

Nevada Governor's Office of the Western Regional Education Compact (Nevada 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 WREC/WICHE has support in the following:

Programs	Financial Support per student, per year	Funding Duration	Application Deadline
Psychiatric-Mental Health Nurse Practitioner/APRNs	\$7,700	2 Years	August 31st
Master-Level Nursing (APRN, NP, MSN)	\$6,000	2 Years	August 31st

PROGRAMS REQUIREMENTS:

- A. 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.
- B. You must be a resident of Nevada for at least 1 year prior to applying to Nevada WICHE's programs.
- C. 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.
- D. You must repay 10% of the total financial support amount within 5-10 years after you graduate. 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 and, if applicable, penalties.
- E. You will be asked to obtain a guarantee/co-signor signature for the promissory notes. Any responsible party *other than a spouse or partner* can be a guarantee/co-signor.
- F. Funds are competitive based upon acceptance by an educational program and availability of state funds. Selection of students for funds will be determined either by interview or a review of the questions on Page 4. Be sure to complete the questions thoroughly and add additional or separate pages as needed.
- G. **Application Deadline: August 31st of the year entering the program. 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:

(775) 687-0991
100 N. Stewart Street, Suite 220, Carson City, Nevada, 89701
<http://www.nevadawiche.org>



NEVADA
**Western Interstate
Commission
for
Higher Education**

**Health Care Access Program (HCAP)
for
Master of Science in Nursing &
Psychiatric/Mental Health Nurse Practitioner**

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.*
2. Sign the *Consent and Waiver* form (page 5).
3. Sign the attached *Loan Disclosure* form (pages 6-7)
4. **Include a copy of your letter of acceptance** from the institution in which you will be enrolled to the Nevada WICHE office. *Awards will not be made without this letter.*
5. Proper postage must be applied or your application will be returned by the post office.
6. **NOTE: Funding for WICHE support is contingent upon annual appropriation by the State of Nevada and available funding.**

Deadline Date: August 31st

Applications must be received in our office by this date.

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

Mail or email application documents to:

Nevada Western Interstate Commission for Higher Education (WICHE)
100 N. Stewart St., Suite 220
Carson City, NV 89701
(775) 687-0991

State of Nevada
Western Interstate Commission for Higher Education (WICHE)

Type or print in ink.
Final in-office receipt for all applications: August 31st

I. PERSONAL INFORMATION

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

How did you hear about WICHE support? _____

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

Street / P.O. Box Apt. # City State Zip

Primary Phone (_____) _____ Alternate Phone (_____) _____ E-mail _____

PERMANENT ADDRESS - P.O. BOXES NOT ACCEPTED:

Street Apt. # City State Zip

Spouse's name and address _____

Father's name and address _____

Mother's name and address _____

II. EMPLOYMENT (if applicable)

Employer's name _____

Address: _____

Job Title: _____ P.O. Box/Street Suite # City State Zip
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 WREC/WICHE certification but believe there are factors to be considered which may make you eligible as a Nevada resident, please explain fully in an attachment to this application.

IV. EDUCATION HISTORY

Most recent 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. CHECK PROGRAM OF CHOICE FOR PROFESSIONAL TRAINING:

Psychiatric-Mental Health Nursing Program

Master-Level Nursing Program

WHEN DID YOU APPLY FOR ADMISSION TO SCHOOL: Month _____ Year _____

APPROXIMATE DATE OF ENTRANCE: Month _____ Year _____

ANTICIPATED ENDING/GRADUATION DATE: Month _____ Year _____

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 WREC/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. I further understand that funding for WREC/WICHE support is contingent upon annual appropriation by the State of Nevada, and funding is not released until its availability.

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 [Nevada Revised Statute 397](#) and Nevada Administrative Code 397, 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 WREC/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:

**WICHE
100 N. Stewart Street, Suite 220
Carson City, NV 89701
(775) 687-0991**

- 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 above?
- 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 program in which you will be enrolled.

QUESTIONS FOR FUNDING SELECTON

Selection for funding will be largely based on your responses to the following questions. *Please complete the questions to the fullest extent and best of your ability.* If more space is needed than is provided below, you are encouraged to respond on and attach additional sheets.

- 1) Describe the type of health care setting in which you would like to work after the completion of your education, including the communities or geographic areas, the fields/professions of persons with whom you work or may work, and the type of clients to be served. What makes you 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 are looking to pursue, if any. What is your next major goal? What are your long-range professional goals?

- 3) As an upcoming health care professional, what do you think are some of the most important issues in health care today? What are the service gaps in your field and how would you fill them?

- 4) Have you had any exposure to or experience with telehealth? What is your opinion of its effectiveness?

- 5) Why do you feel WICHE should accept you over other highly qualified candidates – what do you offer that others may not?

**CONSENT TO TRANSFER STUDENT RECORDS THROUGH
NEVADA WICHE'S HEALTH CARE ACCESS PROGRAM (HCAP)**

DESCRIPTION OF USE OF PERSONAL RECORDS: The Nevada Western Regional Education Compact office (WICHE) collects and uses information concerning student eligibility for its Health Care Access Program ("Program"); admission; enrollment; academic progress; graduation and/or termination from the professional Program; and payment of fees by the state to the receiving school.

This information is exchanged between and among the staff and commissioners of Nevada WREC/WICHE office; the professional school(s) to which the student makes application and is admitted; and, State of Nevada agencies collaborating with the Program. The Nevada WICHE Commissioners may review applications to consider eligibility of student(s).

Periodic accounting for its student programs 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 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 Program, providing access to educational opportunities for Nevada residents.
- 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 of the Program of the Nevada Western Regional Education Compact/Western Interstate Commission for Higher Education (WICHE) to include the following:

Information concerning student eligibility, acceptance, and educational attainment.

Information concerning fees paid by the Nevada WREC/WICHE office to the receiving school.

Lists of applicants certified as eligible for support

Admissions reports, withdrawal reports, and annual reports for WREC/WICHE 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 WREC/WICHE staff and commissioners, designated institutional officials, and state officials and collaborators 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 offices and WREC/WICHE staff as required to accommodate the needs of the 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 *waive* 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 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 Program Director or other designated staff member, the request for information is wholly consistent with my best interest and the purpose of the 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 _____