

FY 2026 National Health Service Corps (NHSC) Loan Repayment Program (LRP) Application and Program Guidance Glossary

Addiction Medicine Fellowship Program – As authorized by Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1)), trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder prevention and treatment services. Program completers will have received training in one of three tracks: (1) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services; (2) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or (3) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women.

Administrative Duties – May include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment-related activities pertaining to the participant's approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and NHSC LRP participants serving in such a capacity should keep in mind that they cannot count more than eight hours per week of administrative and/or management time if serving full-time (four hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

Advanced Nursing Education Nurse Practitioner Residency Program – As authorized by 42 U.S.C. § 296j (Section 811 of the Public Health Service Act), prepares new nurse practitioners in primary care for practice in community-based settings in rural and underserved areas through clinical and academic focused 12-month Nurse Practitioner Residency programs, with a preference for those projects that substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments. The Health Resources and Services Administration (HRSA)-funded nurse practitioner residency programs must be accredited by a recognized, professional nurse practitioner accreditation organization.

Advanced Nursing Education Nurse Practitioner Residency Fellowship Program – As authorized by 42 U.S.C. § 296j (Section 811 of the Public Health Service Act), prepares new Advanced Practice Registered Nurses to effectively provide primary care in underserved areas by supporting the establishment, expansion and/or enhancement of existing community-based Nurse Practitioner residency and fellowship training programs that are accredited or in the accreditation process. The program also focuses on the integration of behavioral health and/or maternal health into primary care by training new primary care providers (adult, family, adult

gerontology, pediatric and women's health nurse practitioners), behavioral health providers (psychiatric/mental health nurse practitioners) and/or Certified Nurse Midwives to transition from education completion to practice, in community-based settings in underserved areas.

Advanced Nursing Education Nurse Practitioner Residency Integration Program – As authorized by 42 U.S.C. § 296j (Section 811 of the Public Health Service Act), prepares new primary care or behavioral health nurse practitioners to work in integrated, community-based settings in rural and underserved areas. Under Section 805 of the Public Health Service Act, the Advanced Nursing Education Nurse Practitioner Residency Integration Program provided a funding preference for applicants with projects that substantially benefited rural or underserved populations or help meet public health nursing needs in state or local health departments. In addition, as directed in the Joint Explanatory Statement accompanying the Further Consolidated Appropriations Act of 2020, this program includes a funding preference for an applicant that is a Federally Qualified Health Center. The HRSA-funded nurse practitioner residency programs must be accredited by a recognized, professional nurse practitioner accreditation organization or be in the process of accreditation.

American Indian Health Facility Hospitals – A collective term used to refer to [hospitals that are both Indian Health Service-owned and Indian Health Service-operated, or Indian Health Service-owned and tribally operated](#) (that is, a federal facility operated by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally owned and tribally operated. For purposes of this program, facilities must have an affiliated outpatient clinic.

American Indian Health Facility, Tribal or Urban Indian Health Clinic/Hospital – A health care facility (whether operated directly by the Indian Health Service; or by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.), which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, visit: [Find Health Care Indian Health Service](#).

Approved Alternative Setting – Alternative settings include any setting in a Health Professional Shortage Area at which the clinician is directed to provide care by the NHSC-approved site (for example, shelters). The alternative sites must provide services that are appropriate for the discipline and specialty of the clinician and the services provided. Approved Alternative Settings may be at a lower HPSA score than the HPSA score on the participant's application. Services at alternative sites must be an extension of the comprehensive primary care provided at the NHSC-approved site.

Behavioral Health Providers - For purposes of the NHSC LRP, psychiatrists, health service psychologists, licensed clinical social workers, psychiatric nurse specialists, marriage and family therapists, nurse practitioners and physician assistants/physician associates who specialize in mental health and psychiatry, and licensed professional counselors. In general, these providers collectively diagnose, prevent and treat mental health and substance use disorders, life stressors, crises, and stress-related physical symptoms. For purposes of the NHSC LRP, this cadre of providers must serve in a HPSA designated to have a shortage for Mental Health Care.

Bureau of Health Workforce (BHW) – The bureau within the Health Resources and Services Administration that administers the National Health Service Corps and Nurse Corps Scholarship and Loan Repayment Programs, the Faculty Loan Repayment Program, Native Hawaiian Health Scholarship Program, and grants for the State Loan Repayment Program.

Care Coordination – For purposes of the NHSC, “Care Coordination” is the deliberate organization of patient care activities between the patient and two or more health care providers involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by private lenders specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions, which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the state in which the lender has its principal place of business. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the NHSC LRP.

Community-Based Settings – Facilities open to the public and located in a HPSA; expands the accessibility of health services by fostering a health-promoting environment and may provide comprehensive primary behavioral and mental health care services. These facilities may function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. NHSC service completed in Community-Based Settings is only applicable to behavioral and mental health providers that serve in community-based settings as directed by the NHSC-approved site and must be an extension of the comprehensive primary care provided at the NHSC-approved site.

Comprehensive Primary Behavioral/Mental Health Care Services – Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including medication prescribing and management, crisis care including 24-hour call access,

consultative services, and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Continuation Contract – An optional one-year extension of an NHSC LRP contract. The award level is dependent on the service status (that means, half- or full-time clinical practice) and the particular year of additional support. NHSC LRP participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received NHSC LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed and the continuation contract has been countersigned by the Secretary or their designee. An LRP participant cannot be guaranteed a continuation contract, and it is contingent upon the availability of funding.

Critical Access Hospital – A facility certified by the Centers for Medicare and Medicaid Services under section 1820 of the Social Security Act (42 USC 1395i–4). A Critical Access Hospital must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or Critical Access Hospital, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For the purposes of the NHSC, the Critical Access Hospital must have an NHSC- approved affiliated outpatient primary care clinic. For more information, review the [Critical Access Hospital Booklet](#).

Default of Payment Obligation – Being more than 120 days past due on the payment of a federal financial obligation or, being determined to be in default by the applicable federal program under the standards of that program.

Default of Service Obligation – Failure, for any reason, to begin or complete a contractual service obligation.

Direct Clinical Care – Work directly relating to the prevention, diagnosis, or treatment of physical, dental or mental illnesses. This may include both face to face and telehealth preventive care. Direct clinical care may be provided at NHSC-approved service sites and approved alternative settings.

Disadvantaged Background – The NHSC uses the same definition of “disadvantaged background” as that used by the Scholarships for Disadvantaged Students program (which is authorized by Sec. 737 of the Public Health Service Act, 42 U.S.C. § 293a); this refers to individuals who have been identified by their schools or can document having come from a “disadvantaged background” based on educational/environmental and/or economic factors. “Educational/Environmental factors” means that the individual comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education

or training in an allied health profession. “Economic factors” means that the individual comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for adaptation to this program.

Distant Site – A site where the NHSC participant is located while providing health care services via a telecommunications system.

Family and Family Member – As used in the APG and for the purposes of the NHSC, “family member” includes child or spouse, as well as unmarried partners living in the same household.

Federal Direct Student Loans – A student loan offered by the Federal Government that has a low interest rate for students and parents and is used to pay for the costs of any form of education after high school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

Federal Judgment Lien – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid federal debt (for example, a federal student loan or federally insured home mortgage). An Internal Revenue Service tax lien that is not created pursuant to a court-ordered judgment is not a federal judgment lien.

Federally Qualified Health Centers – include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service Act (42 USC 254b) (that means, health centers); (2) Federally Qualified Health Centers “Look-Alikes” which are nonprofit entities that are certified by the Secretary as meeting the requirements for receiving a grant under section 330 of the Public Health Service Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

Federal Fiscal Year – Defined as October 1 through September 30.

Full-Time Clinical Practice – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, see Eligible Providers and Clinical Practice Requirements section in the APG.

Government Loans – Loans made by federal, state, and county or city agencies authorized by law to make such loans.

Graduate Psychology Education Program – A HRSA-funded program authorized by 42 U.S.C. § 294e-1(a)(2) (Section 756(a)(2) of the Public Health Service Act) that trains addiction medicine

specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder prevention and treatment services. Program completers will have completed at least twenty-five (25) percent of the time in the experiential training site(s) delivering opioid use disorder and other substance use disorder prevention, treatment, and recovery services.

Half-Time Clinical Practice – Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, see the Service Obligation Requirements section in the APG.

Health Professional Shortage Area – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of the U.S. Department of Health and Human Services to have a shortage of primary medical care, dental, or mental health professionals based on criteria defined in regulation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by Health Resources Services Administration pursuant to Section 332 of the Public Health Service Act (42 U.S.C. § 254e) and implementing regulations (42 C.F.R. Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of the U.S. Department of Health and Human Services.

Health Workforce Connector – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information on NHSC-approved sites.

Holder – The commercial or government institution that currently holds the promissory note for the qualifying educational loan (for example, MOHELA, Aidvantage, etc.).

Lender – The commercial or government institution that initially made the qualifying loan (for example, Department of Education).

Maternity Care Target Area (MCTA) – A geographic area within a primary care Health Professional Shortage Area that has a shortage of maternity care health professionals.

Maternity Care Health Professionals – For purposes of the NHSC LRP, a subset of primary care providers: obstetricians/gynecologists, family medicine physicians who practice obstetrics, and certified nurse midwives. For purposes of the NHSC LRP, this cadre of providers must serve in a MCTA within a Primary Care HPSA.

National Health Service Corps – The Emergency Health Personnel Act of 1970, Public Law 91-623, established the NHSC on December 31, 1970. The NHSC program was created to address the health professional shortages in Health Professional Shortage Areas through the assignment

of trained health professionals to provide primary health services in a HPSA in return for scholarship and loan repayment.

National Health Service Corps Loan Repayment Program – The NHSC LRP is authorized by Sections 338B and 331(i) of the Public Health Service Act, as amended (42 USC 254l-1 and 254d(i)). Under the NHSC LRP, participants provide full-time or half-time primary health services in a HPSA, in exchange for funds to support repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

National Health Service Corps-Approved Site – NHSC-approved sites must be located in and provide service to a HPSA; provide comprehensive primary medical care, behavioral/mental health, and/or dental services; provide ambulatory care services (no inpatient sites except Critical Access Hospitals, American Indian Health Facility Hospitals, Tribally Operated 638 Hospitals or Rural Emergency Hospitals affiliated with an outpatient clinic); ensure access to ancillary, inpatient, and specialty referrals; charge fees for services consistent with prevailing rates in the area; discount or waive fees for individuals at or below 200% of the federal poverty level; accept assignment for Medicare beneficiaries; enter into agreements with Medicaid and the Children’s Health Insurance Program, as applicable; not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare/Medicaid/Children’s Health Insurance Program); prominently post signage that no one will be denied access to services due to inability to pay; agree not to reduce clinician’s salary due to NHSC support; provide sound fiscal management; and maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. All NHSC-approved service sites must continuously meet the above requirements. For more information about NHSC service sites, see the [National Health Service Corps Site Reference Guide](#).

Nurse Practitioner Residency – A nurse practitioner residency program is a voluntary post-graduate training program through which licensed and certified new advanced practice nurse graduates are provided additional didactic and clinical experiences alongside other healthcare providers, enhancing transition from education to practice. Nurse Practitioner Residency programs aim to prepare novice nurse practitioners to practice as providers and support their professional transition to clinical practice. This form of mentored clinical education occurs within a structured learning environment, typically lasts 12 months long and diversifies the nurse practitioner clinical preparation via varied clinical rotations, supervised hours, and didactic training.

Oral Health Providers – For purposes of the NHSC LRP, dentists (Doctor of Medicine in Dentistry or Doctor of Dental Surgery) or licensed dental hygienists work independently or as part of a team to diagnose, treat the oral health care needs of patients with an emphasis on prevention, treatment, and patient education. For the purposes of the NHSC LRP, this cadre of providers must serve in a HPSA designated to have a shortage for Dental Care.

Originating Site – A site where the NHSC participant’s patient(s) is located while providing health care services via a telecommunications system.

Postgraduate Training – Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (for example, internships, residencies, chief residency, and fellowships).

Primary Care – Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary Care Providers – For purposes of the NHSC LRP, physicians, nurse practitioners, and physician assistants specializing in adult, family practice, internal medicine, pediatrics, and geriatrics. Each professional provides a range of health services from prevention, wellness, and treatment throughout the lifespan and may coordinate a patient’s care with specialists. For purposes of the NHSC LRP, this cadre of providers must serve in a HPSA designated to have a shortage for Primary Care.

Primary Health Services – For purposes of the NHSC LRP, primary health services mean health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health (including substance use disorder), that are provided by physicians or other health professionals.

Qualifying Educational Loans – Government and private student loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to their submission of an application to participate in the NHSC LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

Reasonable Educational Expenses – The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school’s estimated standard student budget for educational expenses for the participant’s degree program and for the year(s) of that participant’s enrollment. *Debt associated with residency programs or relocation is not considered “reasonable educational expenses” under the NHSC LRP.*

Reasonable Living Expenses – The costs of room and board, transportation, and commuting costs, which do not exceed the school’s estimated standard student budget for living expenses at that school for the participant’s degree program and for the year(s) of that participant’s enrollment. *Debt associated with residency programs or relocation is not considered “reasonable living expenses” under the NHSC LRP.*

Rural Emergency Hospitals- A facility certified by the Centers for Medicare & Medicaid Services under section 125 of the Consolidated Appropriations Act, 2021. A Rural Emergency Hospital must be located in a rural area, maintain a transfer agreement with a Level I or Level II trauma center, provide emergency department services 24 hours a day, seven days a week, and have no more than 50 beds used exclusively for outpatient observation and emergency services. Rural Emergency Hospitals do not provide inpatient services but may offer other outpatient and post-acute care services, including skilled nursing facility services. For more information on Rural Emergency Hospitals, please refer to the Centers for Medicare & Medicaid Services [page](#) and [fact sheet](#).

School – A public or private institution (including home schools), providing instruction to children of compulsory school age in kindergarten, grades 1-12, or their equivalent. The operation and administration of the school must meet applicable federal, state, and local laws, and services provided by NHSC participants in a school must be an extension of the comprehensive primary care provided at the NHSC-approved site.

School-Based Clinics – A part of a system of care located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health provider relationships. This facility provides - through health professionals - primary health services to school-aged children and adolescents in accordance with federal, state, and local law, including laws relating to licensure and certification. In addition, the site satisfies such other requirements as a state may establish for the operation of such a clinic.

Service Year - For purposes of the NHSC LRP, a service year is considered as two consecutive six-month periods starting from the date your NHSC contract is countersigned by the Secretary’s designee.

Solo or Group Private Practice– A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental, and/or mental health services and can be organized as entities on the following basis: family practice group; primary care group; or multi-specialty group.

Spanish Language Assessment – An assessment administered by a General Services Administration vendor to determine if an applicant meets the language proficiency standard to receive a loan repayment award above the standard award.

Spanish Language Award Enhancement - A supplemental enhancement award of up to \$5,000 will be made to providers who demonstrate a proficiency in communicating in Spanish based on the results of an assessment administered by a General Services Administration approved vendor. In addition, the provider's site point of contact must verify on the employment verification form that the provider directly provides oral Spanish speaking services to patients with limited English proficiency.

Spouse – As used in the APG and for the purposes of the NHSC, “spouse” includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in United States v. Windsor and in Obergefell v. Hodges, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions, or similar formal relationships recognized under state law as something other than a marriage.

State – As used in the APG, state includes the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Teaching Activities – As used in the APG, teaching is providing clinical education to students or residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved service site(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see Full-Time or Half-Time Clinical Practice Requirements section, as applicable). The clinical education must:

- (1) Be conducted as part of an accredited clinical training program;
- (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or
- (3) include mentoring that is conducted as a part of the Health Careers Opportunity Program or the Center of Excellence program, which are both funded through Health Resources Services Administration grants. Teaching may be conducted at the NHSC-approved practice site specified in the participant’s My BHW Account profile. If the NHSC participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

Teaching Health Center – An entity funded by HRSA under Section 340H of the Public Health Service Act (42 U.S.C. § 256h) that (1) is a community-based, ambulatory patient care center and (2) operates a primary care postgraduate training program (that means, an approved graduate medical residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded Teaching Health Centers are listed on the [Health Resources and Services Administration Data Warehouse](#) site.

Teaching Health Center Graduate Medical Education Program – As authorized by Section 340H of the Public Health Service Act (42 U.S.C. § 256h), the Teaching Health Center Graduate Medical Education payment program provides funding to support the training of residents in primary care or dental residency programs in community-based ambulatory patient care centers.

Telehealth – Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient at the originating site and the NHSC participant at the distant facility. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service through, or provided for in, a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 USC 450 et seq.).

Unencumbered License – An unencumbered license means a license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.