



STATE OF NEVADA

Western Interstate Commission for Higher Education



Health Care Access Program (HCAP)



APPLICATION INSTRUCTIONS

1. Read the application carefully and answer all questions accurately.
2. Submit a copy of your resume or curriculum vitae.
3. Submit a copy of your acceptance letter from all institutions of choice. If you are already enrolled, submit a copy of your unofficial transcripts and current enrollment verification.
4. Include your responses to the questions for funding selection as a separate document.

***Students will be funded upon application receipt and qualification.
Individuals are encouraged to apply as soon as possible for priority funding.***

Mail or email application documents to:

Nevada Western Interstate Commission for Higher Education (NV WICHE)
100 North Stewart Street, Suite 220 | Carson City, NV 89701

Phone: (775) 687-0991 | nvwiche@gov.nv.gov

ABOUT THE NEVADA HEALTH CARE ACCESS PROGRAM:

Nevada’s Health Care Access Program (HCAP) was created to help Nevada students afford the cost of graduate medical education in fields of study with high Nevada workforce demands. In exchange for funding to assist with the cost of education, you must reside in Nevada and practice in your professional field upon completion of your education (service obligation) in a medically underserved area.

There are many urban settings in Nevada that are medically underserved. Social work and nursing students outside the Adult Gerontology and Psychiatric Mental Health tracks should refer to the resources at the [federal Health Resources and Service Administration \(HRSA\) website](#) for the definition of medically underserved areas or populations to meet HCAP service requirements.

Students enrolled in the Adult Gerontology Acute Care and Psychiatric Mental Health Nurse Practitioner tracks may practice anywhere in the state to fulfill their service requirement.

Defaulting on the program’s requirements will result in conversion of the grant to a loan with a penalty of three times the principle of funds received plus accrued interest at 8%.

Currently, the HCAP program is offered to individuals studying in the following fields:

NEVADA HCAP FUNDING		
Field of Study	Funding Amount	Service Requirement
Master of Social Work	\$5,000	1 Year per Disbursement: Full-Time or Part-Time
Master of Science Nursing	\$6,000	1 Year per Disbursement: Full-Time or Part-Time
Post Masters Nursing Certificate	\$6,000	1 Year per Disbursement: Certificate Tracks
Doctor of Nursing Practice	\$6,000	1 Year per Disbursement: Full-Time or Part-Time
Adult Gerontology Nurse Practitioner	\$7,700	1 Year per Disbursement: Full-Time, Part-Time or Certificate
Psychiatric MH Nurse Practitioner	\$7,700	1 Year per Disbursement: Full-Time, Part-Time or Certificate

Funding varies by field and enrollment: full-time students may receive funds once annually over a period of two years; part-time students are eligible based on the number of credits completed and/or enrolled; and certificate students are eligible for one disbursement. One year of service obligation is required per funding disbursement.

IF YOU ARE SELECTED FOR NEVADA HCAP FUNDING:

- A. Amounts are paid directly to the school you will be attending on your behalf. You will be responsible for the balance of tuition and fees as determined by your school.
- B. You will be asked to obtain a co-signer such as a parent, guardian, or other responsible party in the event of service requirement default.
- C. Individuals who agree to serve in the following clinical facilities **may** receive preferential status: community clinics, Federally Qualified Health Centers, rural or frontier areas of the state, correctional facilities, or tribal organizations.

1. Which professional field are you applying for: _____ Funding Term: **AY**

2. Define your program specialty: _____
 (i.e. Nurse Educator, Emergency, Family Nurse Practitioner, Gerontology, Psychiatric Mental Health, etc.)

PERSONAL INFORMATION

3. Last Name: _____ First Name: _____ Middle Name: _____

4. Email: _____ 5. Preferred Phone Number: _____

6. Current Address: _____ City: _____ State: _____ Zip Code: _____

7. Permanent Address: _____ City: _____ State: _____ Zip Code: _____

8. Date of Birth: _____ 9. Birthplace (City/State): _____

10. Co-Signer Information (in the event of default/not completing requirements):

Co-Signer Name	Relationship to Student	Permanent Address
_____	_____	_____
Co-Signer Email Address	Phone Number	Date of Birth
_____	_____	_____

EDUCATIONAL INFORMATION

11. High school: _____ Location (City/State): _____ Year graduated: _____

12. College: _____ Location (City/State): _____ Year graduated: _____

13. If currently enrolled or admitted in a professional program, complete the following:

School: _____ Field of study: _____ Semester started: _____

14. Enrollment Type: Full-Time Part-Time Certificate

15. List, in order of preference, the professional schools to which you are applying:

Name of School	City/State	Have you been accepted?
A. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
B. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending

16. Anticipated Graduation / Completion Date: _____

EMPLOYMENT

17. Employer Name: _____ Job Title: _____
18. Employer Address: _____ City: _____ State: _____ Zip Code: _____
19. Length of Employment _____ yrs. _____ months
20. Did you attach a copy of your curriculum vitae or resume? Yes No
21. Is your employer also contributing funding towards the cost of your education? Yes: \$ _____ per year No

RESIDENCY INFORMATION

22. Are you a United States citizen or permanent resident? Yes No
23. Are you a legal resident of Nevada? Yes No (specify state) _____ Dates of residency (mm/yyyy) _____ - _____
24. Driver's License No. _____ Date Issued _____ State of Issue _____
25. I have been a legal resident of _____ County since _____ (month) _____ (year)

APPLICATION CERTIFICATION & STATEMENT OF INTENT TO PROVIDE SERVICE

I understand and agree to the following:

Upon completion of my studies, I will return and practice my profession in Nevada. I will provide one (1) year of practice in my profession for each lump sum disbursement of funding support received from Nevada's Health Care Access Program (HCAP). I further understand that if I do not complete my service obligation, or do not complete my course of study, I will be liable to pay back the State of Nevada the funding I have received, **including a penalty of three times the original support fee plus interest.** I understand that continuation of the Nevada HCAP program is subject to legislative appropriation each year; therefore support may not be guaranteed annually.

I agree to allow the State of Nevada to release my name, address and school to prospective employers or other prospective recruiting agencies, and to allow the state to use my name in publicizing the HCAP program. The state may use information about my participation for internal or public reports, research studies, or statistical analysis on program effectiveness.

I certify that all statements and information provided herein are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

INTENT TO PROVIDE SERVICE – CRITICAL SHORTAGE AREAS

Upon graduation and completion of any internships or residencies, please indicate your willingness to serve in each area, with one (1) being least willing to serve and five (5) being most willing to serve.

Community health clinic

Federally Qualified Health Center

Rural or frontier areas of the state (outside of Clark and Washoe counties)

Correctional facilities

Tribal organizations

QUESTIONS FOR FUNDING SELECTON

Please complete the questions below to the fullest extent and best of your ability. Responses must be uploaded as a separate document. Each response should be limited to a 700-word count or less, and typed in double space 12-point font.

- 1) Describe the type of health care setting in which you would like to work after the completion of your education, including communities or geographic areas, and the populations that you would like to serve. What has influenced your decision to choose this setting?
- 2) Explain the factors that attracted you to your chosen career path and other professional areas of interest to you that you plan to pursue, if any.
- 3) What is your next major goal? What are your long-term professional goals?

Optional: If you are willing to work in a critical shortage area after completion of your studies, please speak to where and why.