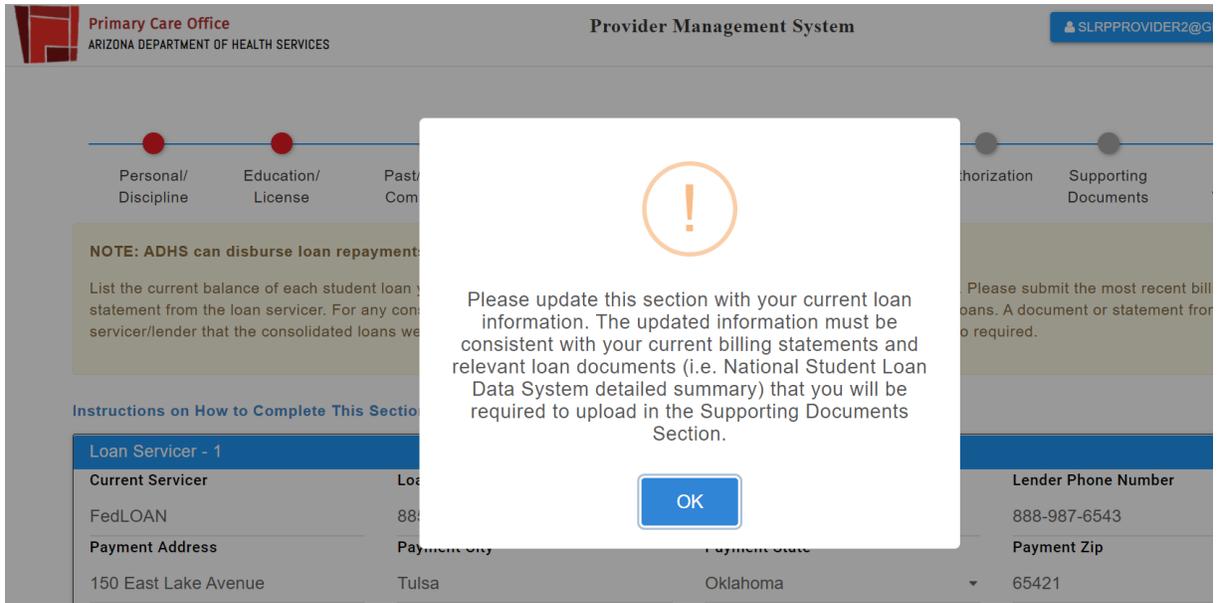
**\*\*Please note:** Even if your information is pre-populated there are fields you will need to enter to ensure updated information is submitted. The system will alert you when anything is missing. It is up to you to review and update all information on the application and make changes as needed.

***If there is outdated information submitted, this will cause delays in processing your application, please make sure to review all fields and update thoroughly.***

The screenshot shows the 'October Renewal Questionnaire' interface. A modal dialog box is centered on the screen with a white background and a dark border. At the top of the modal is an orange circle containing a white exclamation mark. Below this is the heading 'Data pre-populate?' in bold. The main text of the modal reads: 'We found a matching application record. Your application will now be pre-populated with this matching record. To review and update your application click continue:'. At the bottom of the modal is a green button with the text 'Continue'. In the background, the questionnaire form is visible but dimmed. It shows the same radio button options as the first image, with the last option selected. The 'CREATE A RENEWAL APPLICATION' button is also visible in the background.

5. **Personal/Discipline Section:** review that all information is accurate. If you previously applied and did not qualify as an Arizona resident, but you now qualify per program guidelines, update this information and upload the necessary documentation in the Supporting Documents section.
6. **Education/License Section:** re-enter your license number and any other missing information. Click Save & Continue when finished.
7. **Past/Present Commitment Section:** update as needed. Click Save & Continue when finished.

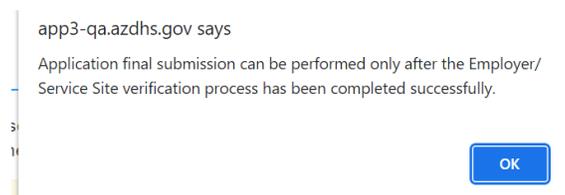
- Service to Underserved Section:** if you previously applied and did not have at least 500 hours of experience providing health services to a medically underserved population, but you now have that experience, update this information and provide the necessary supporting documentation. Click Save & Continue when finished.
- Qualifying Loans Section:** the system will auto-populate your loan information. Review for accuracy and make sure all information entered matches your loan documents. Click Save & Continue when finished.



- Employer/Service Site:** Select your employer, Site admin and service site from the drop-down menu, then click the ADD SITE button. Repeat this process if you work at multiple sites. Site admin Employment Verification will show as PENDING and Validation will say IN-COMPLETE until your Employer/Service Site Administrator completes the employment verification process. You will not be able to submit your final application until this is done.

Search		
Employer Name	Employer Site Admin	Sites
AZDHS	Ana Roscetti	Select
<input type="button" value="ADD SITE +"/>		

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



**11. Authorization Section:** you must complete this page by checking all boxes and adding your initials to each section before you can click Save & Continue.



**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.

AN Initial

**12. Supporting Documents Section:** documents from the sections listed below will carry over from previous applications. Please provide updated documents if needed (i.e. your license to practice has expired, your address has changed, you are now an Arizona resident, etc.)

- Procurements
- Personal Information
- License & Educational Certifications
- Employment Verification Documents
- Additional Documents
- Documents from the sections listed below **do not carry over and must be uploaded**
  - Application Certification (notary required)
  - Loan Documents

**You may upload all the required supporting documents OR re-use existing documents listed in this section.**

OK

Documents to be Uploaded:

- Initial Application(Signed and Notarized)

VIEW DOCUMENTS/ CONTINUE TO UPLOAD

13. After completing the Supporting Documents section, the system warns that you cannot submit your final application until the Employer/Service Site verification process has been completed. Communicate with your Employer/Service Site administrator if you are waiting on them.

The screenshot shows a progress bar with three steps: Personal/ Discipline, Education/ License, and Past/Pres Commitm. Below the progress bar is a sidebar menu with items: Application Certification, Procurements, Personal Information, License & Educational Certifications, Employment Verification Documents, Loan Documents, and Additional Documents. A modal window displays a message from app3-qa.azdhs.gov: "You will not be able to proceed past this point until after the Site Admin completes the application verification process successfully. Please follow up with your Site Admin to complete this process. You should receive a notification once this has been completed which will prompt you to resume your application. Thank you!" Below the message is an "OK" button. Another modal window shows a "Button below. Once notarized please upload the document using the File Upload section below." with a button labeled "INITIAL APPLICATION AND CERTIFICATION (PRINT FOR SIGNATURE AND NOTARY)". Below this is the "Application Certification File Upload Section" with a list of documents to be uploaded: "Initial Application(Signed and Notarized)". A button labeled "VIEW DOCUMENTS/ CONTINUE TO UPLOAD" is at the bottom right. At the bottom of the page are "PREVIOUS" and "CONTINUE" buttons.

14. After you receive the email notification that your site administrator has completed employment verification, resume your application and review the Employer/Service Site section. You should see **ACCEPTED** and **COMPLETE** as the status.

The screenshot shows a search bar with fields for Employer Name (AZDHS), Employer Site Admin (Select), and Sites (Select). Below the search bar is an "ADD SITE +" button. Below that is a table titled "Assigned Service Sites".

Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
AZDHS	Ana Roscetti	Site one	ACCEPTED	COMPLETE

The "ACCEPTED" and "COMPLETE" status cells in the table are circled in red. A trash icon is visible at the bottom right of the table.

15. To submit your application, complete the checklist to verify that you have uploaded all the required documents. The system will confirm that your application has been submitted.

\* Certification Letters as evidence of Service to Underserved  
 Note: This only applies to applicants who have reported service to Underserved section of this application.

\* Copy of a fully executed employment contract  
 full time employment for at least 40 hours per week  
 employment start date  
 name and address of the service site(s) with a copy of the contract (see [Contract Template](#).)

\* 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. The billing statement MUST bear the provider's name, loan account number, total balance and payment address.

\* Print out of the loan detail summary from the National Student Loan Data System [Step-by-Step Guide](#).

\* For consolidated loans, an itemized breakdown of the consolidated loans showing that the consolidated loans were used solely for education. You may submit a copy of the consolidation documents filed with the new lender.

\* Documentation from the lender that the loans were used solely for education and reasonable living expenses

app3-qa.azdhs.gov says  
 You have successfully submitted your application to the State Loan Repayment Program. You will now be redirected to the home page.

OK

SUBMIT ↗

Please contact the Primary Care Office if you have any questions:

Email: [workforce@azdhs.gov](mailto:workforce@azdhs.gov)

Erin Gonsalves, Health Care Workforce Program Manager: 602-542-1211

Tiffany Wong, Workforce Program Specialist: 480-518-7947