



## PSYCHIATRIC-MENTAL HEALTH NP CERTIFICATE SCHOLARSHIP APPLICATION Attestation Agreement

I attest and agree to the following conditions of the VHCF Psychiatric-Mental Health Nurse Practitioner (*PMHNP*) Certificate Scholarship Program, as verified by checking the boxes below, attaching the documents required, and providing my signature at the end of the Agreement.

### A. Eligibility Conditions

- I have a master's degree in nursing.
- I am licensed in Virginia as a \_\_\_\_\_ Nurse Practitioner; license #\_\_\_\_\_.
- I have been accepted into a Psychiatric-Mental Health NP Post-Masters Certificate program at \_\_\_\_\_ (*attach SON acceptance letter*).
- I am not/will not be concurrently enrolled in a doctoral nursing program.
- I will be enrolled in the program full-time or following the school's plan of study to complete the program in the shortest time possible.
- I do not have any existing service obligation, such as National Health Service Corps or other state or federal loan/scholarship programs.
- I have an agreement with my current employer that will provide flexible work time for me to attend the program (*attach Verification of Employment and Accommodation Form*).
- I am currently \_\_\_employed or \_\_\_volunteer (\_\_\_*hrs/month*) in a health safety net setting (*free clinic, federally qualified health center, or other similar organization*).

**Note:** Preference will be given to clinicians working or volunteering in a health safety net setting at the time of application. Experience in the health care safety net is not required to be considered for this scholarship.

**B. Conditions: During the Psychiatric-Mental Health NP Certificate Program**

- I have signed a permission/release of information form for VHCF to receive grade reports and set up business office accounts for payment of tuition and fees (*attach SON FERPA document*).
- I will maintain full-time enrollment or follow the plan of study as defined by the SON program; and, I understand that only courses required for program completion will be counted toward enrollment status and underwritten by VHCF.
- I understand that I must document acceptable progression from semester to semester (*B average or above; pass for all clinical courses*) to receive payment for the next semester. I will submit unofficial grade reports to VHCF within two (2) weeks of the end of each semester, and official grade reports as soon as available.
- I will notify the VHCF program manager in writing (*email notification acceptable*) of any changes in personal information (*e.g., email, address, name*). I will notify the VHCF program manager in writing (*email notification acceptable*) of any issues with enrollment/progression within two (2) weeks of the issue arising; issues include: repeat of any course work; change in completion date; leave of absence approved by SON; withdrawal or dismissal; change in full-time status; voluntary withdrawal from any course. I understand that VHCF will pay full-time tuition and required fees, as established by each program.

**C. Conditions: After Program Completion**

- I agree to work full-time in a Virginia health safety net organization as a PMHNP for two (2) years after program completion (*the date I receive written notice that all course requirements have been successfully completed*).
- I understand that I must work full time in the PMHNP clinical role to meet the service obligation.
- I understand that I must begin the service commitment within three (3) months after program completion.
- I will obtain national certification as a PMHNP through the American Nurses Credentialing Center (ANCC) immediately after program completion.

- I will obtain licensure in Virginia as a PMHNP, immediately after I am nationally certified.
- I understand that I will only receive credit toward the service obligation after obtaining national certification and state licensure as a PMHNP and starting to provide clinical services at an approved health safety net site in Virginia.
- I will document the official repayment start date with written employer verification of the employment start date. Assuming completion of required hours, the repayment end date will be exactly 2 years later (*use VHCF Verification of Volunteer Engagement or Employment in the HSN form*).
- I will work full-time, at least 40 hours per week in Virginia's health care safety net, with no more than 8 hours per week of non-clinical/administrative time. If I am unable to obtain a 40 hour commitment with my primary employer, I will find a secondary employer to provide a total of 40 hours per week, or negotiate an alternative by which I provide the requisite hours with VHCF.
- I understand that I may be absent from work no more than 35 full-time days (*280 hours*) per year for vacation, sick, personal, or professional leave without obtaining a temporary suspension of the service commitment from VHCF.
- I will report service hours and clinical practice characteristics to VHCF on a quarterly basis during repayment of the service commitment (*use VHCF Quarterly Report of Service Hours form*).

**D. Conditions: Variances, Breach of Contract & Repayment**

- I agree to follow procedures related to requesting temporary suspension in program enrollment or service commitment (*use VHCF Request for Temporary Suspension form*). I understand that acceptable reasons for requesting a temporary suspension include: (a) leave of absence for medical or personal reasons (*up to one year*); (b) maternity/paternity/adoption leave (*up to 12 weeks*); and, (c) call to active military duty.

- I agree to follow procedures related to requesting a permanent waiver in program enrollment or service commitment (*use VHCF Request for Permanent Suspension form*). A permanent waiver relieves the recipient of all or part of the service obligation. It may be granted only if the recipient demonstrates that compliance with his/her obligation is permanently unconscionable.
- I agree to policies related to repayment of funds if the contract is breached by failure to complete the academic program or failure to begin or complete the service commitment. I understand:
  - a.** If the contract is *breached during the academic program or any time prior to graduation from the program*, all tuition and fees paid by VHCF must be repaid within three (3) years, with interest accruing at the prime rate from the date of default.
  - b.** If the contract is *breached related to the service commitment*, all tuition and fees paid by VHCF must be repaid within three (3) years, with interest accruing at the prime rate from the date of default, plus liquidated damages in the amount of 50% of the total amount owed.
  - c.** If repayment is not completed within 3 years, the debt will be considered delinquent, reported to a commercial credit reporting agency, and may be referred to a collection agency for follow-up.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**VHCF Executive Director Signature**

\_\_\_\_\_  
**Date**