



California Physician Corps Loan Repayment Program Application

Please READ all instructions carefully before completing this application. Please type or print neatly. All questions on the application must be answered and supporting documentation may be requested; however, please do not include any attachments other than what is requested. All attachments are considered part of the application.

Since this is a newly implemented program, you may be asked to provide additional information in the future. Falsification or misrepresentation or any item or response of this application or any attachment hereto is sufficient basis for denying this application.

See Instruction Sheet for definitions for items marked with an " * ".

Medical Board of California
1430 Howe Avenue, Suite 54
Sacramento, CA 95825



California Physician Corps Loan Repayment Program Application

Section 1: Personal		
Applicant Name:		
Street Address:		
City:	State:	ZIP Code:
Home Phone:	Work Phone:	Ext:
U. S. Social Security Number:	Date of Birth:	
E-mail Address:		

Section 2: Qualifications and Eligibility Criteria		
<p>The most qualified applicants will be selected in the areas of California with the greatest need: health care settings in medically underserved areas with at least 50 percent of the patients from a medically underserved population. Priority consideration will be given to the applicants best suited to meet the cultural and linguistic needs and demands of patients. You may be asked to provide documentation to substantiate your answers to any of the following questions. The following information is needed to help assess which applicants are best suited for the program.</p>		
1. Do you hold a full and unrestricted license to practice medicine in California?		
<input type="checkbox"/> Yes	License #:	Date of initial issuance of this license:
<input type="checkbox"/> No	<p>If you are not licensed to practice medicine in California when you apply to the loan repayment program, you must ensure that your Physician's and Surgeon's Application is submitted to the Medical Board promptly. In order to be eligible for participation in the loan repayment program, you must be licensed in California before the final filing date for each application period. If you are not licensed by the final filing date, this application will not be considered for this program.</p>	
1a. Are you licensed to practice medicine in any other jurisdiction in the United States or Canada?		
<input type="checkbox"/> Yes	In which jurisdiction:	Date of initial issuance of this license:
	In which jurisdiction:	Date of initial issuance of this license:
	In which jurisdiction:	Date of initial issuance of this license:
<input type="checkbox"/> No		
2. Do you speak* a Medi-Cal threshold language(s) *? (Applicants may be asked to provide certification of this linguistic ability at a later date.)		
<input type="checkbox"/> Yes	Which language(s)?	<input type="checkbox"/> No
3. Do you come from an economically disadvantaged background * ?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please explain how this background would benefit you in your service under this program and how it would benefit the patient population. (Please answer in 50 words or less.)</p>		

4. From which medical school were you graduated and what was the language of instruction?			
Medical School:		Language of Instruction:	
4a. Did you complete a medical exchange program during medical school or postgraduate training in which you provided services to a population that speaks a Medi-Cal threshold language?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where did you serve?		Which language was spoken?	
Dates of the exchange program:	From:	To:	
5. Have you received significant training in cultural and linguistically appropriate service delivery?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you have three years of experience working in any field (whether medically-related or not) in medically underserved areas * or with medically underserved populations *?			
<input type="checkbox"/> Yes (Continue with Question 6a)		<input type="checkbox"/> No (Continue to Question 7)	
6a. How many years' experience do you have working in a medically-related field located in a medically underserved area or serving a medically underserved population?			Years:
7. Have you successfully completed an ACGME (US) or RCPC (Canada) postgraduate training program, and for how many years were you in this program?			
<input type="checkbox"/> Yes: Family Practice			Years:
<input type="checkbox"/> Yes: Internal Medicine			Years:
<input type="checkbox"/> Yes: Pediatrics			Years:
<input type="checkbox"/> Yes: OB/GYN			Years:
<input type="checkbox"/> Yes: Other Specialty	Specialty:	Years:	
(If you answered yes to any specialty training in Question 7, please continue with Question 7c)		<input type="checkbox"/> No: I am currently in training (Continue with Question 7a)	
7a. If you are still currently in training, in what specialty?			Specialty:
7b. When will you have completed your third year of training?			Date:
7c. At which facility did you complete (or will you complete) the postgraduate training listed in Question 7?			
Facility Name:		Dates of Attendance:	
Street Address:		To:	
City:	State:	ZIP Code:	From:
7d. Have you completed a fellowship?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, in the specialty area of:			
Facility Name:		Dates of Attendance:	
Street Address:		To:	
City:	State:	ZIP Code:	From:
8. Have you had any medical training or experience in a country other than the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are you certified by a member board of the American Board of Medical Specialties?			
<input type="checkbox"/> Yes	By the Board of:		<input type="checkbox"/> No
Date first certified:			

10. Why do you want to participate in the California Physician Corps Loan Repayment Program?

(Please answer in 50 words or less.)

Section 3: Educational Debt

The Medical Board of California, under the California Physician Corps Loan Repayment Program, is authorized to repay outstanding government and commercial educational loans only, for expenses incurred during undergraduate and graduate education (ie, principal, interest, and related expenses for tuition, educational expenses, and reasonable living costs). A maximum of \$105,000 may be made available to program participants as an educational loan repayment. After completing the first year of service, the participant may receive up to \$25,000; after the second year, up to \$35,000; and, after the third year, up to \$45,000. In no event shall the cumulative amount of the loan repayments exceed the amount of the participant's outstanding educational loan balances. Award recipients should be aware that the funds paid under this program are considered personal income, subject to taxation by the United States Internal Revenue Service and the California Franchise Tax Board; please consult your personal tax advisor about the financial implications of this award.

1. Please list your outstanding government or commercial educational loans. (If you have additional outstanding educational loans, list them on a separate page.)

Loan Company Name:	
Loan Company Name:	
Loan Company Name:	
Loan Company Name:	

Applicants must submit a current loan statement for each educational loan identified. Each statement must clearly indicate: 1) the loan company's name, 2) the loan company's mailing address, 3) your name, 4) the loan account number, 5) the outstanding balance, and 6) the issue date of the loan statement.

2. Are you currently participating in any other educational loan repayment or loan reduction program(s)?

<input type="checkbox"/> Yes	If yes, Which program(s)?	<input type="checkbox"/> No
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3. Have you ever been, or are you currently, in default or have judgment liens against you for any debt, including but not limited to, taxes or educational assistance programs?

<input type="checkbox"/> Yes	If yes, Please attach full explanation.	<input type="checkbox"/> No
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Section 4: Provision of Services		
1. Are you willing to sign a written contract with the Medical Board of California, whereby you commit to a minimum of three years of full-time service * in a medically underserved area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>2. Please list the practice setting * at which you are working or have entered into a written agreement to provide services under this program during the next three years. If you are proposing a work arrangement with multiple practice settings, please list these clinics on a separate sheet and identify the percentage of hours to be provided at each site. Further, each practice setting's Administrative Office must sign a certification; submit an additional copy of this page for each additional practice setting, so the respective Administrative Officer can sign the certification below.</p> <p>(Please see the instruction sheet if you are interested in participating in this program but have not been able to find a "match" with a specific practice setting.)</p>		
Practice Setting:		
Street Address:		
City:	State:	ZIP Code:
<p>Note to applicant: Once you have completed and signed this application, please give this application to the Administrative Officer of the practice setting(s) so the appropriate certification below can be completed.</p>		

Section 5: Certification	
<p>I certify that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. Further, I hereby authorize all associated parties, as authorized on my application for California licensure, to release to the Medical Board of California or its successors any information enumerated on my application for California licensure or for this loan repayment program. Since this is a newly implemented program, I understand that I may be asked to provide additional information in the future. If I am an award recipient under this educational loan repayment program, I understand that I will be required to sign a written contract with Medical Board of California outlining the provisions which must be met to fulfill my obligations under this program. I understand that falsification or misrepresentation or any item or response of this application or any attachment hereto is sufficient basis for denying this application.</p>	
Signature of Applicant:	Date:

<p>CERTIFICATION OF THE PRACTICE SETTING'S ADMINISTRATIVE OFFICER: (The person signing this form may not be related to the applicant by blood, marriage, or adoption.)</p> <p>I certify that I am the Administrative Officer of the facility named in Section 4, Item 2, above, and that I have entered into an agreement with the person named on this application to provide services to us for a minimum of three years.</p> <p>Through our selection process, I have determined that the applicant can speak * the Medi-Cal threshold language identified on this application.</p> <p>I certify that the practice setting will pay the applicant prevailing wages and that I agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.).</p> <p>I certify that this facility meets the definition of a "practice setting" as defined in California Business and Professions Code Section 2154.2 (f). This information will be verified with the Office of Statewide Health Planning and Development.</p> <p>I declare under penalty of perjury that these statements are true and correct.</p>	
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Printed Name:	Signature:
Telephone Number:	FAX # or E-mail Address:

Instruction Sheet For The California Physician Corps Loan Repayment Program Application

The California Physician Corps Loan Repayment Program ("Program") was created through a new law sponsored by the Medical Board of California ("Board"). The Board recognizes the necessity of improving conditions which lead to healthcare disparities in the state, including those disparities arising from cultural and linguistic barriers. At the same time, the Board acknowledges the difficulty of many culturally or linguistically competent physicians to practice in underserved areas because of the heavy debt load that they carry from acquiring a medical education. This program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their educational loans in exchange for their service in a designated underserved area for a minimum of three years.

Qualifications and Eligibility Criteria: Program participants must hold a full and unrestricted license to practice medicine in California and be willing to commit to a minimum of three years of service under this program. The most qualified applicants will be selected in the areas of California with the greatest need: health care settings in medically underserved areas with at least 50 percent of the patients from a medically underserved population. Priority consideration will be given to the applicants best suited to meet the cultural and linguistic needs and demands of patients, based on the applicant meeting one or more of the following criteria:

- * speak a Medi-Cal threshold language
- * come from an economically disadvantaged background
- * have received significant training in cultural and linguistically appropriate service delivery
- * have three years of experience working in medically underserved areas or with medically underserved populations
- * have recently obtained their license to practice medicine in California

Preference will be given to those applicants who have completed a three-year postgraduate residency in the areas of family practice, internal medicine, pediatrics, or obstetrics/gynecology; however, up to 20 percent of the available positions may be filled by applicants from other areas. Other criteria will be used in selecting those persons best suited for this program

Licensure to Practice Medicine in California: If you are not licensed to practice medicine in California when you apply to the loan repayment program, you must ensure that your Physician's and Surgeon's Application is submitted to the Medical Board promptly. In order to be eligible for participation in the loan repayment program, you must be licensed in California before the final filing date for each application period. If you are not licensed by the final filing date, the application shall not be considered and shall be returned to the applicant.

Brief Definitions: These definitions are provided as a guideline for interested applicants. However, since this is a new program, the Board recommends that you check its Web site to get the most current regulatory changes to these definitions and other terms as they occur. Full legal definitions also will be included on the Web site.

Full Time - providing medical services for a minimum of 40 hours per week, for a minimum of 45 weeks per year. The 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work in any 24-hour period. This does not include hours spent on call. At least 32 hours per week must be spent providing clinical services at the approved practice site(s) during normal office hours, except that, for physicians who are continuously engaged in the practice of obstetrics, at least 21 hours must be spent providing clinical services in addition to deliveries and other inpatient coverage. Absence from the practice cannot exceed 7 weeks in a calendar year except as otherwise required in order to comply with the Family Medical Leave Act and/or the California Family Rights Act. [This language has been proposed for regulatory approval.]

Medi-Cal Threshold Language - Armenian, Cambodian, Cantonese, Farsi, Hmong, Korean, Mandarin, Other Chinese, Russian, Spanish, Tagalog, and Vietnamese. A county-specific matrix is on the Web site.

Medically Underserved Area - as defined in Business and Professions Code Section 2154.2 (d), in part - an area as defined in the the Code of Federal Regulations or an area of the state where unmet priority needs for physicians exist under the California Health and Safety Code

Medically Underserved Population - as defined in Business and Professions Code Section 2154.2 (e) - the Medi-Cal, Healthy Families, and uninsured populations.

Practice Setting - as defined in California Business and Professions Code Section 2154.2 (f) means, in part, either: (1) A community clinic, a clinic owned or operated by a public hospital and health system, or a clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county's role pursuant to the California Welfare and Institutions Code, which is located in a medically underserved area and at least 50 percent of whose patients are from a medically underserved population. (2) A medical practice located in a medically underserved area and at least 50 percent of whose patients are from a medically underserved population.

Recently Licensed - having been licensed to practice medicine for the first time in the United States or Canada within the past five (5) years.

Speak - the ability to communicate with fluency in the threshold language so that the doctor can describe to the patient his/her condition and provide instructions for medical care/treatment and so that the doctor can understand medical questions asked in that language.

Match between Applicants and Clinics: When submitting an application, the applicant may already be working at, or must have entered into a written agreement to provide services under this program with, an appropriate practice setting. If an applicant is proposing a work arrangement with multiple practice settings, the applicant shall list those clinics on a separate page and identify the percentage of hours to be provided at each site. If an applicant is interested in participating in this program but has not been able to "match" with a specific practice site, please check the Program's Web site. The Board will be listing those practice settings which are interested in recruiting physicians as well as "unmatched" applicants who are interested in participating in this program.

Loan Repayments:

- 1) The Medical Board of California, under the California Physician Corps Loan Repayment Program, is authorized to repay outstanding government and commercial educational loans only, for expenses incurred during undergraduate and graduate education (ie, principal, interest, and related expenses for tuition, educational expenses, and reasonable living costs). Award recipients are responsible for making continued loan payments during the course of their participation in this program, since the program only makes payments at the end of each service year.
- 2) A maximum of \$105,000 may be made available to program participants as an educational loan repayment. After completing the first year of service, the participant may receive up to \$25,000; after the second year, up to \$35,000; and, after the third year, up to \$45,000.
- 3) In no event shall the cumulative amount of the educational loan repayments exceed the amount of the participant's outstanding educational loan balances as of the date the written contract is signed between the Medical Board of California and the award recipient.
- 4) If the outstanding educational loan balances are less than \$105,000, then 24 percent of the award will be granted at the end of the first year of service, 33 percent at the end of the second year of service, and 43 percent at the end of the third year of service.
- 5) The funds paid under this program are considered personal income, subject to taxation by the United States Internal Revenue Service and the California Franchise Tax Board. Please consult your tax advisor about the financial implications of this award.
- 6) Submittal of an application and a written agreement with a acceptable practice setting does NOT ensure that applicants will receive a loan repayment. The Board anticipates that many physicians will apply, but only a limited number of positions can be funded.
- 7) Applicants must submit a current loan statement for each educational loan for which they are seeking repayment. Each statement must clearly indicate: 1) the loan company's name, 2) the loan company's mailing address, 3) your name, 4) the loan account number, 5) the outstanding balance, and 6) the issue date of the loan statement.

Clinical Salaries: Clinics must pay prevailing wages to program participants. Clinics must agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.).

Application Deadlines: The deadline for the 2003 filing period is Friday, April 11, 2003. All applications and related documents must be received by the Medical Board of California by close of business on that date. An application that is not complete by, or is received after, close of business on the final filing date shall not be considered and shall be returned to the applicant.

Attachments: Please only include those attachments which are specifically requested on the application.

Written Contracts: Award recipients will be required to sign a written contract with Medical Board of California outlining the provisions which must be met to fulfill the obligations under this program. Breach of Contract provisions and penalties, as well as specifications for Leaves of Absence, still are being developed; these proposed regulations will be kept current on our Web site. If an accusation is filed against the award recipient by the Medical Board of California during the period of the contract, then the contract shall be null and void and the award recipient will held in breach.

Judgments and Liens Against the Applicant: In signing the application, the applicant is stating that there are no outstanding judgments or liens arising from State or Federal debt against the applicant.

Funding: The Board will make available \$3 million to fund the program and seek matching funds from private sources or foundations. As the Board is able to secure additional funding for the program, additional filing dates will be posted. A new application will be required for each filing date. Applicants should continuously check the Board's Web site for future filing periods.

Questions: If you have further questions or comments about the California *Physician Corps Loan Repayment Program*, you may contact the Medical Board of California at (916) 263-2389. For your convenience, you may also send your questions or comments to: MDLoan@medbd.ca.gov

Web Site Updates: Please check www.medbd.ca.gov/mdloan.htm for updates about the Program.

Mailing Address: Please mail your completed application and supporting documentation to:

**Medical Board of California
California Physician Corps Loan Repayment Program
1426 Howe Avenue, Suite 54
Sacramento, CA 95825**