

# Alaska's SHARP Program

## Instructions for submitting 2014 SHARP-I practitioner application

### The SHARP-I application is divided into two sections:

- Section I: Practitioner application and loan information
- Section II: Site application

### Information you'll need:

- Education information
- Licensure information
- Current employer information, if applicable
- Loan and lender information
- Past employer information

### Instructions:

Section I (Practitioner application and loan information) has three components:

1. **Fillable .pdf form** - Fill in the .pdf application form electronically and save your information using the free Adobe Reader software. Do not print and scan the form.
2. **Loan verification form** - Fill out top portion (page 9 of .pdf), print, give to lender or loan servicing agency to fill and return to you, and scan (a completed form for each lender)
3. **Signature page** - Print, sign, and scan (last page of .pdf).

**Attach the three completed attachments to a single email with the subject line: "SHARP Application [Last Name]" to [robert.sewell@alaska.gov](mailto:robert.sewell@alaska.gov) before 5:00 p.m. Alaska Time on December 5, 2014.**

No application is complete until **both** Sections I and II are completed and submitted. Final award agreement is dependent on established job opportunity and full licensure.

Please refer to complete program guidelines and definitions of [terms](http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/) available at <http://dhss.alaska.gov/dph/HealthPlanning/Pages/sharp/> or click the **?** in the application.

**For any questions about SHARP, and/or about this form, or to request an alternate application format, please contact:**

Robert Sewell, PhD, SHARP Program Manager  
907-465-4065 (9:00-5:00 Alaska Time)  
[robert.sewell@alaska.gov](mailto:robert.sewell@alaska.gov)

### Note to applicants:

Both practitioners and sites are welcome to independently submit their respective sections to indicate their interest in participation. Further, both "clinicians-without-employers" (i.e. new recruits) and "employers-seeking-clinicians" (as yet to be identified) are welcome to apply. In this process, both parties may find suitable match-ups.

A Memorandum of Agreement (Service Contract) will be executed between the practitioner, his/her employer and the State of Alaska, and will require a 25% match payment by the employer. Practice sites must meet eligibility criteria described on the SHARP website. A particular site/employer may wish to prioritize and/or limit the number of candidates it will support under this program.

*Application Deadline: 5:00 p.m. Alaska Time, December 5, 2014*

<b>Part A (1) – Personal Information</b>	
<i>Age and Race information is requested to help Alaska DHSS monitor workforce diversity.</i>	
<b>First name</b>	
<b>Middle name</b>	
<b>Last name</b>	
<b>Other names used</b> <i>(list any other names that you have used in your educational or professional life)</i>	
<b>Sex</b>	
<b>Date of birth</b>	
<b>American citizen</b>	<b>Permanent resident</b>
<b>Mailing address</b>	
<b>City</b>	
<b>State</b>	
<b>ZIP</b>	
<b>Country</b>	
<b>Home phone</b>	
<b>Cell phone</b>	
<b>Work phone</b>	
<b>Other contact phone</b>	
<b>Home e-mail</b>	
<b>Work e-mail</b>	
<b>Race</b> <i>(check all races with which you identify)</i>	American Indian, Alaska Native, Eskimo or Aleut Asian Native Hawaiian or Other Pacific Islander Black or African American White Some Other Race(s)
<b>Are you multi-racial?</b> <i>For this question, you are multi-racial if you have parents from more than one of the broad race categories listed or if at least one of your parents is multi-racial.</i>	Yes      No
<b>Hispanic ethnicity</b>	Yes      No
If your answers to this section need further detail, please write your comments here:	

<b>Part A (1) – Education and Professional Information</b>	
<b>Professional designation</b>	Physician Dentist Pharmacist Dental Hygienist Physician Assistant Nurse Practitioner Nurse Midwife Nurse (RN) Psychologist Clinical Social Worker Licensed Professional Counselor Marriage and Family Therapist
<b>Specialty and/or other credentials</b>	
<b>Years worked as a licensed practitioner in THIS occupation</b>	<b>Year practice began</b>
<b>Licensed occupation</b>	Doctor of Allopathic Medicine (M.D.) Doctor of Osteopathic Medicine (D.O.) Dentist (D.D.S. or D.M.D) Pharmacist Nurse Practitioner Physician Assistant Dental Hygienist (RDH) Registered Nurse (RN) Nurse Midwife Clinical or Counseling Psychologist (Ph.D. or Psy.D.) Clinical Social Worker (LCSW) Licensed Professional Counselor Marriage and Family Therapist
State (or country)	
License No.	
Full license date	
<b>Are you exempt from Alaska licensure?</b>	Yes    No <i>If yes, reason:</i>
<i>List your school, post-graduate or professional program, and residency program (if applicable), and graduation or completion date of the degree required for your employment.</i>	
<b>a) School, program, or residency name</b>	
State (or country):	
Graduation or completion date	
<b>b) School, program, or residency name</b>	
State (or country)	
Graduation or completion date	
<b>c) School, program, or residency name</b>	
State (or country)	
Graduation or completion date	
If your answers to this section need further detail, please write your comments here:	

<b>Part A (2) – SHARP Support and Service Obligation</b>			
What level of SHARP support are you requesting?	Full-time	Half-time	?
Are you applying to SHARP for a position into which you are already hired?	Yes	No	
<i>If yes:</i>			
Position title			
Does this position have administrative duties (e.g. management, supervision)?	Yes	No	Don't Know
If "Yes", then what portion of your position involves administrative duties?		%	?
Is this job a direct patient care position?	Yes	No	
If "Yes", then what portion of your position involves direct patient care duties?		%	?
Is this job a primary care position?	Yes	No	
If "Yes", then what portion of your position involves delivery of primary care?		%	?
<b>Do you currently have or anticipate having another service obligation with any other entity?</b>	Yes	No	
<i>Check ANY other service obligation(s) that you have or anticipate having:</i>	National Health Services Corps Loan Repayment National Health Services Corps Scholars Program WWAMI Medical School tuition service obligation USPHS Commissioned Officer Corps Employer-provided sign-on bonus service obligation Employer-provided moving expense service obligation Indian Health Service Loan Repayment Program Nurse Education Loan Repayment Program (aka NURSE Corps LRP) Active Military National Guard Reserve Military Private Foundation, specify: Other, specify:		
When does your service obligation end?			
Do you here attest that during the entire potential SHARP Service Contract (MOA) period you will not have or accept any other service obligation?	Yes	No	
If your answers to this section need further detail, please write your comments here:			

<b>Part A (3) – Practice Site (Already-hired applicants only)</b>			
<p>Complete the information requested below for each practice site at which you intend to fulfill your SHARP service obligation. A practice site is a location at which you will provide medical, dental or behavioral health services to residents of a Health Shortage Area. The sponsoring agency is the health care system or organization that owns the practice site. If additional pages are required, attach a copy.</p>			
<b>Practice site 1</b>			
<b>Site name</b>			
<b>Sponsoring agency</b>			
<b>Address line 1</b>			
<b>Address line 2</b>			
<b>City</b>			
<b>State</b>			
<b>Zip</b>			
<b>Work phone</b>			
<b>Work email</b>			
<b>Site representative (person) or employer contact, if known:</b>			
<b>Name</b>			
<b>Phone</b>			
<b>Email</b>			
<b>Employment date</b>		<b>Actual</b>	<b>Expected</b>
<b>Hours per week</b>		<b>Actual</b>	<b>Expected</b>
<p><b>Site type:</b>                      Check ALL of the following that describe this practice site.</p>	<ul style="list-style-type: none"> <li>Certified Rural Health Clinic (CRHC)</li> <li>Community Health Center (Sec 300 CHC) or "Look-Alike"</li> <li>Community Mental Health Clinic (CMHC)</li> <li>Critical Access Hospital</li> <li>Public Clinic (operated by state or local government)</li> <li>Private Not-for-Profit Clinic</li> <li>Tribal-Managed Health Facility</li> <li>Hospital</li> <li>Hospital-Affiliated Clinic</li> <li>Local Health Department</li> <li>Long-Term Care Facility</li> <li>Prison (Adult Corrections)</li> <li>Prison (Juvenile Justice Detention or Treatment)</li> <li>State Psychiatric Hospital</li> <li>Other, specify:</li> </ul>		
<p>If your answers to this section need further detail, please write your comments here:</p>			

<b>Part A (3) – Practice Site (Already-hired applicants only)</b>			
<i>Complete the information requested below for each practice site at which you intend to fulfill your SHARP service obligation. A practice site is a location at which you will provide medical, dental or behavioral health services to residents of a Health Shortage Area. The sponsoring agency is the health care system or organization that owns the practice site. If additional pages are required, attach a copy.</i>			
<b>Practice site 2</b>			
<b>Site name</b>			
<b>Sponsoring agency</b>			
<b>Address line 1</b>			
<b>Address line 2</b>			
<b>City</b>			
<b>State</b>			
<b>Zip</b>			
<b>Work phone</b>			
<b>Work email</b>			
<b>Site representative (person) or employer contact, if known:</b>			
Name			
Phone			
Email			
<b>Employment date</b>		Actual	Expected
<b>Hours per week</b>		Actual	Expected
<b>Site type:</b> <i>Check ALL of the following that describe this practice site.</i>	Certified Rural Health Clinic (CRHC) Community Health Center (Sec 300 CHC) or "Look-Alike" Community Mental Health Clinic (CMHC) Critical Access Hospital Public Clinic (operated by state or local government) Private Not-for-Profit Clinic Tribal-Managed Health Facility Hospital Hospital-Affiliated Clinic Local Health Department Long-Term Care Facility Prison (Adult Corrections) Prison (Juvenile Justice Detention or Treatment) State Psychiatric Hospital Other, specify:		
If your answers to this section need further detail, please write your comments here:			

<b>Part A (3) – Practice Site (if you are still searching for a job)</b>	
<p>Complete the information requested below for each practice site at which you intend to fulfill your SHARP service obligation. A practice site is a location at which you will provide medical, dental or behavioral health services to residents of a Health Shortage Area. The sponsoring agency is the health care system or organization that owns the practice site. If additional pages are required, attach a copy.</p>	
<b>Indicate practice site(s) of interest, if known:</b>	
Site name	
Sponsoring agency	
Address line 1	
Address line 2	
City	
State	
Zip	
Work phone	
Work email	
<b>Site representative (person) or employer contact if known:</b>	
Name	
Phone	
Email	
<b>The employment date and hours of potential interest to you:</b>	
Employment date	
Hours per week	
<p><b>Site type:</b>                      Check <b>any</b> of the following that describe the type of practice site you are interested in.</p>	Certified Rural Health Clinic (CRHC) Community Health Center (Sec 300 CHC) or "Look-Alike" Community Mental Health Clinic (CMHC) Critical Access Hospital Public Clinic (operated by state or local government) Private Not-for-Profit Clinic Tribal-Managed Health Facility Hospital Hospital-Affiliated Clinic Local Health Department Long-Term Care Facility Prison (Adult Corrections) Prison (Juvenile Justice Detention or Treatment) State Psychiatric Hospital Other, specify:
<p><b>Location type:</b>                      Indicate <b>any</b> practice location you would be interested in</p>	Urban Rural Remote Any
<p>If your answers to this section need further detail, please tell us more about your potential practice site interests:</p>	



## Alaska's SHARP Program - Part B (2) Loan Lender/Holder Information Form

On this form, the "lender" refers to the original lender, whereas the "holder" is an entity that has subsequently assumed the promissory note- such as in the case of consolidation of loans. For loans to qualify for repayment, they must have been made to the borrower named in Section I for the purpose of obtaining medical or graduate level education in a health care field or undergraduate coursework leading to their graduate work. All other non-school loans or ineligible school loans must be excluded from reporting on this form. More information can be found [here](#)

To the Holder of Notes: The borrower identified in Section I may qualify for loan repayment by the State of Alaska under provisions of Alaska's SHARP program. Complete Section II with the most recent and accurate information regarding the borrower's educational loans (described below). You may list up to four loans in the table included in Section II. If necessary, fill out additional copies of the Part B(2) application.

### SECTION I - TO BE COMPLETED BY BORROWER

Last Name		First Name		Middle Name	
Address		City		State	Zip
Home Phone		Fax		Email	
Cell Phone		Academic Period Covered by Loans			
Lender Name			Holder Name		
Lender Address			Holder Address		
City	State	Zip	City	State	Zip
<i>By my signature, I authorize the holder of the promissory note(s) of my student loan/service obligation(s) to release information about my student loan/obligation(s) to the Alaska Department of Health &amp; Social Services for the purposes of qualifying the loan(s) for repayment by the State of Alaska.</i>				Borrower Signature	Date

### SECTION II - TO BE COMPLETED BY HOLDER OF NOTES

LENDER/Holder Name			Contact Name				
LENDER/Holder Address			Contact Address				
City	State	Zip	Contact Email				
Account #	Note Date	Name on Loan Program	Lender	Balance	Days Past Due	Remaining Payments (#)	Monthly Payment
Do any of the loans entail a service obligation? Yes    No				If yes, which ones:			
LENDER/Holder E.I.N. #:			<i>* Holder of Notes: Email this completed form as an attachment to Borrower</i>				
<i>I certify that the information provided in Section II is true and correct.</i>			Typed or Printed Name of Authorized Official		Signature of Authorized Official		Date

<b>Part C – Experience</b>	
<i>Present chronology of directly relevant health care practitioner work experience</i>	
<b>Position title #1</b>	
<b>Name of practice/agency</b>	
<b>Position dates</b>	
<b>Position total years</b>	
<b>Clinical or admin. supervisor</b>	
<b>Supervisor email</b>	
<b>Supervisor phone</b>	
<b>Occupation (discipline)</b>	
<b>Site type</b> (check ALL of the following that apply):	
Certified Rural Health Clinic (CRHC) Community Health Center (Sec. 330 or "Look-Alike") Community Mental Health Clinic (CMHC) Private For-Profit Clinic Public Clinic (operated by state or local government) Private Not-for-Profit Clinic Prison (Adult Corrections) Prison (Juvenile Justice Detention or Treatment)	Tribal-Managed Health Facility Critical Access Hospital Hospital Hospital-Affiliated Clinic Local Health Department Long-Term Care Facility State Psychiatric Hospital Other
Briefly describe position	
<b>Position title #2</b>	
<b>Name of practice/agency</b>	
<b>Position dates</b>	
<b>Position total years</b>	
<b>Clinical or admin. supervisor</b>	
<b>Supervisor email</b>	
<b>Supervisor phone</b>	
<b>Occupation (discipline)</b>	
<b>Site type</b> (check ALL of the following that apply):	
Certified Rural Health Clinic (CRHC) Community Health Center (Sec. 330 or "Look-Alike") Community Mental Health Clinic (CMHC) Private For-Profit Clinic Public Clinic (operated by state or local government) Private Not-for-Profit Clinic Prison (Adult Corrections) Prison (Juvenile Justice Detention or Treatment)	Tribal-Managed Health Facility Critical Access Hospital Hospital Hospital-Affiliated Clinic Local Health Department Long-Term Care Facility State Psychiatric Hospital Other
Briefly describe position	

<b>Part C – Experience, continued</b>	
<b>Position title #3</b>	
<b>Name of practice/agency</b>	
<b>Position dates</b>	
<b>Position total years</b>	
<b>Clinical or admin. supervisor</b>	
<b>Supervisor email</b>	
<b>Supervisor phone</b>	
<b>Occupation (discipline)</b>	
<b>Site type</b> (check ALL of the following that apply):	
Certified Rural Health Clinic (CRHC) Community Health Center (Sec. 330 or "Look-Alike") Community Mental Health Clinic (CMHC) Private For-Profit Clinic Public Clinic (operated by state or local government) Private Not-for-Profit Clinic Prison (Adult Corrections) Prison (Juvenile Justice Detention or Treatment)	Tribal-Managed Health Facility Critical Access Hospital Hospital Hospital-Affiliated Clinic Local Health Department Long-Term Care Facility State Psychiatric Hospital Other
Briefly describe position	
<b>Position title #4</b>	
<b>Name of practice/agency</b>	
<b>Position dates</b>	
<b>Position total years</b>	
<b>Clinical or admin. supervisor</b>	
<b>Supervisor email</b>	
<b>Supervisor phone</b>	
<b>Occupation (discipline)</b>	
<b>Site type</b> (check ALL of the following that apply):	
Certified Rural Health Clinic (CRHC) Community Health Center (Sec. 330 or "Look-Alike") Community Mental Health Clinic (CMHC) Private For-Profit Clinic Public Clinic (operated by state or local government) Private Not-for-Profit Clinic Prison (Adult Corrections) Prison (Juvenile Justice Detention or Treatment)	Tribal-Managed Health Facility Critical Access Hospital Hospital Hospital-Affiliated Clinic Local Health Department Long-Term Care Facility State Psychiatric Hospital Other
Briefly describe position	

**Part D – Questions**

Please describe those aspects of your personal, academic and/or employment history that you believe make you highly suited to provide healthcare to Alaska's underserved populations. *(limit 150 words)*

Please feel free to provide any other comments that you believe will help SHARP to determine your eligibility and priority for this support-for-service program. *(limit 150 words)*

