

Arizona Department of Health Services, State Loan Repayment Program

Step-by-Step: Initial Application

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

Step 2: For first-time users, please create an account in the system by clicking “No Account? Create One.” Otherwise, please enter your username and password then proceed to Step 5.

The screenshot shows the 'Provider Management System' login interface. It features a 'Sign In' section with fields for 'Email' (containing 'ana.lyn.roschetti@azdhs.gov') and 'Password' (masked with dots). Below these fields is a 'Remember me?' checkbox and a blue 'LOG IN' button. At the bottom of the sign-in area are two links: 'Forgot Password?' and 'No Account? Create One'. A red arrow points from a text box at the bottom left to the 'No Account? Create One' link. Another red arrow points from a text box on the right to the 'Forgot Password?' link. The entire login form is enclosed in a red rectangular border.

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 create a new account.

If you forgot your password, click here to reset your password.

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Step 3: After you have created an account, you will be navigated to the registration page. Click “Providers.”

Primary Care Office
ARIZONA DEPARTMENT OF HEALTH SERVICES

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

Step 4: After clicking “Providers,” you will be navigated to the Account Management screen. Please complete the required fields and click “Register.”

Primary Care Office
ARIZONA DEPARTMENT OF HEALTH SERVICES

Provider Management System

Create your new Site Admin account

Account Management

Employer: Select

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Password: _____

Confirm password: _____

Register

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Step 5: After you have registered, the portal will send an email to the email account you provided to authenticate your account. Please retrieve the email, confirm the account, and log-back in to the SLRP portal. After you have logged in, you will arrive at your portal homepage. Click "Initial Application."

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

The screenshot shows the Provider Management System (PMS) homepage. At the top left is the ADHS logo with the text "Primary Care Office" and "ARIZONA DEPARTMENT OF HEALTH SERVICES". At the top right is the user email "PCOAPP11@YAHOO.COM". The main heading is "Provider Application Portal". Below this are three application options, each with an icon of a document and a pencil:

- INITIAL APPLICATION** (green button): "An Initial Application is for a provider who has never been a participant of the State Loan Repayment Program."
- REAPPLICATION** (blue button): "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** (purple button): "A Renewal Application is for an existing or past SLRP participant who is reapplying for a renewal contract or returning to participate in SLRP."

Below these is a section titled "Applications pending to be completed" with a search bar and a table. The table is empty, showing "No data available in table".

Below that is a section titled "Applications submitted for Processing/ Processed Applications." with a search bar and a table. The table has columns: Applicant Name, Birth Date, Application Type, Submitted Year, and Status. It shows two entries for "Emil David Marvin" with birth date "8/25/1972". The first entry has Application Type "CHANGE" and Status "APPROVED". The second entry has Application Type "NEW" and Status "APPROVED". A blue button "REQUEST FOR CHANGE" is next to the first entry.

Two red arrows point to specific elements:

- One arrow points from a text box to the ADHS logo in the top left corner.
- Another arrow points from a text box to the "INITIAL APPLICATION" button.

Annotations:

- Navigate back to homepage by clicking the ADHS icon.** (Points to the ADHS logo in the top left corner.)
- Click here to start the Initial Application.** (Points to the "INITIAL APPLICATION" button.)

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Step 6: After clicking “Initial Application,” an eligibility pre-screening question will pop-up on the screen (see below). If you have participated in the program before, you are not eligible to apply during this “Initial Application” cycle. Otherwise, click “No” to continue

The screenshot displays the 'Provider Management System' interface. A modal window titled 'SLRP Application' is centered, asking 'Did you participate in this program before?'. It features 'YES' and 'NO' buttons. The background shows three application categories: 'INITIAL APPLICATION' (green button), 'REAPPLICATION' (blue button), and 'RENEWAL APPLICATION' (purple button). Below these are two tables: 'Applications pending to be completed' and 'Applications submitted for Processing/ Processed Applications'. Both tables have columns for Applicant Name, Birth Date, Application Type, Submitted Year, and Status, but currently show 'No data available in table'.

Provider Management System

PCOTTEST3

SLRP Application

Did you participate in this program before? .

YES NO

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

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.

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

INITIAL APPLICATION REAPPLICATION 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:

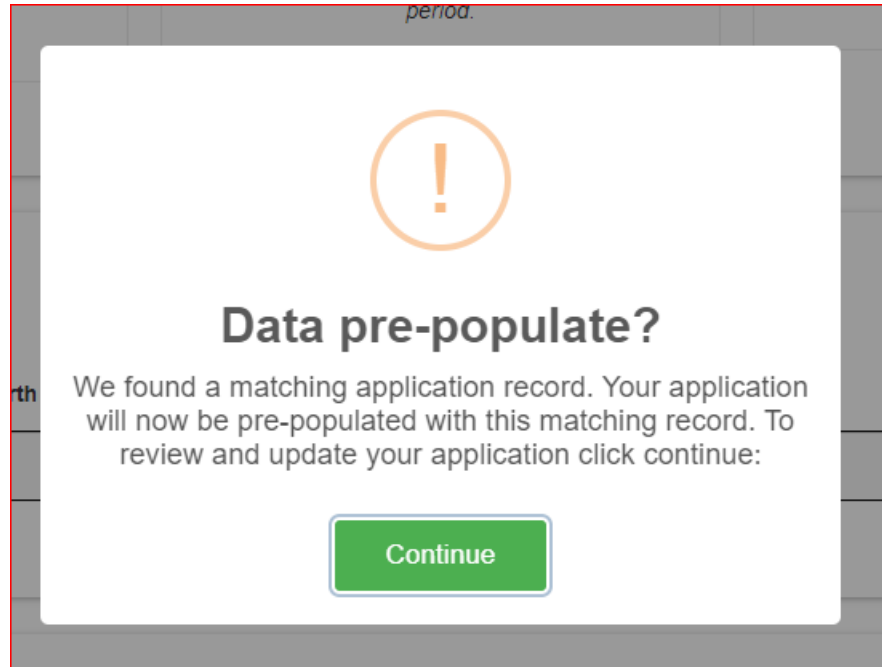
Applicant Name	Birth Date	Application Type	Submitted Year	Status
No data available in table				

Showing 0 to 0 of 0 entries

First Previous Next Last

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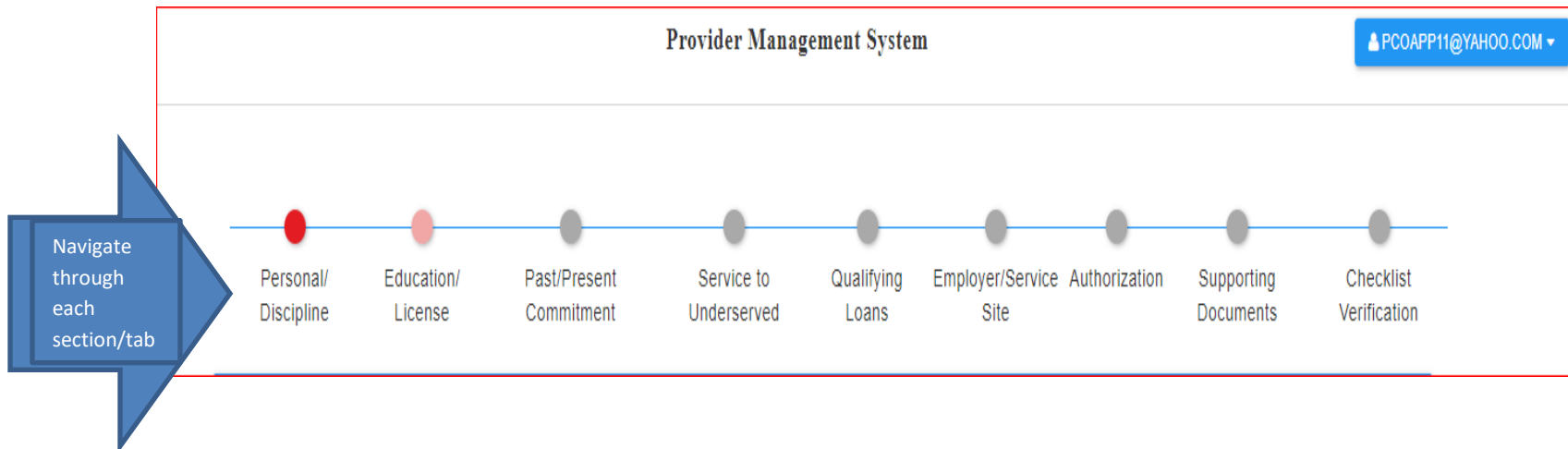
Step 7: After clicking “No” and if the portal finds a matching record to your profile, another pop-up message will appear on your screen. Click “Continue” to proceed with your initial application.



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Step 8: After clicking “Continue,” you will be navigated to the application section. Navigate through each tab on top of your application page. If you are a new user, you are required to complete each section. If you are a returning applicant, 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 9: Service to Underserved Tab: The information you enter or have previously entered (for returning applicants) 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 enter additional service experience by clicking “Add Service Info.” Click “Save & Continue” to navigate to the “Qualifying Loans” section.

NOTE: Any service reported in this section will require a certification letter from the employer. You **MUST** upload the certification letter(s) by clicking the Supporting Documents tab and uploading your documents in the “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.

The screenshot shows the 'SLRP Service Information' form. At the top is a progress bar with nine steps: Personal/Discipline, Education/License, Past/Present Commitment, Service to Underserved (highlighted with a red dot), Qualifying Loans, Employer/Service Site, Authorization, Supporting Documents, and Checklist Verification. Below the progress bar is a yellow box with text defining 'Health service experience to a medically underserved population' and listing eligible locations. The main form area has a blue header 'SLRP Service Information' and a question 'Do you have experience serving the medically underserved areas or populations?' with 'Yes' selected. Below this is a 'Site Information' section with a red warning message. The form contains several input fields for organization, contact, address, and dates. At the bottom, there are three buttons: 'ADD SERVICE INFO' (highlighted with a red arrow), 'PREVIOUS', and 'SAVE & CONTINUE' (highlighted with a red arrow).

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.

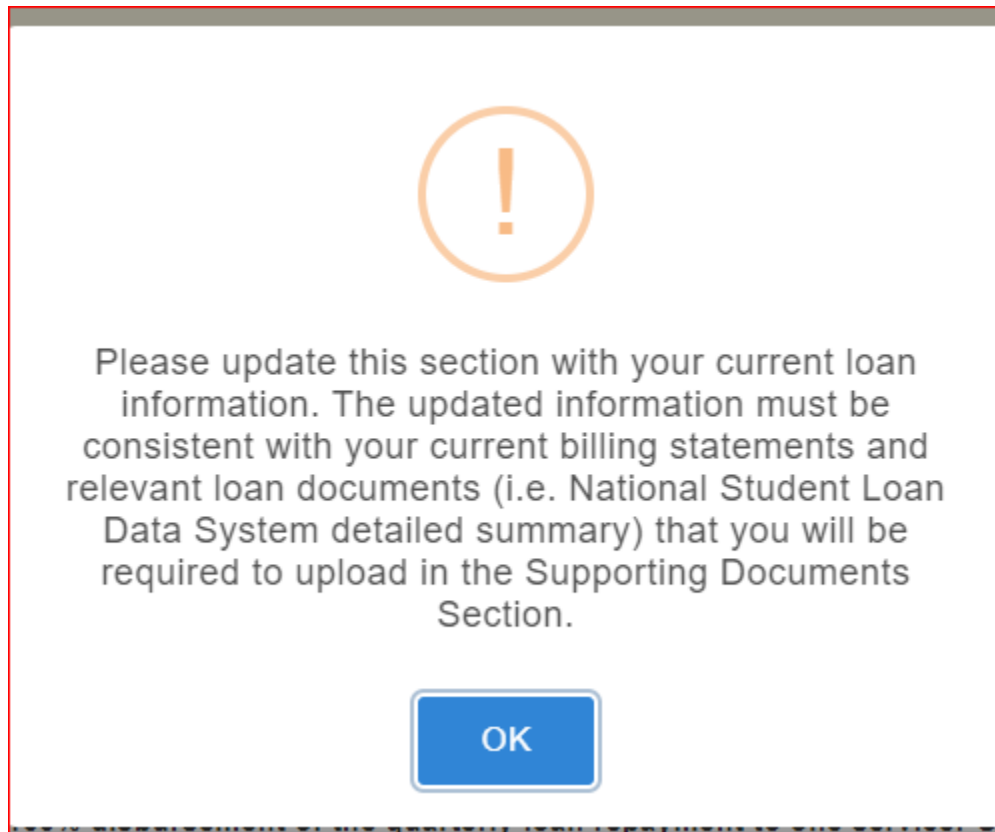
Name of Organization/ Service Site	Contact Person	Phone Number	HPSA or MUA designation number
AZDHS	Kay M. Marien	602-542-1066	45654654
Service Address	Service City	Service State	Service Zip
150 N. 18th Avenue, Suite 320	Phoenix	Arizona	85007
Site Type	Number of Hours per week	Service Start Date	Service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

+ADD SERVICE INFO

PREVIOUS **SAVE & CONTINUE**

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Step 10: **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 complete or update the loan section (if lender/loan information changed from previous entry). Enter or 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 provide 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.”

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			
+ADD LOAN SERVICER			
← PREVIOUS		SAVE & CONTINUE	

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Step 11: Employer/Service Site Section: You must select your Employer from the drop down menu (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. This Checklist Verification is a section where the provider can verify that all the requirements and supporting documents needed have been uploaded and where to provider can finally submit the initial application.

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

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

1 Employer Name (Select)

2 Employer Site Admin (Select)

3 Sites (Select)

4 ADD SITE +

5 CONTINUE

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

Employer Name	Site Admin Name	Site Name	Site Admin Emp Verification	Site Admin Validation
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Example 1: In this example, the employer selected is AZDHS, the Site Admin selected is DEMO ACCOUNT, and the site is 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 initial application if the status for both Site Admin Emp Verification and Site Admin Validation shows “COMPLETE.”**

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

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

Search

Employer Name Employer Site Admin Sites

AZDHS DEMO ACCOUNT Select

ADD SITE +

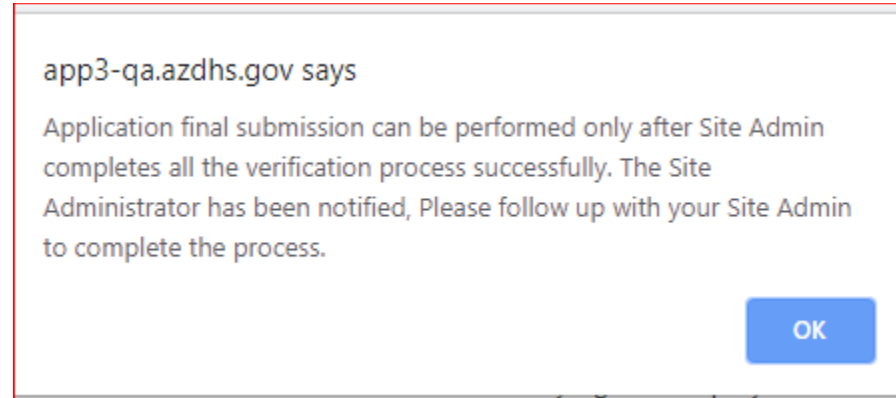
Assigned Service Sites

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

PREVIOUS **CONTINUE**

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



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Step 12: Authorization: Please carefully read and understand the requirements provided in this section. Check the boxes to confirm and certify that you 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.

Initial

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.

Initial

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.

Initial

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](#).

Initial

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.

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.

Initial

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.

Initial

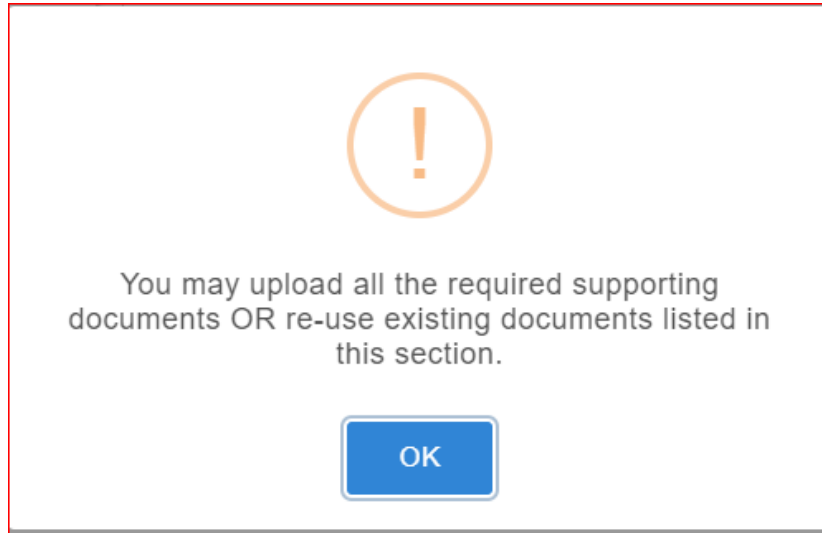
PREVIOUS

SAVE & CONTINUE

13

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After clicking “Save & Continue,” a pop-up message below will appear. For returning applicants, previously uploaded documents may be re-used. 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. Application Certification (0)

2. Procurements (1)

3. Personal Information (1)

4. License & Educational Certifications (1)

5. Employment Verification Documents (1)

6. Loan Documents (0)

7. Additional Documents (1)

Download SLRP Document for Notarization

Please download the State Loan Repayment Program form for notarization by clicking the Download Button below. Once notarized please upload the document using the File Upload section below.

INITIAL APPLICATION AND CERTIFICATION (PRINT FOR SIGNATURE AND NOTARY)

Application Certification File Upload Section

Documents to be Uploaded:

- Initial Application(Signed and Notarized)

VIEW DOCUMENTS/ CONTINUE TO UPLOAD

PREVIOUS CONTINUE

1.1

1.2

Arizona Department of Health Services, State Loan Repayment Program

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.

The screenshot displays a web application interface for the Arizona Department of Health Services, State Loan Repayment Program. At the top, a progress bar shows nine steps: Personal/Discipline, Education/License, Past/Present Commitment, Service to Underserved, Qualifying Loans, Employer/Service Site, Authorization, Supporting Documents, and Checklist Verification. The 'Application Certification' step is currently active, indicated by a red dot and a blue highlight in the left sidebar. The sidebar lists several categories with their respective counts: Application Certification (0), Procurements (1), Personal Information (1), License & Educational Certifications (1), Employment Verification Documents (1), Loan Documents (0), and Additional Documents (1). The main content area is titled 'Application Certification File Upload Section' and includes a table for 'Files Uploaded:' with columns for 'File Name' and 'Created Date'. Below the table is a large dashed box containing the text 'Click Here to Upload Documents and Save', which is pointed to by a red arrow from a box labeled '1.3'. At the bottom of the main content area are 'SAVE' and '← BACK TO CONTENT' buttons. The footer of the interface features a '← PREVIOUS' button on the left and a 'CONTINUE →' button on the right.

File Name	Created Date
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Click Here to Upload Documents and Save

1.3

SAVE ← BACK TO CONTENT

← PREVIOUS CONTINUE →

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.

The screenshot shows a web interface for the 'Application Certification File Upload Section'. At the top is a progress bar with nine steps: Personal/Discipline, Education/License, Past/Present Commitment, Service to Underserved, Qualifying Loans, Employer/Service Site, Authorization, Supporting Documents, and Checklist Verification. Below the progress bar is a sidebar menu with the following items and counts in parentheses: Application Certification (0), Procurements (1), Personal Information (1), License & Educational Certifications (1), Employment Verification Documents (1), Loan Documents (0), and Additional Documents (2). The main content area is titled 'Application Certification File Upload Section' and shows 'Files Uploaded:' with a table. The table has two columns: 'File Name' and 'Created Date'. Below this, there is a dashed box containing a table with columns 'File Name' and 'Actions'. The first row shows 'Certification.pdf' with a trash icon and a green progress bar. A red arrow points from the 'Certification.pdf' entry to a callout box that says 'Your uploaded files will appear here.' Another red arrow points from the 'SAVE' button to a callout box that says 'Do not forget to save. Please make sure the file has been uploaded successfully.' At the bottom of the main content area are two buttons: 'SAVE' and '← BACK TO CONTENT'.

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

Application Certification File Upload Section

Files Uploaded:

File Name	Created Date
Certification.pdf	

SAVE ← BACK TO CONTENT

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 of documents you have uploaded. Click OK.

The screenshot shows a pop-up message box with the text 'Your files(1) have been uploaded successfully.' and an 'OK' button. A red arrow points from the text to the callout box.

Your files(1) have been uploaded successfully.

OK

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2: Navigate to the Procurements Sections.

2.1. 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. For returning applicants, if your address has changed from your previously filed 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

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

Click on “Sample” to access the instruction.

2.1

Click to upload the W9 form.

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3: Navigate to the Personal Information Section. Upload documents by clicking “View Documents/Continue to Upload.” For returning applicants, you may view and re-use previously uploaded documents if those documents are still current. Please proceed to **4**.

4: Navigate to the License & Educational Certifications Section. Upload documents by clicking “View Documents/Continue to Upload.” For returning applicants, you may view and re-use previously uploaded documents if there had been 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

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5: Navigate to the Employment Verifications Section. **ADHS requires a copy of the employment contract or employer letter at initial application filing.** You **MUST** upload a copy of your employment contract with the employer that includes the elements as specified on the portal page and on 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.

The screenshot displays the portal interface for the Arizona Department of Health Services, State Loan Repayment Program. At the top, a progress bar shows eight steps: Personal/Discipline, Education/License, Past/Present Commitment, Service to Underserved, Qualifying Loans, Employer/Service Site, Authorization, Supporting Documents, and Checklist Verification. Below the progress bar, a list of document categories is shown on the left, with 'Employment Verification Documents' highlighted in blue and marked with a red circle containing the number 1. A red box with the number 5 and an arrow points to this category. The main content area is titled 'Employment Verification Documents File Upload Section' and lists the documents to be uploaded: a copy of a fully executed employment contract (including full-time or half-time employment details, start date, and service site address) or an employer letter (including employer contact information, start date, and estimated hours at each site). A blue button labeled 'VIEW DOCUMENTS/ CONTINUE TO UPLOAD' is located at the bottom right of the document list. A red box with the number 5.1 and an arrow points to this button. At the bottom left, there is a blue button labeled '< PREVIOUS', and at the bottom right, a blue button labeled 'CONTINUE >'. The entire interface is enclosed in a red border.

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 is applying for repayment. 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, 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, also 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.

The screenshot displays the 'Loan Documents File Upload Section' interface. At the top, a progress bar shows steps: Personal/Discipline, Education/License, Past/Present Commitment, Service to Underserved, Qualifying Loans, Employer/Service Site, Authorization, Supporting Documents, and Checklist Verification. The left sidebar lists document categories with counts: Application Certification (0), Procurements (1), Personal Information (1), License & Educational Certifications (1), Employment Verification Documents (1), **Loan Documents (0)**, and Additional Documents (1). The 'Loan Documents' option is highlighted. The main content area, titled 'Loan Documents File Upload Section', lists documents to be uploaded: '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.', and 'Documentation from the lender that the loans were used solely for education and reasonable living expenses.' A blue button labeled 'VIEW DOCUMENTS/ CONTINUE TO UPLOAD' is at the bottom right. A red box labeled '6' points to the 'Loan Documents' option in the sidebar, and a red box labeled '6.1' points to the 'VIEW DOCUMENTS/ CONTINUE TO UPLOAD' button. Navigation buttons 'PREVIOUS' and 'CONTINUE' are at the bottom.

Arizona Department of Health Services, State Loan Repayment Program

7: Navigate to the Additional Documents Section.

Evidence of Residency is not required to be eligible for SLRP. However, you will receive preference points if you can demonstrate residency in Arizona for at least 12 consecutive months preceding the application submission due date. Please review page 41 of the [Provider Application and Program Guidance](#) for additional instructions.

Evidence of Service to the Underserved: If you reported any service under 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 for scoring purposes. 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.

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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.

Total cumulative hours is the number of hours per week multiplied by the number of weeks completed.

Company Letterhead

DATE _____

Attention: Program Manager
State Loan Repayment Program
150 N. 18th Avenue, Suite 300
Phoenix, AZ 85007

I certify that _____ provided _____ services,
Provider Name Type of Service (see definition)

at _____ located at _____
Service Site Name Street Address

for _____ hours per week that began on _____ and completed on _____
(mm/dd/yr) (mm/dd/yr)

for a total of _____ cumulative clock hours (hours per week X number of weeks).

The service site is in a Federally Designated HPSA/MUA _____,
Name of HPSA/MUA

HPSA/MUA# _____

Sincerely,

Print Name

Title

Phone Number

Signature

Date

Arizona Department of Health Services, State Loan Repayment Program

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.

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

Personal/
Discipline

Education/
License

Past/Present
Commitment

Service to
Underserved

Qualifying
Loans

Employer/Service
Site

Authorization

Supporting
Documents

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

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 initial application will appear at the bottom of the screen, under “Applications Submitted for Processing/Processed Applications.”

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

FirstPreviousNextLast

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
Emil David Marvin	8/25/1972	NEW	2018	APPROVED

Showing 1 to 2 of 2 entries

FirstPrevious1NextLast

View your submitted applications here.

END OF DOCUMENT