

Site Application and Declaration of Intent: Part A

Alaska's SHARP Program - Supporting Health-care Access through Loan Repayment
Alaska Department of Health and Social Services

Sponsoring Agency (employer)	Practitioner's Name (If Applicable)	Application Date
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Instructions

- We ask that you type into the appropriate fields in this form and then print.
- This section of the application must be completed by the employer, not by the individual medical Practitioner - referred to as "Practitioner", who is applying for participation in SHARP. The administrator expected to sign future SHARP contracts must complete and sign this document as certification of Practice Site compliance with SHARP program requirements.
- A new and updated AKSHARP Practice Site Application & Declaration of Intent must be included as part of each SHARP candidate's complete application package.
- You may also submit this application as part of your recruitment and retention planning for staffing vacancies you hope to fill at some future date. SHARP plans on using this information to create an online Vacancy Posting for SHARP eligible sites.

You must attach the following:

- Additional "Parts B" if more than three practice sites: If the SHARP applicant identified in Part B will practice in more than three practice sites you must complete an additional Part B form
- If the sponsoring agency is a non-profit** - then submit a Certificate of 501(c)(3) status for the agency
- If the sponsoring agency is a public entity** (e.g. correctional facility) - then submit evidence that it's operated by a government entity
- Sliding Fee Scale**, based on federal poverty levels, or **Charity Policy**, which clearly precludes the Practice Site's employees from having to turn away any individual seeking care and allows them to provide medically necessary health care services to those individuals.

Please give this application to the SHARP applicant-practitioner identified in Part D-1, so that he / she can include it as part of his or her complete single submission application package, which must be mailed to:

**State of Alaska
Department of Health & Social Services
SHARP Loan Repayment Program
Attn: Robert Sewell
P.O Box 110660
350 Main Street, Room 530
Juneau, AK 99811-0660**

If you have questions about completing the SHARP Site Application & Declaration of Intent, please contact Robert Sewell (907) 465-4065

Part A: Sponsoring Agency Information:

Please enter only information about the health care system or organization that owns or otherwise operates the Practice Sites described in Part B of this application. The administrator identified in this section must be the person who will sign the certification statement in Part C, as well as any future SHARP contracts.

Name of Sponsoring Agency (employer)		Federal ID#	
Address			
City	State	Zip	Country
Administrator - Last Name:		First:	Title (CFO etc.)
Administrator Contact Info:	Email	Phone	Fax
Type of Sponsoring Agency			

Practice Site Application and Declaration of Intent: Part B

Alaska's SHARP Program - Supporting Health-care Access through Loan Repayment

Part B: Practice Site Information

Practice Site 1

Please enter only information specific to the clinic, department, or other type of entity at which you intend any current or future SHARP applicant to practice as identified in Site Declaration Part C2 - Part D: Practitioner and Contract Information. If the SHARP applicant will practice in more than three Practice Sites owned or otherwise operated by the Sponsoring Agency, you must complete an additional Part B.

Name of Practice Site:

Address (No P.O. Box):

City: State: Zip: Country:

If this practice site is under construction, please provide its estimated opening date:

Name of Practice Site Manager - Last: First:

Manager Contact Info: Email: Phone: Fax:

Check ALL of the following that describe the Practice Site:

- | | |
|--|---|
| <input type="checkbox"/> Certified Rural Health Clinic (CRHC) | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Critical Access Hospital (CAH)-Affiliated Primary Care Clinic | <input type="checkbox"/> Private/Not for Profit Primary Care Clinic |
| <input type="checkbox"/> Community Mental Health Clinic (CMH) | <input type="checkbox"/> State/Federal Correctional Facility |
| <input type="checkbox"/> For-Profit Private Clinic (Not eligible as AKSHARP Practice Site) | <input type="checkbox"/> State Psychiatric Hospital |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) or FQHC "Look-Alike" | <input type="checkbox"/> Tribal-Affiliated Primary Care Clinic |
| <input type="checkbox"/> Hospital-Affiliated Primary Care Clinic | |
| <input type="checkbox"/> Other, Specify: | |

Practice Site 2 (If applicable)

Name of Practice Site:

Address (No P.O. Box):

City State Zip Country

If this practice site is under construction, please provide its estimated opening date:

Name of Practice Site Manager - Last: First:

Manager Contact Info: Email: Phone: Fax:

Check ALL of the following that describe the Practice Site:

- | | |
|--|---|
| <input type="checkbox"/> Certified Rural Health Clinic (CRHC) | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Critical Access Hospital (CAH)-Affiliated Primary Care Clinic | <input type="checkbox"/> Private/Not for Profit Primary Care Clinic |
| <input type="checkbox"/> Community Mental Health Clinic (CMH) | <input type="checkbox"/> State/Federal Correctional Facility |
| <input type="checkbox"/> For-Profit Private Clinic (Not eligible as AKSHARP Practice Site) | <input type="checkbox"/> State Psychiatric Hospital |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) or FQHC "Look-Alike" | <input type="checkbox"/> Tribal-Affiliated Primary Care Clinic |
| <input type="checkbox"/> Hospital-Affiliated Primary Care Clinic | |
| <input type="checkbox"/> Other, Specify: | |

Practice Site 3 (If applicable)

Name of Practice Site:

Address (No P.O. Box):

City: State: Zip: Country:

If this practice site is under construction, please provide its estimated opening date:

Name of Practice Site Manager - Last: First:

Manager Contact Info: Email: Phone: Fax:

Check ALL of the following that describe the Practice Site:

- | | |
|--|---|
| <input type="checkbox"/> Certified Rural Health Clinic (CRHC) | <input type="checkbox"/> Local Health Department |
| <input type="checkbox"/> Critical Access Hospital (CAH)-Affiliated Primary Care Clinic | <input type="checkbox"/> Private/Not for Profit Primary Care Clinic |
| <input type="checkbox"/> Community Mental Health Clinic (CMH) | <input type="checkbox"/> State/Federal Correctional Facility |
| <input type="checkbox"/> For-Profit Private Clinic (Not eligible as AKSHARP Practice Site) | <input type="checkbox"/> State Psychiatric Hospital |
| <input type="checkbox"/> Federally Qualified Health Center (FQHC) or FQHC "Look-Alike" | <input type="checkbox"/> Tribal-Affiliated Primary Care Clinic |
| <input type="checkbox"/> Hospital-Affiliated Primary Care Clinic | |
| <input type="checkbox"/> Other, Specify: | |

Note: Use additional form for other sites as noted above.

Site Application and Declaration of Intent: Part C(1)

Alaska's SHARP Program - Supporting Health-care Access through Loan Repayment

Part C: Certification of Practice Site(s) Compliance with Program Requirements

This is to certify that the Practice Sites, identified in Part B currently meet all Supporting Health-care Access through Loan Repayment requirements as outlined below, and that you are authorized to provide such certification for the above named sites. Please be advised that each certification statement is a potential item for State and Federal Program Audits. You must provide all requested certification statement documentation to ensure a complete AKSHARP Practice Site Application. Only complete applications will be reviewed. Practice Sites must meet all requirements at the time of application.

Certification Statement:

I certify that each of the Practice Site, identified in Part B, meet all of the following Supporting Health-care Access through Loan Repayment Requirements:

Practice Site Regulations

The Practice Site, identified above, is incorporated to do business in Alaska with a current and appropriate IRS status as a Not-For-Profit agency under the Internal Revenue Code 5011(3). **You must attach a copy of your 501(c)(3) certificate for the Practice Site or Sponsoring Organization.** The site may also be a "public entity", and if so, please attach evidence that it is a government facility.

The Practice Site does not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program, or (ii) based upon the individual's race, color, sex, national origin, disability, or religion.

- The Practice Site used a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation.
- The Practice Site either uses a sliding fee scale to charge for medical services, which is based on federal poverty guidelines (Notification of the sliding fee scale's availability is clearly posted in view of those seeking medical services) or has an established and prominently advertised charity policy that will preclude its employees from having to turn away any individual seeking care and that will allow them to provide medically necessary health care services to those individuals. **You must provide a copy of the Practice Site's sliding fee scale or its charity policy, as described above, with this application.**
- The Practice Site accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the Alaska Medicaid Program for Medicaid and State Children's Health Insurance Program beneficiaries.

Employment Regulations

The Practice Site will not reduce the salary of SHARP Practitioners because they receive benefits under the Supporting Health-care Access through Loan Repayment .

For all medical Practitioners, except obstetrician/gynecologists (OB/GYN) physicians, family practice physicians who do OB consistently, and certified nurse midwives (CNMs), at least 32 of the minimum of 40 hours per week must be spent providing direct primary care clinics of the Practice Site. For OB/GYN physicians, family practice physicians who do OB consistently, and CNMs, at least 21 hours of the minimum 40-hour week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care clinic(s) of the Practice Site. The remaining hours must be spent providing inpatient care to patients of that clinic and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours of the 40-hour week.

The required 40 hours per week may be compressed into not less the 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked in excess of 40 hours per week will not be applied to any other workweek. SHARP Practitioners can spend no more than 7 weeks (35 workdays) per contract year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in a SHARP Contract year will extend the service obligation end date. The Practice Site, or its Sponsoring Agency identified in Part A, must inform the Alaska SHARP Program Office when a SHARP Practitioner goes on extended medical leave or exceeds their 35-day allowance.

The Practice Site will communicate with the Alaska SHARP Program Office about any change in Practice Site or SHARP Practitioner employment status, including the Practitioner moving to another Practice Site for any or all of their 40-hour workweek, termination, etc. The Practice Site will maintain and make available for review by Alaska Department of Health & Social Services representatives all personnel and other administrative records associated with a SHARP Practitioner including documentation which contains such information that the Department may need to determine if the individual and/or Practice Site has complied with SHARP Requirements.

(continued on next page)

Site Application and Declaration of Intent: Part C(2)

Alaska's SHARP Program - Supporting Health-care Access through Loan Repayment

Neither the Practice Site, nor its Sponsoring Agency has been investigated for, or convicted of Medicaid or Medicare fraud. If this is **not** true, please provide a brief explanation of when this occurred and the nature and outcome of the investigation:

The signature of the Sponsoring Agency Official below certifies that: 1) the information provided in Parts A through D are true and correct; and 2) signifies that the Practice Sites, identified above, agree to comply with the requirements set forth in Part C of this application.

Signature of Administrator:

Date:

Title:

Part D: Practitioner and Contract Information (You may fill out sections 1,2 or both depending on your current needs.)

1. A Practitioner You Are Recruiting or An Employee You Want to Retain

Please enter information about a medical Practitioner you intend to employ or one you currently employ, who is applying for, or intends to apply for AK SHARP, and on whose behalf you are submitting this AK SHARP Practice Site Application. You must submit a separate application for each Practitioner. Eligible primary care Practitioner disciplines and specialties include: Physicians - M.D., D.O., in Family Practice, Internal Medicine, Pediatrics, OB/GYN, Psychiatry; Dentists; Dental Hygienists; Physician Assistants; Nurse Practitioners; Certified Nurse Midwives; Clinical Social Workers; MA/Ph.D Clinical or Counseling Psychologists; Licensed Professional Counselors and, Psychiatric Nurse Practitioners. If not applicable, leave Part D, Number 1 blank.

Medical Practitioner's Name - Last:	First:	Middle:
Professional Title (M.D., P.A., etc.):	Practice Discipline/Specialty:	
Work Phone:	Work E-mail:	

Employee Since: _____ Or Under Recruitment, Expected Start Date: _____

The selection you make below regarding Length of Contract Requested Must be the same as that selected by your employee on the Practitioner application Part A. Initial contract is for 2 years.

Length of Contract: 2 Year Original

Declaration of Intent

As administrator for the Sponsoring Agency identified in Part A, I affirm our intention to employ the SHARP applicant identified in Part D-1 above, throughout the health care Practitioner's SHARP contract, should the Practitioner's application prove successful. The Practitioner will be employed full-time at the Practice Sites identified above in Part B of this application. The Practitioner will provide direct care to an ambulatory population throughout the term of the SHARP Contract. I understand that the Practitioner must spend at least 32 of the minimum 40-hour workweek providing direct primary care clinical services, dental or mental health services except for obstetrician/gynecologists (OB/GYN) physicians, family practice physicians who do OB consistently, and certified nurse midwives (CNMs), as described under Part C of this application. I also understand that Federal Program Guidelines do not consider services provided in an Emergency Room/Department or Trauma Center to be primary care.

If there are any changes in the Practitioner's clinical assignment, Practice Site locations or employment status, I agree to contact the Alaska SHARP Program Office within 10 working days to inform the office of any of these changes. I understand that if the Sponsoring Agency fails to employ the Practitioner throughout the loan repayment period without adequate justification, the Sponsoring Agency may jeopardize the opportunity to use the State Loan Repayment Program in the future.

This Declaration of Intent Requires the signature of the administrator whose name and signature appears in Part A and Part C respectively, and who will complete and sign any future SHARP contracts.

Signature

Date

Site Application and Declaration of Intent: Part C(3)

Alaska's SHARP Program - Supporting Health-care Access through Loan Repayment
Alaska Department of Health & Social Services

2. Recruitment and Retention Planning:

Please enter information about any Health-care Practitioners you intend to recruit with the assistance of the SHARP, to work at the Practice Site described above in Part B. If you do not intend to recruit Practitioners with the assistance of the SHARP, this section may be omitted from your application.

Type of Practitioner:	Practitioner Specialty:	Anticipated Hire Date:	Brief Details or Internet Address of Job Description (indicate which of the Practice Sites described in Part B that this position will work at i.e."Practice Sites 1 - 3"):

Contact information to be posted with these vacancy listings:

Contact Last Name:		First:	Title (CFO, etc.):	
E-mail:		Phone:		Fax:

I certify that the sponsoring agency is actively recruiting Practitioners for the positions described above and request that the Alaska SHARP Program provide information about these postings on the SHARP website.

Signature

Date