

California State Loan Repayment Program Technical Assistance Guide

Department of Health Care Access and Information

For Cycle Year 2026

Background and Mission

Pursuant to the U.S. Public Health Services Act Title III, Section 338 (A)-(I) (42 U.S.C. Section 254q-1(a)-(i)), the Department of Health Care Access and Information (HCAI) will consider applications to provide for the increased availability of primary healthcare services in health professional shortage areas.

HCAI works to increase and improve its cultural responsiveness to California's healthcare workforce. The State Loan Repayment Program (SLRP) provides loan repayment assistance to healthcare professionals who provide healthcare services in federally designated California Health Professional Shortage Areas (HPSA).

Application Key Dates

Application release: July 15, 2026

Application deadline: September 15, 2026

Applications open and close at 3:00 pm

Proposed Grant Agreement start date: March 1, 2027

Deadline to cancel without penalty: May 15, 2027

Before You Apply

- Applicants must agree and adhere to all terms and conditions of the program, the grant guide, and their signed SLRP Grant Agreement before receiving funds.
- This application cycle is a matching cycle. Practice sites must be pre-approved, prior to applying to the program.
- The amount awarded by HCAI shall be matched by an equal amount from the approved practice site(s).
- Funding shall be used to the qualifying educational loan(s) provided by the lending institution(s) listed on the Program Application.
- Applicants must reside in the State of California and Training sites must be located in California.
- HCAI **will not** make changes to the terms and conditions specified in the Grant Agreement.

We encourage you to review the SLRP grant guide prior to applying to the program to ensure you meet all eligibility requirements.

If you need any assistance, please contact us at SLRP@hcai.ca.gov.

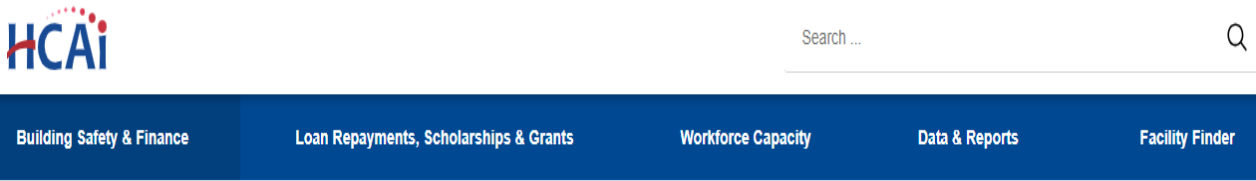
Available Funding

- The SLRP is funded through a grant from the federal National Health Service Corps (NHSC) and various state grants.
- The program is limited to \$333,000 in Song-Brown state funding.
- The program is limited to \$750,000 in Federal funding.

Helpful Resources

- [California State Loan Repayment Program](#)
- [2026-27 – State Loan Repayment Program \(SLRP\) Grant Guide](#)
- [eApp Funding Portal](#)

Logging in/ Creating an Account



Apply to HCAI Funding

Students, professionals, and organizations may be eligible for HCAI's scholarships, loan repayment programs, and grants. Check your eligibility, view our open applications, or sign in to start an application. Need help? [Contact Us](#)

[Check your eligibility](#) [Sign in or Register](#)

Our sign in experience has been changed to be more secure. If you are a returning user you may need to create a new account using the same email address as your previous account. [Learn more](#)

APPLICATIONS – OPEN OR COMING SOON

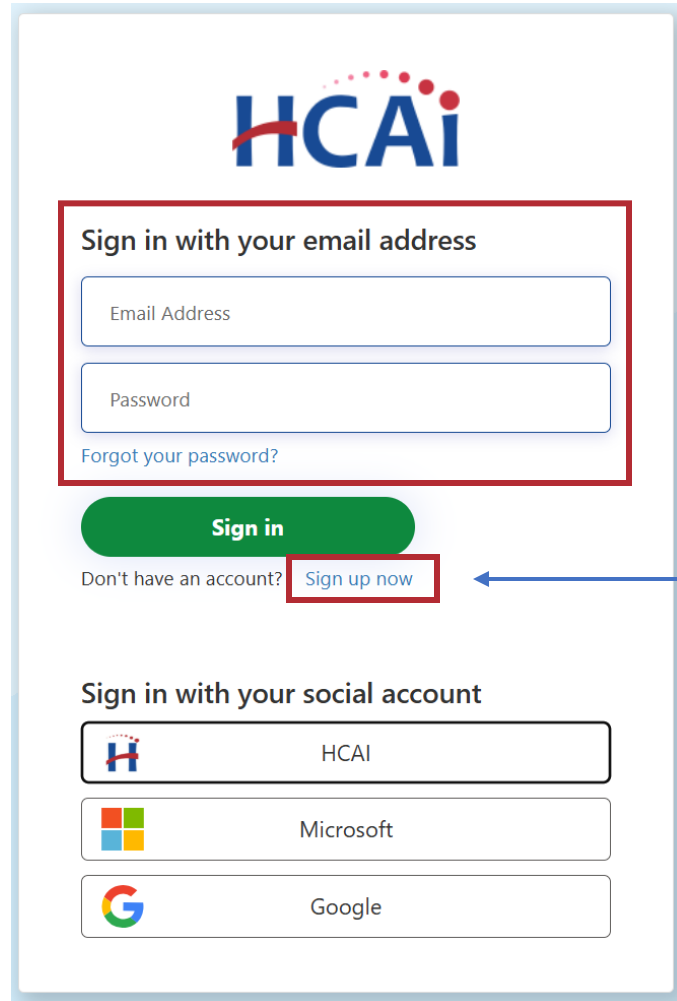
Program ↑	Release Date	Due Date	Who Can Apply
2024-25 Associate Degree Nursing Scholarship Program	11/01/2024 3:00 PM	12/13/2024 3:00 PM	Student

For SLRP Applicants only:

Start by going to <https://funding.hcai.ca.gov/> and click on “Sign in or Register” if you are a returning user or creating a new account.

Note: If you are a site administer, contact SLRP@hcai.ca.gov for further assistance.

HCAi User Login Page



The screenshot shows the HCAi login page. At the top is the HCAi logo. Below it is a section titled "Sign in with your email address" enclosed in a red border. This section contains an "Email Address" input field, a "Password" input field, and a "Forgot your password?" link. Below this is a green "Sign in" button. Under the button is the text "Don't have an account?" followed by a "Sign up now" link, which is also enclosed in a red border. Below the email sign-in section is a section titled "Sign in with your social account" containing three buttons: "HCAi" (with the HCAi logo), "Microsoft" (with the Microsoft logo), and "Google" (with the Google logo). Blue arrows point from the text on the right to the "Sign in with your email address" section and the "Sign up now" link.

For all SLRP Applicants:

- Start by going to <https://funding.hcai.ca.gov/>.

For Continuation Applicants:

- Login using your email and password previously established.

For New Applicants:

- Select the “Sign up now” link.

Note: If you are a site administrator, contact SLRP@hcai.ca.gov for further assistance.

For Continuation Applicants

funding.hcai.ca.gov/profile/

HCAi California Department of Health Care Access and Information

Newsroom Public Meetings About HCAi Subscribe Careers

Assign Other Users Sign Out ZZZFirstName (Applicant) LastNameZZZ (Applicant)

Apply Here Applications - In Progress/Submitted Awards Payments/Deliverables Messages

Profile

ZZZFirstName (Applicant)
LastNameZZZ (Applicant)

My Security Settings
Change Email

Select your user type. (Choose all that apply) *

☒ Healthcare Professional
☐ Student

Prefix
Select

First Name * Middle Initial
ZZZFirstName (Applicant)

Last Name * Suffix
LastNameZZZ (Applicant) Select

☐ Receive email announcements for new **funding** opportunities

Submit

For Continuation Applicants, after logging in, you will be directed to your user Profile page.

- If you do not need to update your personal information, you can select the “Apply Here” tab.
- You will have the opportunity to update any personal information as needed on this page.
- After updating your information, scroll to the bottom of the page and select the “Submit” button to save your newly updated information.

For New Applicants: Setting up Your Profile

Profile

 SLRP -

My Security Settings
[Change Email](#)

Select your user type. (Choose all that apply) *

- ☐ Healthcare Professional
- ☐ Student
- ☐ Organization for healthcare workforce support
- ☐ Organization for small rural hospital improvement

Submit

For New Applicants, creating their profile for the first time.

Check the “Healthcare Professional” box. After checking that box, you will immediately be presented with additional options.

Continue to complete your user Profile. After completing your user profile, select the “Submit” button at the bottom of the page to save your profile information.

Note: This information can be updated at any time in the future.

Profile Information

Application SLRP [redacted] – State Loan Repayment Program

0%10%

Profile Information

Please go to your profile page to make updates to this information, as necessary.

Date of Birth

What sex were you assigned at birth, on your original birth certificate?

Driver License or ID#

Email Address

How do you describe your sexual orientation? (Select only one)

How do you describe your gender identity? (Select only one)

Are you Hispanic, Latino/a/e, or of Spanish Origin? (One or more categories may be selected)*

☐ No

☒ Yes, Mexican, Mexican American, or Chicano/a

☐ Yes, Puerto Rican

☐ Yes, Cuban

☐ Yes, Central American

☐ Yes, South American

☐ Yes, Other Hispanic, Latino/a/e, or of Spanish Origin (specify)

Other Hispanic, Latino/a/e, or Spanish Origin

☐ Decline to state

Provide the following information:

- Enter your date of birth.
- Select your sex based on your original birth certificate.
- Enter your Driver License or ID#.
- Enter your personal email address.
- Identify if you are Hispanic, Latino/a/e, or of Spanish Origin.
- Select your sexual orientation.
- Select your gender identity.

Note: Your screen layout may vary from what is shown in the examples.

Profile Information (continued)

Race* 

☐ American Indian, Native American, or Alaska Native

☐ Asian, Asian Indian

☐ Asian, Chinese

☐ Asian, Cambodian

☐ Asian, Filipino

☐ Asian, Indonesian

☐ Asian, Japanese

☐ Asian, Korean

☐ Asian, Laotian

☐ Asian, Singaporean

☐ Asian, Thai

☐ Asian, Vietnamese

☐ Asian, Other Asian (Please specify)

other Asian

☐ Black, African-American, or African

☐ Middle Eastern

☐ Pacific Islander, Guamanian

☐ Pacific Islander, Hawaiian

☐ Pacific Islander, Samoan

☐ Pacific Islander, Other (Please specify)

Other Pacific Islander

☒ White/Caucasian

☐ Other(Please specify)

Other

☐ Decline to state

Select your race.

Profile Information (continued)

Click on the **Select Address** button to populate the Address Fields.

Select Address

Street Address *

Suite/Apt/Dept

City *

State

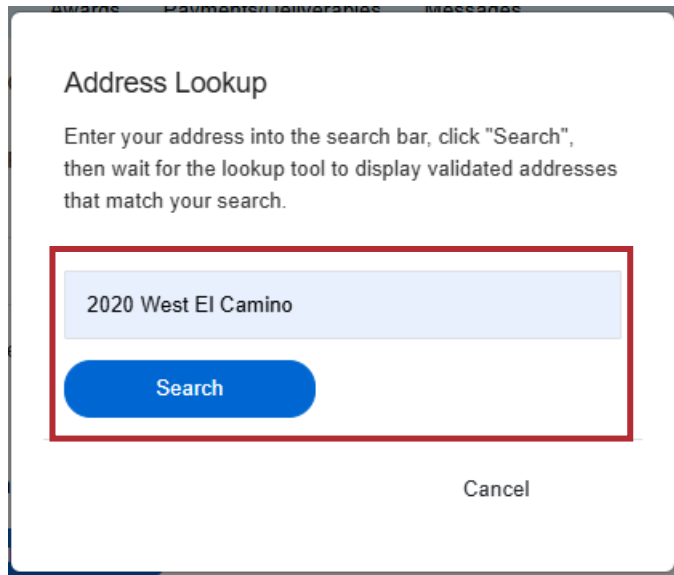
Zip Code *

County

Click the “Select Address” button.

Profile Information (continued)

- Type the street address and select “Search”



Address Lookup

Enter your address into the search bar, click “Search”, then wait for the lookup tool to display validated addresses that match your search.

2020 West El Camino

Search

Cancel

- After the address generates, select it.

Address Lookup

Enter your address into the search bar, click “Search”, then wait for the lookup tool to display validated addresses that match your search.

2020 West El Camino

Search

Search Results

Select the correct validated address from the search results.

☐ 2020 W El Camino Ave,
Sacramento, CA
95833

Profile Information (continued)

Continue to complete the following information.

- Phone 1: A primary contact number (personal phone preferred).
- Phone 2: (optional).
- Email: Will be your login email (pre-filled).
- Select the “Receive email announcements for new **funding** opportunities (optional).
- Select the “Submit” button after all information is completed.

The form contains the following elements:

- Phone 1 ***: A text input field with a blacked-out placeholder.
- Phone 2**: A text input field with the placeholder text "Provide a telephone number".
- Email ***: A text input field with a blacked-out placeholder followed by ".com".
- ☐ **Receive email announcements for new **funding** opportunities**
- Submit**: A blue button with rounded corners.

Blue arrows indicate the sequence: from the top to Phone 1, then to Phone 2, then to Email, then to the checkbox, and finally to the Submit button.

Apply Here

Open grant applications matching your Profile are displayed below. To find additional applications, please change the applicable user types in your [Profile](#). To find applications already started or submitted, go to the Applications In Progress/Submitted tab.

Program	Release Date	Due Date	Who Can Apply
Allied Healthcare Loan Repayment Program 2026	05/08/2023 3:00 PM	07/31/2026 3:00 PM	Healthcare Professional
Bachelor of Science Nursing Loan Repayment Program 2026	05/01/2026 3:00 PM	09/30/2026 3:00 PM	Healthcare Professional
County Medical Services Program Loan Repayment Program 2026	09/16/2025 3:00 PM	12/31/2026 5:00 PM	Healthcare Professional
Licensed Mental Health Services Provider Education Program 2026	04/27/2026 3:00 PM	09/24/2026 8:00 AM	Healthcare Professional
Licensed Vocational Nurse Loan Repayment Program 2026	04/29/2026 3:00 PM	08/19/2026 8:00 AM	Healthcare Professional
State Loan Repayment Program 2026	07/15/2026 3:00 PM	09/15/2026 3:00 PM	Healthcare Professional
Steven M. Thompson Physician Corps Loan Repayment Program 2026	03/31/2025 3:00 PM	11/25/2026 2:00 PM	Healthcare Professional

After completing the setup of your user profile or verifying your profile is updated, complete the following.

- Navigate to the “Apply Here” page on the main menu.
- Select the “State Loan Repayment Program 2026” link and click the “Apply” button when you are ready to begin.

Helpful Tips

Asterisks *

The red asterisks indicate which fields require a response before proceeding to the next page.

Training Program Title *

Tooltips ?

Throughout the application you may see a blue circle with a question mark at the end of a question, title, or sentence. Click on these icons for additional information.

The last name of the primary contact at the contract organization.

Contract Administrator Last Name * ?

Helpful Tips (continued)

Saving your application

Each time you click “Save & Next” in the application your progress is saved. Navigate to the “Applications-In Progress/Submitted” page to resume your application.

Apply Here	Applications - In Progress/Submitted	Awards	Payments/Deliverables	Messages
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Your applications are shown below. Click the dropdown arrow on the right to edit, delete, or view details. Applications that have been submitted cannot be edited or deleted.

Application Number ↓	Program	Application Due Date	Status ↑	Status Date	Options
SLRP-0022046	State Loan Repayment Program 2026	09/15/2026 3:00 PM	In Progress	07/10/2026 2:37 PM	

Navigating the application

Use the “Previous” and “Save & Next” buttons found at the bottom left of each page.



Starting an Application

General Information

[Apply Here](#) [Applications - In Progress/Submitted](#) [Awards](#) [Payments/Deliverables](#) [Messages](#)

Application SLRP-0022046 – State Loan Repayment Program

General Information

Program *

State Loan Repayment Program 2026

Applicant Name ?

Please list any other names you go by such as maiden names, nicknames etc.

Select the profession/discipline for which you have a current, unrestricted license to practice in the State of California.*

Nurse Practitioner (NP)

Provide the following information:

Note: Some of this information may be pre-populated.

- Add your program name.
- Add your name.
- List any other names you go by.
- Select the profession/discipline for which you have a current, unrestricted license to practice in the State of California.

General Information (continued)

Are you a new applicant, or a continuing applicant filing for an extension?*

☐ New ☒ Continuing

What was your previous Grant Agreement Number?*

Continuation Year:*

Year 1

Have you received/participated in any of the following:*

- The Health Resources and Services Administration's (HRSA) Scholarship for Disadvantaged Students.
- Federal Supplement Educational Opportunity Grant (FSEOG).
- Pell Grants.
- Perkins Loan.
- Work Study Program.
- California College Promise Grant from California Community College.
- Food Stamp Program (e.g. Cal Fresh, SNAP, EBT).

☐ No ☒ Yes

Do you have an existing service obligation?*

☒ No ☐ Yes

Answer the following questions:

- Are you a new or a continuing applicant?
- If you are a continuing applicant, enter your previous Grant Agreement Number.
- Enter your continuation year.
- Answer the remaining questions.

When complete, click “Save & Next”.

Note: After saving, you can leave and return later to continue working on your application.

General Information (continued)

Please continue answering the application questions:

Are you free of judgments arising from Federal debt?*

☒ No ☐ Yes

Are you delinquent with any court ordered child support?*

☒ No ☐ Yes

Are you a National Health Service Corps (NHSC) scholar or alumni?*

☒ No ☐ Yes

Have you applied, or do you plan to apply for the NHSC Federal Loan Repayment Program?*

☒ No ☐ Yes

What is your Active Military or Veteran Status?*

Active Duty Military

Do you have a Rural Residential Background?*

☒ No ☐ Yes

- Are you free of judgments arising from Federal debt?
- Are you delinquent with any court ordered child support?
- Are you a National Health Service Corps (NHSC) scholar or alumni?
- Have you applied, or do you plan to apply for the NHSC Federal Loan Repayment Program?
- Select your Active Military or Veteran Status?
- Do you have a Rural Residential Background?

General Information (continued)

Select “Yes” if one or more of these situations applies to you, or “No” if none of them do, and then click “Save & Next”.

Do one or more of these situations apply to you?*

- Were or currently are homeless.
- Were or currently are in the foster care system.
- Were eligible for the National School Lunch Program (free and reduced price meals) for two or more years as a child.
- Do not have or have not had parents or legal guardians who completed a bachelor's degree.
- Were or currently are eligible for federal Pell Grants.
- Received support from the California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as a parent or child.
- Reside or grew up in one of the following areas:
 - A rural area, as designated by the Rural Health Grants Eligibility Analyzer. Use this link to check - [Rural Health Grants Eligibility Analyzer](#).
 - A health professional shortage area, as designated by the HRSA.
 - Is an individual with a disability, meaning a person with a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), as amended.

☐ No ☒ Yes

Save & Next

Contact Information

Application SLRP-0022046 – State Loan Repayment Program

14%

Contact Information

Please provide one unique contact. This should be a person not living with you (preferably relatives) that will know how to reach you should we need to contact you.

Contact First Name *

Contact Last Name *

Provide a contact first and last name.

Note: This should be a person who does not live with you (preferably relatives) that will know how to reach you should we need to contact you. Providing duplicate contacts will reduce your chances of being approved.

Contact Information (continued)

Click on the **Select Address** button to populate the Address Fields.

Select Address

←

Street Address *

City *

State *

Zip Code *

Contact Phone *

Contact Email *

Contact Relationship to Applicant *

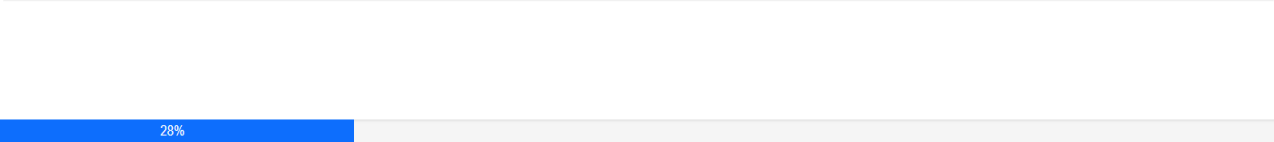
Previous

Save & Next

- Click on the “Select Address” button to populate the Address Fields.
- Follow the previous “Select Address” steps to add the address.

Educational Information

Application SLRP-0022046 – State Loan Repayment Program



Educational Information

Please provide the name and address of the high school you graduated from or the home address if you were homeschooled or received a GED. Click on the "Not Applicable" checkbox if you did not receive a high school diploma or GED within the United States.

☐ Not Applicable

High School Name*

Monterey Trail

Select Address

Provide the following information:

- Select the "Not Applicable" checkbox if you did not receive a high school diploma or GED within the United States.
- Provide the name of the high school you graduated from.

Educational Information (continued)

Select Address

Street Address*

8661 Power Inn Rd

City*

Elk Grove

State*

CA

Zip Code*

95624

Country*

United States of America (USA) ▼

Are you the first member of your family to attend college?*

☐ No ☒ Yes

- Provide the address of the high school you graduated from or the home address if you were homeschooled or received a GED.
- Are you the first member of your family to attend college?

Educational Information (continued)

Highest level of degree obtained?*

Bachelor Degree

Did you attend a College/University outside of the United States?

☒ No ☐ Yes

College/University Name *

Sacramento State

Select Address

Street Address*

6000 Jed Smith Rd

City*

Hidden Hills

State*

CA

Zip Code*

91302

- Enter your highest level of degree obtained.
- Did you attend College/University outside of the United States?
- Enter the name of your college/university.
- Click “Select Address” to populate your college/university address.

Educational Information (continued)

Country*

United States of America (USA)

Date of Graduation*

05/10/2021

- Select the country.
- Enter your date of graduation.

Previous

Save & Next

Professional Information

Application SLRP-0022046 – State Loan Repayment Program



Professional Information

License or Registration Number * ?

National Provider Identifier (NPI) *

How many years of experience do you have working or training in HPSAs? * ?

Less than 1 year

▼

What percent of your time is spent serving adults ages 65 or older? *

0 to 24.99%

▼

Provide the following information:

- Enter your professional license or registration number.
- Enter your National Provider Identifier (NPI) number.
- Select the experience you have working or training in HPSAs.
- Select what percent of your time is spent serving adults ages 65 or older.

Professional Information (continued)

What percent of your time is spent serving children and youth ages 0 to 25?*

50% to 74.99%

Select the HRSA/BHW program you most recently participated in prior to applying to the California SLRP.*

None of the Above

Indicate which Medication Assisted Treatment (MAT) services you provide.*

None of the Above

Do you hold a Substance Use Disorder License or Certificate?*

☐ Yes ☒ No

Indicate which of the following key services you provide (select all that apply)*

- ☐ COVID - 19 Treatment or Prevention Services
- ☐ Integrated Behavioral Health in Primary Care Services
- ☒ Substance Use Treatment Services
- ☐ Telehealth Services
- ☐ None of the Above

Indicate which DATA 2000 Waiver you hold:*

None of the Above

Previous

Save & Next

Provide the following information:

- What percent of your time is spent serving children and youth ages 0 to 25?
- Select the HRSA/BHW program you most recently participated in prior to applying to the California SLRP.
- Indicate which Medication Assisted Treatment (MAT) services you provide.
- Do you hold a Substance Use Disorder License or Certificate?
- Indicate which of the following key services you provide (select all that apply).
- Indicate which DATA 2000 Waiver you hold.

Employment Verification

Employment Verification

Use the **Add a Current/Future Employer** button to enter current and/or future employers.

Employment verification requirements:

- You must list at least one current or future employer, and all listed employers must be part of the same organization.
- If you are not currently employed at a site, you must have a valid offer and start date to begin employment at that site.
- Your total work hours and direct patient care hours across all listed sites must meet the eligibility requirements for your discipline.
- Once you submit your application, the program will notify your Site Administrator and ask them to verify your employment or employment offer.
- If you cannot find your practice site on the list of available sites, [click here for more information](#).
- You must upload a completed and signed EVF(s) at the end of this application.
- Please refer to the Grant Guide for detailed instructions and reporting requirements, [click here for more information](#).

Note: Please enter the street address(es) for the site(s) where you provide the majority of your direct patient care. Do not provide the street address for your organization's headquarters or business office.

Do you work full-time or half-time? *

☒ Full-time ☐ Half-time

Current/Future Employer(s) (Limit of 4) *

Add a Current/Future Employer				
Employer Name	Employment	Start Date ↓	Direct Patient Care Hours Per Week	Total Hours Per Week
Adventist Health Clearlake Medical Office - Lower Lake	I currently work here	02/02/2021	40	40

Provide the following information:

- Do you work Full-time or Half-time?
- Select the “Add a Current/Future Employe” button to add your practice site to the application.

Note: The SLRP grant guide provides more details regarding full-time and part-time employment.

Employment Verification (continued)

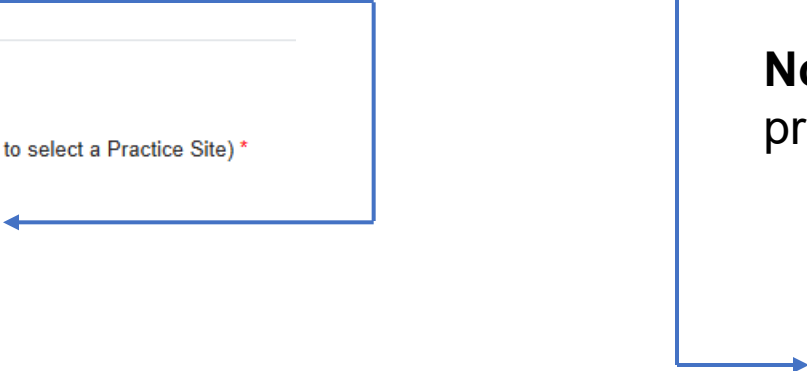
Under the “Add a Current/Future Employer” screen:

- Select the address box

Add a Current/Future Employer

Employer/Practice Site (Click on the Search icon to select a Practice Site) *





- In the Lookup records box, type the name of your practice site and select the search icon.

Note: Ensure you are specific about the practice site name when entering it.

Lookup records



Employment Verification (continued)

Lookup records

test site

Choose one record and click Select to continue

Organization	Street		Zip	Site
✓ Name ↑	Address	City	County	Code Admini
Test Site - HCAI				

Select Cancel Remove value

- After looking up your practice site, select the site name listed and press the “Select” button.

Important: If your site does not populate, it may not currently be on our list of approved practice sites. Before selecting your site, it must be pre-approved by the SLRP. Please have your site administrator contact us at SLRP@hcai.ca.gov to assist with adding your practice site to our system.

Employment Verification (continued)

Add a Current/Future Employer

Employer/Practice Site (Click on the Search icon to select a Practice Site) *

Test Site - HCAI



Employment *

☒ I currently work here ☐ This is my future employer

Start Date *

06/01/2026



Description of Duties *

Explain in detail a description of job duties performed at your practice site.

After selecting your practice site, enter the following information:

- Employment: Select if this is a current employer or a future employer.
- Start Date: Select the date you started with this site or plan to start with this site.
- Description of Duties: Describe in detail your normal duties and functions in your job.

Employment Verification (continued)

Add a Current/Future Employer

Please select your primary practice setting*

Select ▼

I am employed by a (check all that apply):*

- ☐ California Nursing School
- ☐ Childrens Hospital
- ☐ Correctional Facility
- ☐ County-Operated Health Facility
- ☐ Federally Qualified Health Center (FQHC)
- ☐ Native American Health Center
- ☐ Non-Profit Mental Health Facility Contracted with County Entity
- ☐ Public Mental Health Facility
- ☐ Public School Facility
- ☐ Publicly Funded Mental Health Facility
- ☐ Rural Health Clinic
- ☐ Skilled Nursing Facility
- ☐ State-Operated Health Facility
- ☐ Substance Use Facility
- ☐ Veterans Facility
- ☐ None of the Above

- Select your primary practice setting from the dropdown list.
- Select any and all options that apply to your practice site.

Employment Verification (continued)

EMPLOYMENT VERIFICATION

Instructions:

1. Download and print out the Employment Verification Form (EVF) for each of your current employers or future employers. You will be required to upload the completed form at the end of your application. The Employment Verification Form must be the revised date of 6/16/2023 (located at bottom right of EVF form). Both ink and electronic signatures are acceptable. You must use the form linked in this application as EVF documents vary from program to program. The information entered on this form and on your signed documentation must match. You may not sign this EVF. The EVF is to be completed and signed by the direct supervisor or appropriate designee. **Inconsistencies between the information reported on your application and EVF will result in an ineligible application and will not be considered for an Award.**

Download Employment
Verification Form (EVF)

Continue to scroll down and complete the following information.

Employment Verification Form (EVF):

- Download the EVF by selecting the button. This form will need to be completed in its' entirety and signed by both you and your site administrator.
- This form will be uploaded at the end of the application.
- **Note:** Failure to complete this form in its' entirety may result in your application being disqualified.

Employment Verification (continued)

Add a Current/Future Employer

2. Enter the information provided on the EVF into the fields below.

Total weekly work/internship hours
providing direct client care. *

Average Number of Hours Per Week at
this Site *

Do you speak any of the listed languages fluently/well enough to be able to provide direct
care services to clients without additional translation services?

Applicant Language 1

Applicant Language 2

Applicant Language 3

Applicant Language 4

Continue to scroll down and complete the following
information.

Using the information provided on the EVF, enter that
information into the fields:

- Total weekly hours providing direct patient care.
- The total average number of hours worked at this site.
- Select any languages that you speak other than English
(up to 4).

After completing all required information, press the “Save”
button.

Employment Verification (continued)

Employment Verification

Use the **Add a Current/Future Employer** button to enter current and/or future employers.

Employment verification requirements:

- You must list at least one current or future employer, and all listed employers must be part of the same organization.
- If you are not currently employed at a site, you must have a valid offer and start date to begin employment at that site.
- Your total work hours and direct patient care hours across all listed sites must meet the eligibility requirements for your discipline.
- Once you submit your application, the program will notify your Site Administrator and ask them to verify your employment or employment offer.
- If you cannot find your practice site on the list of available sites, [click here for more information](#).
- You must upload a completed and signed EVF(s) at the end of this application.
- Please refer to the Grant Guide for detailed instructions and reporting requirements, [click here for more information](#).

Note: Please enter the street address(es) for the site(s) where you provide the majority of your direct patient care. Do not provide the street address for your organization's headquarters or business office.

Do you work full-time or half-time? *

☐ Full-time ☐ Half-time

Current/Future Employer(s) (Limit of 4) *

Add a Current/Future Employer

Employer Name	Employment	Start Date ↓	Direct Patient Care Hours Per Week	Total Hours Per Week	
Test Site - HCAI	I currently work here	07/14/2026	40	40	⌵

Previous

Save & Next

After adding your practice site, you have the option to add another practice site (if applicable).

Once all applicable practice sites have been entered, press the “Save & Next” button.

Educational Debt

71%

Educational Debt

Guidelines and Debt Requirements:

- Government and commercial loans offered by qualifying lending institutions for the pursuit of health profession education qualify for the program.
- The SLRP does not consider interest incurred on educational loans as eligible for the loan repayment.
- For loans to remain eligible, the loan must remain separate from other debt including loans owed by another person (such as a spouse).
- The SLRP website lists additional details regarding eligible debt. [Click here for more information.](#)

Instructions:

- Use the **Add Educational Debt** button to enter information about your educational debt.
- Upload official lender statements for each loan, dated within three (3) months of application submission, before submitting your application.
- Lender statements must include your name, the lender's name, the loan account number, the current loan balance, and the monthly payment amount. You must submit proof of consolidation for any consolidated loans.

Educational Debt*

Add Educational Debt

Lender Name	Account Number	Current Balance ↑	Monthly Payment	Statement Date	
Project X	65421398755	20,000.00	2,500.00	06/12/2026	⌵

Use the “Add Educational Debt” button to enter information about your educational debt.

Educational Debt (continued)

Complete the following information:

- Lender Name: Name of your lending institution.
- Account Number: Enter the full account number of your loan.
- Current Balance: Balance as of most recent statement date.
- Monthly Payment: Monthly payment as of most recent statement date.
- Statement Date: The date of your most recent statement submitted on your application.

After entering all required information, press the “Save” button.

Note: Statements must be no later than 90 days old.

Add Educational Debt

Lender Name *

Account Number *

Current Balance *

Monthly Payment *

Statement Date *

Save

Educational Debt (continued)

Educational Debt

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Educational Debt*

Add Educational Debt

Lender Name	Account Number	Current Balance ↑	Monthly Payment	Statement Date	
loan	7895641	100,000.00	1,000.00	06/29/2026	⌵

Previous

Save & Next

After submitting your lender statement, you can add additional qualified, lender statements (as needed).

Note:

- Lenders that have multiple sub accounts, can be entered as a single total dollar amount for that loan.
- Loans with different account numbers, should be entered separately, even if from the same lender.
- Each lender should be listed separately.

After entering all required information, press the “Save & Next” button.

Required Documents

Application SLRP-0022046 – State Loan Repayment Program

85%

Required Documents

Only one document can be uploaded for each required document. If you are trying to upload multiple pages for one document, you will need to combine all documents into 1 file. For example, if you are trying to upload a lender statement with more than 1 page, you will need to combine all the pages into 1 file, then upload that file.

Professional License

Upload proof of Professional license registration to practice your profession by clicking the "Add Files" button. License must include first name, last name, license number and current expiration date. Information can be found on the [DCA License Search](#). License certificates do not count as Proof of License and your application will be found ineligible. Your filename must start with LicReg_ to be accepted. For example, "LicReg_MyDocument.pdf".

Upload documents to support your application as instructed. If you need to re-upload a document, please delete it and upload the replacement.
Only .doc, .docx, PDF, PNG, and JPEG files will be accepted.

Add files

Name ↑	Modified	
EVF_MyDocument.pdf.pdf (1639 KB)	26.days.ago	⌵
LenderS_MyDocument.pdf.png (43 KB)	26.days.ago	⌵
LicReg_MyDocument.pdf.pdf (498 KB)	26.days.ago	⌵

Your document(s) uploaded successfully.

- Upload the required documents by clicking here.
- If you see a green tab, your documents have been successfully uploaded.

Note: Lender statements must include your name, the lender's name, the loan account number, the current loan balance, and the monthly payment amount.

Important: you must include the *required* prefix name for each uploaded document:

- EVF_
- LenderS_
- LicReg_

Application Certification

100%

Application Certification

Information Release

By submitting this application, I authorize SLRP Program Administrators and the Site Administrator of the site I practice at to verify my employment before awarding me an SLRP grant, and as necessary after I am awarded. I understand any information obtained through this release is to be kept confidential by the Department of Health Care Access and Information (HCAI). I recognize that this authorization is valid for five (5) years after the date my SLRP application is submitted.

Application Certification

I certify that I am the person herein named subscribing to this application and that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I also certify that I am willing to sign or have signed a written agreement with a practice site committing to a minimum two years of service. I authorize representatives of the Department of Health Care Access and Information (HCAI) to contact educational institutions I attended, institutions holding any of the listed educational loans, and employers to verify the accuracy of the information contained in this application. I understand that once submitted, my application and supporting documents become the property of HCAI. I also understand that my personal statements become the property of HCAI and may be used for functions including, but not limited to, advertising/marketing, program reports, newsletters, and other publications.

☒ I Agree *

You are about to submit your application. Please review your application prior to submitting. We cannot accept any corrected documents or revisions after submission.

[Previous](#) [Submit](#)

- You have reached the last page. When you are fully satisfied that your application has been filled out correctly, please read all terms of submitting the application and check the “I Agree” box.
- **Note:** When you click the “Submit” button you are done. You will not be allowed to make any further edits.

Submission Complete

Application SLRP-0022046 – State Loan Repayment Program

Thank you for submitting your application. We will review your application and update your application's status as it moves through the process. Please continue to check the eApp for status updates. Be sure to add SLRP@hcai.ca.gov and no-reply@hcai.ca.gov to your address book or safe sender list so all future emails get to your inbox. Return to your **dashboard**.

Viewing & Printing Your Application

Once you submit your application you can view and print your application by selecting the Options dropdown on the “Application-In Progress/Submitted” page.

Apply Here	Applications - In Progress/Submitted	Awards	Payments/Deliverables	Messages
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Your applications are shown below. Click the dropdown arrow on the right to edit, delete, or view details. Applications that have been submitted cannot be edited or deleted.

Application Number ↓	Program	Application Due Date	Status ↑	Status Date	Options
SLRP-0022046	State Loan Repayment Program 2026	09/15/2026 3:00 PM	Submitted	07/14/2026 8:55 AM	▼ SLRP-View Details or Print

For further questions, please email:

SLRP@HCAI.ca.gov