



NEVADA
Western Interstate
Commission
for
Higher Education

Health Care Access Program (HCAP)

INSTRUCTIONS FOR APPLICATION

1. **Complete all sections of the application form.** *Read the application carefully and answer all questions precisely. Do not forget to sign sections VI & VII. Print using black ink or type and mail to the address below. Do not email, as we need original signatures.*
2. **Sign the Consent and Waiver form (page 4).**
3. **Sign and return the Loan Disclosure form for your field of study** (separate printable form).
4. **Include a copy of your letter of acceptance** from the institution in which you are enrolled. Awards will not be made without this letter.
5. **Proper postage must be applied or your application will be returned. Applications must be received by our office by the deadline date.**

Deadline Date: October 15, 2018

Applications received after the deadline date will be accepted as “alternate” status for funding.

Mail or email application documents to:

Nevada Western Interstate Commission for Higher Education (WICHE)

100 North Stewart Street, Suite 220

Carson City, NV 89701

Phone: (775) 687-0991 / Fax: (775) 687-0990

lfrias@gov.nv.gov

State of Nevada
Western Interstate Commission for Higher Education (WICHE)
Health Care Access Program (HCAP)

The State of Nevada is concerned over the growing number of medically underserved populations. “Medically underserved” are those individuals or areas in the state that struggle or are unable to receive adequate health care services. Therefore, to assist in meeting the state’s health care needs, Nevada WICHE has financial support in the following fields:

ANNUAL SUPPORT AMOUNTS <i>(Amounts are approximate and subject to change)</i>		
Field of Study	AY19-20	Maximum Funding Duration
Pharmacy*	\$ 10,867	3 Years
Physical Therapy*	\$ 15,400	3 Years
Physician Assistant*	\$ 18,250	2 Years

PROGRAMS REQUIREMENTS:

- A.** You must be a **Nevada resident** for at least one (1) year prior to applying.
- B.** The above amounts are *paid directly to the institution* on your behalf and enable you to acquire your education at a reduced rate. You will still be responsible for the balance of any tuition and/or fees as determined by your institution.
- C.** *Pharmacy, Physical Therapy, and Physician Assistant: Nevada WICHE does not support students attending *public* in-state programs. Nevada WICHE will support students attending *private* in-state programs.
- D.** You must reside in Nevada and practice in your professional field in a medically underserved region or with a medically underserved population for up to two years upon completion of your education. Defaulting on the program’s requirements may result in a penalty of triple principle plus interest of funds.
- E.** You must repay 10% of the total financial support amount within 5-10 years after you graduate. (Pharmacy, Physical Therapy, and Physician Assistant also participate in the PSEP program and may have separate repayment requirements-see PSEP Fact Sheet on the website). Monthly loan payments commence one year after graduation or termination of studies. Repayment time frames depend upon the total amount owing upon graduation/termination of studies.
- F.** You will be asked to **obtain a guarantee/co-signor signature** for the promissory notes. A parent, guardian, or other responsible party other than a spouse can be a guarantee/co-signor.
- G.** The funds are competitive based upon acceptance by an educational program, availability of state funds, and/or an interview with WICHE.
- H.** Application Deadlines: Currently October 15, 2018. **Late applications will be accepted and placed under “alternate” status.**

If you are interested in further information or would like an application, contact the Nevada WICHE office at:

Website: <http://www.nevadawiche.org>
100 N. Stewart Street, Suite #220
Carson City, NV 89701
Email: lfrias@gov.nv.gov
Phone: (775) 687-0991

State of Nevada
Western Interstate Commission for Higher Education (W.I.C.H.E.)

Type or print in black ink.
Applications must be received by our office by no later than October 15, 2018.

I. PERSONAL BACKGROUND

Last Name First Middle (Full) () Maiden Social Security No.
Birth Date _____ Birthplace _____ Gender: Female Male
(mm/dd/yy)

How did you hear about WICHE? _____

CURRENT ADDRESS: (All mail will be sent to this address) school holidays summer year-round

P.O. Box/Street Apt. # City State Zip
Primary Phone (_____) _____ Alternate Phone (_____) _____ E-mail _____

PERMANENT ADDRESS (P.O. BOXES NOT ACCEPTED):

Street Apt. # City State Zip
Phone (_____) _____

Spouse's name and address _____
Father's name and address _____
Mother's name and address _____

II. EMPLOYMENT

Employer's name and address _____
P.O. Box/Street Apt. # City State Zip
Job Title: _____ Phone (_____) _____ Length of employment _____ yrs. _____ mos.

III. RESIDENCY

Are you a United States citizen? Yes No If you are not a United States citizen, attach a copy of your Permanent Resident Card.
Are you a Nevada resident? Yes No

Driver's license #: _____ Date issued _____ State of license _____

I have been a legal resident of _____ County since: month _____ day _____ year _____

If you have not been a resident of the state of Nevada for one (1) year prior to applying for Nevada WICHE certification but believe there are factors to be considered which may make you eligible, please explain fully in an attachment to this application.

IV. EDUCATION HISTORY

Class standing: Freshman Sophomore Junior Senior Graduate Student

Institute currently attending _____ State _____

Other colleges and universities attended (including community/junior colleges). List all institutions attended. Attach additional sheet if more space is needed.

- 1. _____ from: _____ to: _____
mm/dd/yy mm/dd/yy
- 2. _____ from: _____ to: _____
mm/dd/yy mm/dd/yy
- 3. _____ from: _____ to: _____
mm/dd/yy mm/dd/yy

V. PROFESSIONAL/GRADUATE EDUCATION

Check field(s) of choice for professional training:

<p>HCAP Program</p> <p><input type="checkbox"/> Pharmacy</p> <p><input type="checkbox"/> Physical Therapy</p> <p><input type="checkbox"/> Physician Assistant</p>
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I APPLIED FOR ADMISSION TO SCHOOL: Month _____ Year _____
 APPROXIMATE DATE OF ENTRANCE: Month _____ Year _____
 ANTICIPATED GRADUATION DATE: Month _____ Year _____

List the order of your choice of professional schools to which you are applying for admission (attach additional sheet if more space is needed):

First Choice _____	Institution	Location
Second Choice _____	Institution	Location
Third Choice _____	Institution	Location
Fourth Choice _____	Institution	Location
Fifth Choice _____	Institution	Location
Sixth Choice _____	Institution	Location

VI. CERTIFICATION

I certify that all statements and data provided in this application are true and correct to the best of my knowledge. I understand that if any information is found to have been falsified at any time during my participation in the WICHE program I may be denied receipt of any program support and, if support has been received, immediately dismissed from the program and repayment terms will become effective.

Signature of Applicant

Date

VII. STATEMENT OF INTENT TO PROVIDE SERVICE

I affirm my intent to practice in the state of Nevada upon completion of my education and/or internship/residency. I understand I must fulfill the service requirements of this loan or face default penalties. (Additional requirements are included in the Loan/Grant Agreement and the rules and regulations of the WICHE Commission.)

Signature of Applicant

Date

If you would like additional information on Chapter 397 of the Nevada Revised Statutes and any revisions thereof, please contact the state of Nevada WICHE office at the address/phone number listed below or visit the State of Nevada Legislative website @ www.leg.state.nv.us.

Mail or email completed applications and all supporting documentation to:

**Nevada WICHE
100 North Stewart Street, Suite 220
Carson City, NV 89701
lfrias@gov.nv.gov**

- Did you keep a copy of the application and supporting documents for your files?
- Did you sign and date the Certification and Statement of Intent to Provide Service Sections?
- Did you sign and date the Consent and Waiver and Loan Disclosure forms?
- Remember to submit a copy of your letter of acceptance from the institutional in which you will be enrolled.

**CONSENT TO TRANSFER STUDENT RECORDS THROUGH
THE STUDENT EXCHANGE PROGRAM**

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an education objective.

NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS: Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:

Information concerning student eligibility, acceptance, and educational attainment.

Information concerning fees paid by the sending state through WICHE to the receiving school.

Lists of applicants certified as eligible for support and their contact information.

Educational institutions(s) applied to and attending.

Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students.

Special letters of inquiry and response as required to address questions and concerns identified by program participants.

- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further *consent* to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby *wave* my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program Director or other designated staff member, the request for information is wholly consistent with my best interest and the purpose of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name _____
(Please print)

Signature _____

Social Security Number _____

Permanent Address _____
(Street)

(City) (State) (Zip)

Date _____