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 3).

3. Sign and return the attached Loan Disclosure 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: April 13, 2018
Applications received after the deadline date will be accepted as “alternate” status for funding.

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

Professional Student Exchange Program (PSEP)

Nevada WICHE has been providing Nevada residents with educational access and tuition assistance since 1959, helping to address the workforce, health care and economic needs of the state. PSEP is a “loan forgiveness” program that funds the following fields and approximate amounts:

<table>
<thead>
<tr>
<th>Field of Study</th>
<th>AY17-18</th>
<th>AY18-19</th>
<th>AY19-20</th>
<th>Funding Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>$13,475</td>
<td>$13,700</td>
<td>$13,975</td>
<td>2 Years</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>$ 7,850</td>
<td>$ 7,975</td>
<td>$ 8,100</td>
<td>4-Year Schools</td>
</tr>
<tr>
<td></td>
<td>$10,467</td>
<td>$10,633</td>
<td>$10,850</td>
<td>3-Year Schools</td>
</tr>
<tr>
<td>Physical Therapy*</td>
<td>$14,825</td>
<td>$15,075</td>
<td>$15,400</td>
<td>3 Years</td>
</tr>
<tr>
<td>Physician Assistant*</td>
<td>$17,550</td>
<td>$17,850</td>
<td>$18,200</td>
<td>2 Years</td>
</tr>
<tr>
<td>Veterinary Medicine</td>
<td>$32,400</td>
<td>$32,400</td>
<td>$32,400</td>
<td>4 Years</td>
</tr>
</tbody>
</table>

PROGRAM 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 SCHOOL on your behalf and enable you to attend WICHE-participating schools at reduced tuition rates. You will still be responsible for the balance of tuition and fees as determined by your school.

C. You must return to/remain and reside in Nevada, and practice in the profession for which you received assistance for the number of years you received financial assistance upon graduation. Otherwise, you must pay the total support amount back in the same manner as required for the repayment of loans plus any penalties.

D. *Nevada WICHE will support students attending private in-state programs. Nevada does not support students attending public in-state programs. Nevada

E. You must repay up to 25% of the total support amount as a loan within 5-10 years after you graduate. Pharmacy also participates in the HCAP program and may have separate repayment requirements—see HCAP Fact Sheet on the website. Monthly payments commence one year after graduation or termination of studies. Repayment time frames vary based on the total amount owing upon graduation or 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 program is competitive and selection based upon rankings by the educational institutions.

H. Application Deadline: Currently April 13, 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 St., Suite #220 Carson City, NV 89701
Email: j.warner@gov.nv.gov
Phone: (775) 687-0991
WICHE Policy on Multiple Sources of Tuition Support for Students Enrolled in the Professional Student Exchange Program

A student enrolled through the Professional Student Exchange Program (PSEP) receives reduced tuition at public and private colleges or universities by their home state paying a support fee to the admitting school to help cover the out-of-state tuition costs. The student may obtain federal financial support to cover the unmet tuition or related costs.

If a student receives federal support that pays full nonresident tuition (such as a military scholarship) and will have a service obligation to the government upon graduation, then the student should decline all WICHE support. This is particularly important in states, such as Nevada, that require students to fulfill service obligations in their home state as payback to the state for the financial support. Not all states have a service payback requirement.

Federal loans that can be used for a variety of educational expenses (tuition, fees, books, equipment, living expenses and the like) are not a concern in regard to WICHE support.

If you have any questions regarding this policy or its implications for any of your WICHE students, please contact Margo Colalancia, Program Coordinator for Student Exchange, at mcolalancia@wiche.edu or 303.541.0214.
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 April 13th.

I. PERSONAL BACKGROUND

Last Name _______________________________ (________________) ______________________
First ____________________________ Middle (Full) ____________________________
Maiden ____________________________ Social Security No. ____________________________
Birth Date ________________________ Birthplace _______________________________
(mm/dd/yy)
Gender: Female ☐ Male ☐

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:

<table>
<thead>
<tr>
<th>PSEP Program</th>
<th>HCAP Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Occupational Therapy</td>
<td>□ MSN-Master of Nursing Program</td>
</tr>
<tr>
<td>□ Pharmacy</td>
<td>□ Psychology Internship</td>
</tr>
<tr>
<td>□ Physical Therapy</td>
<td>□ Psychiatric Mental Health Nurse Practitioner APRN Program (30/52 credits)</td>
</tr>
<tr>
<td>□ Physician Assistant</td>
<td>□ Social Workers (Graduate)</td>
</tr>
<tr>
<td>□ Veterinary Medicine</td>
<td></td>
</tr>
</tbody>
</table>

I APPLIED FOR ADMISSION TO SCHOOL:  
APPROXIMATE DATE OF ENTRANCE:  
ANTICIPATED GRADUATION DATE:  

□ 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.

Mail completed applications and all supporting documentation to:

Nevada WICHE
100 North Stewart St., Suite 220
Carson City, NV 89701

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.
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

  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 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 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______________________________________________

Permanent
Address______________________________________________

(Street)

(City)                                        (State)                                       (Zip)

Date____________________________________
Loan Disclosure Statement
NEVADA WICHE
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)

This document provides an outline of the terms and conditions of the Pharmacy PSEP financial obligation for a **four-year funding period**. The support fee and interest amounts are **estimates only**. Amounts may differ depending upon the actual approved support fee, term of loan, and actual accrued interest or fees. **Your signature** acknowledges that you understand the payback obligation to WICHE and the State of Nevada.

**IF YOU DO PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:**

<table>
<thead>
<tr>
<th>Student Loan: 25% of support fee paid to school on your behalf</th>
<th>Amount you will be required to repay (student loan + interest)</th>
<th>Monthly payment amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 = $1,925</td>
<td>Principal = $7,910</td>
<td></td>
</tr>
<tr>
<td>Year 2 = $1,963</td>
<td>Interest = $5,378</td>
<td>$138</td>
</tr>
<tr>
<td>Year 3 = $1,994</td>
<td><strong>Total</strong> = $13,288</td>
<td></td>
</tr>
<tr>
<td>Year 4 = $2,028</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> = $7,910</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YOU DO NOT PRACTICE IN NEVADA AS REQUIRED, YOU WILL OWE:**

<table>
<thead>
<tr>
<th>Support Fee: 100% of support fee paid to school on your behalf</th>
<th>Amount you will be required to repay (stipend grant loan + interest)</th>
<th>Monthly payment amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1 = $7,700</td>
<td>Principal = $31,635</td>
<td><strong>$489</strong></td>
</tr>
<tr>
<td>Year 2 = $7,850</td>
<td>Interest = $23,410</td>
<td></td>
</tr>
<tr>
<td>Year 3 = $7,975</td>
<td><strong>Total</strong> = $55,045</td>
<td></td>
</tr>
<tr>
<td>Year 4 = $8,110</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> = $31,635</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Estimated Repayment Schedule & Terms**

<table>
<thead>
<tr>
<th>Payment Schedule:</th>
<th>Student loan: 96 months / Stipend grant loan: 120 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest Rate:</td>
<td>8% unsubsidized beginning with first disbursement.</td>
</tr>
<tr>
<td>Forbearance Period:</td>
<td>Grace period is 1 year from date of graduation. No payment is required during this time.</td>
</tr>
<tr>
<td>Other Fees:</td>
<td>Late fees, letter fees, return check fees, etc., are applicable. Please see your contract for details.</td>
</tr>
<tr>
<td>Disbursement Date to Schools:</td>
<td>September and January of each year.</td>
</tr>
<tr>
<td>Payment Due Dates</td>
<td>Monthly, following grace period.</td>
</tr>
</tbody>
</table>

(OVER)
**Note:** Due to federal regulations, we must provide you this information during the application, loan approval, and loan consummation stages. Therefore, This form will be sent to you **three (3) times** to ensure you are aware of financial responsibilities.

**About the repayment example:** The repayment example above is based on the best estimate currently available. It assumes that the borrower remains in school for **4 years** and has a 1 year grace period before beginning payment. The second example reflects non-fulfillment of the service obligation.

**Bankruptcy Limitations.** If you file for bankruptcy you may still be required to pay back this loan.

**Forbearance period:** Payments are not required, but can be made without penalty, during this time.

**Other loan options:** Find out more about other loan options by contacting your school’s financial aid office or the Department of Education at federalstudentaid.ed.gov. Should your WICHE support fee put you over the maximum student aid allowed, this amount may be subtracted from any federal support you may receive. Some schools have school-specific student aid terms not detailed on this form. Contact your financial aid office for more information regarding how your WICHE support will be allocated.

**Prepayment:** There is no prepayment penalty for early payoff. However, you will be required to pay the outstanding accrued interest through the payoff date.

**The terms of the loan offer are good for 30 days.** You have 30 days from the approval date to accept the lending offer during which the terms will not change. Further, you will have a three-day right to cancel the loan.

**Contracts may offer additional terms and conditions.**

<table>
<thead>
<tr>
<th>I HEREBY ACKNOWLEDGE RECEIPT OF THE LOAN DISCLOSURE STATEMENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATED:______________ SIGNATURE:______________________________</td>
</tr>
<tr>
<td>PRINT NAME_________________________ SOCIAL SECURITY NUMBER</td>
</tr>
</tbody>
</table>

A COPY OF this statement should be retained for your records.