

Technical Assistance Guide

for:

- **Bachelor of Science Nursing Loan Repayment Program (BSNLRP)**
- **Licensed Mental Health Services Provider Education Program (LMH)**
- **Licensed Vocational Nurse Loan Repayment Program (LVNLRP)**
- **Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)**

Department of Health Care Access and Information

Revised May 2026

Purpose

The purpose of this Technical Assistance Guide is to assist applicants with navigating the HCAI Funding Portal, including how to:

- Create an Account
- Update Contact Information
- Check Eligibility
- Apply! (steps for completing an application from start to submission)
- Review Application Status

Key Dates

Event	Date/Time	Note
Register (Create an Account)	Open Now! (HERE)	This step must be completed before you are able to start an application. Creating an account is NOT the same as applying.
Cycle Open (Application Available)	May 1, 2026 (3:00 p.m.)	You will not be able to start an application until after this time.
Cycle Close (Application Deadline)	June 2, 2026 (3:00 p.m.)	All applications must be submitted by 3:00 p.m., June 2, 2026 – No Exceptions. NOTE: Applying does not guarantee you will be awarded.
Award Notification (Anticipated Announcements)	Late August/September 2026	All applicants will receive final award status notifications via email (from: " no-reply@hcai.ca.gov "), once all reviews are final.

Before You Apply

- Please review your Program's Grant Guide.
- Be sure to read all requirements.
- Applying does not guarantee you will be awarded.
- HCAI does not allow exceptions to the terms listed in a program's Grant Guide.
- Funding shall be used towards the repayment of qualifying educational loans during the term of this Agreement.
- Practice sites must be located in California and must meet all eligibility requirements as defined in the applicable program's Grant Guide.
- HCAI may reject applications that contain false, inaccurate or misleading information. All information included on any attachments must match the details entered into their online application. Incomplete and/or inconsistent/conflicting information will deem an application ineligible.
- Once an application has been submitted, no changes will be allowed.

Information to Gather

- **Proof of Professional License:** 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.
- **Lender Statements:** You may only submit proof of debt for those loans obtained during the course of your undergraduate or graduate education which led to your current license/certification as a qualified provider for this program. Submitted documents must meet ALL program requirements as found in the Grant Guide and/or the “Educational Debt” section of the application.
- **Employment Verification Form(s) (EVF):** Proof of qualifying employment may only be submitted on the approved HCAI form, which can be downloaded in the application. Information entered in application **must** match the information on your EVF that is uploaded at the end of the application. Inconsistencies between the information reported on your application and EVF will result in an ineligible application and will not be considered for an Award. The complete requirements can be found on the EVF and/or in the “Employment Verification” section of the application.

Available Funding & Award Amounts

❖ **Bachelor of Science Nursing Loan Repayment Program (BSNLRP)**

BSNLRP funding comes from licensure fees. Approximately \$1,500,000 is available to eligible registered nurses practicing in California. The maximum award amount for the BSNLRP is \$15,000.

❖ **Licensed Mental Health Services Provider Education Program (LMH)**

LMH funding comes from licensure fees. Approximately \$693,000 is available to eligible licensed mental health professionals practicing in California. The maximum award amount for the LMH program is \$15,000.

❖ **Licensed Vocational Nurse Loan Repayment Program (LVNLRP)**

LVNLRP funding comes from licensure fees. Approximately \$117,000 is available to eligible licensed vocational nurses practicing in California. The maximum award amount for the LVNLRP is \$8,000.

❖ **Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)**

STLRP funding comes from licensure fees. Approximately \$2.1 million is available to eligible physicians practicing in California. The maximum award amount for the STLRP is \$105,000.

NOTE: Applicants will not be awarded more than the total educational debt left on their loan balance. HCAI may award full, partial, or no funding to an applicant, based on the applicant's success in meeting the selection criteria, and the amount of available funds. For complete program funding and award details see applicable program's Grant Guide.

Helpful Resources

- ❖ **Bachelor of Science Nursing Loan Repayment Program (BSNLRP)**
 - ❑ Grant Guide: <https://hcai.ca.gov/wp-content/uploads/2026/04/2026-27-BSNLRP-Grant-Guide.pdf>
 - ❑ Program/Contact Email: BSNLRP@HCAI.ca.gov

- ❖ **Licensed Mental Health Services Provider Education Program (LMH)**
 - ❑ Grant Guide: <https://hcai.ca.gov/wp-content/uploads/2026/04/2026-27-LMHSPEP-Grant-Guide.pdf>
 - ❑ Program/Contact Email: LMH@HCAI.ca.gov

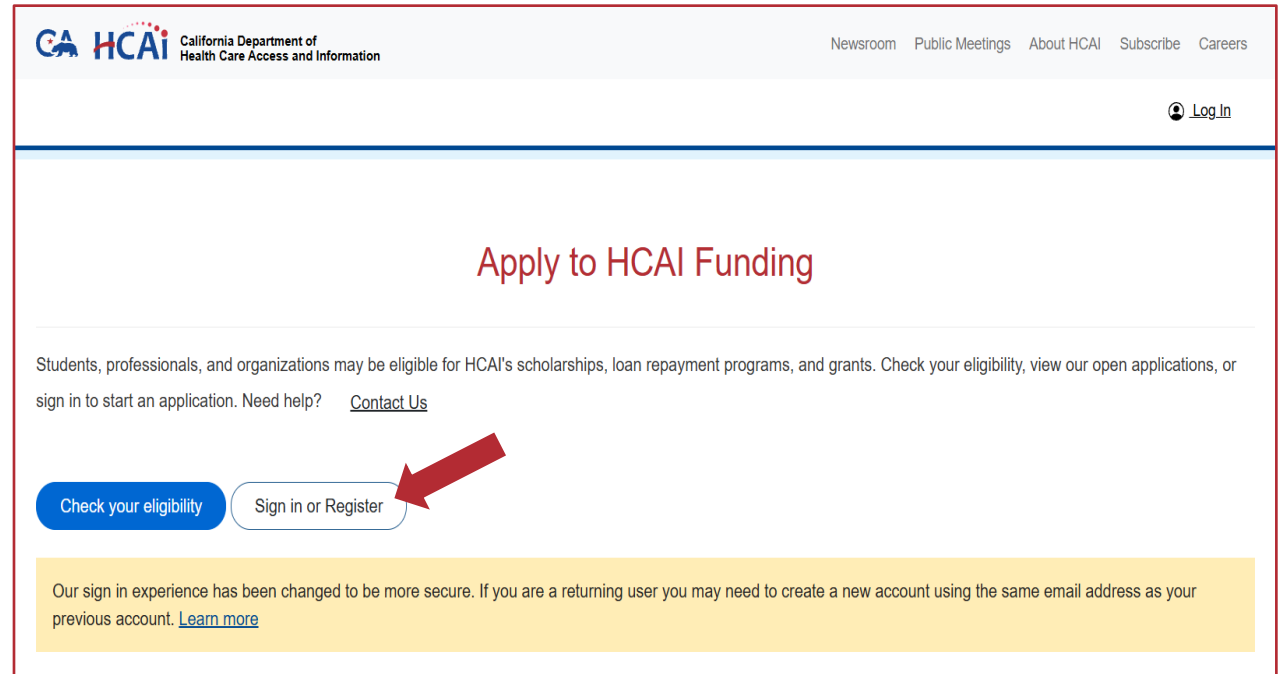
- ❖ **Licensed Vocational Nurse Loan Repayment Program (LVNLRP)**
 - ❑ Grant Guide: <https://hcai.ca.gov/wp-content/uploads/2026/04/2026-27-LVNLRP-Grant-Guide.pdf>
 - ❑ Program/Contact Email: LVNLRP@HCAI.ca.gov

- ❖ **Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)**
 - ❑ Grant Guide: <https://hcai.ca.gov/wp-content/uploads/2026/04/2026-27-STLRP-Grant-Guide.pdf>
 - ❑ Program/Contact Email: STLRP@HCAI.ca.gov

Creating Your Account

If you are interested in applying for a Department of Health Care Access and Information (HCAI) program, administered through the HCAI Funding Portal, you must first Create an Account. You will not be able to proceed with accessing a program's application without an account.

1. To access the HCAI Funding Portal, go to <https://funding.hcai.ca.gov/>
 - ① ***WARNING*** To ensure proper functionality in the Funding Portal, use Google Chrome or Microsoft Edge, as Internet Explorer is no longer supported. Using a Windows-based PC/laptop is recommended. We do not recommend accessing via smartphones, tablets, and/or iOS-based devices.
2. Click on **“Sign in or Register”**



Creating Your Account (cont.)

3. If you are a New User (i.e., new applicants) you must click on “Sign up now” just below the “Sign in” button.



① **NOTE: Existing Users (i.e., returning applicants and/or awardees), must simply use their previous Email Address and Password to Sign in. If you are an Existing User you may skip to page 12 of this document.**

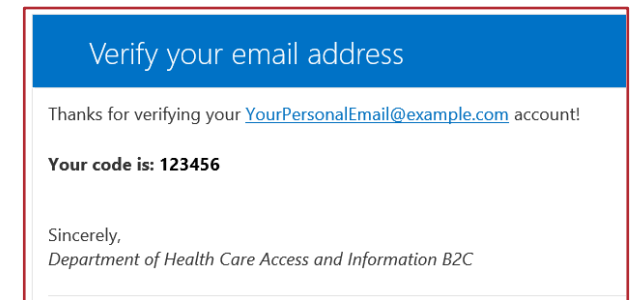
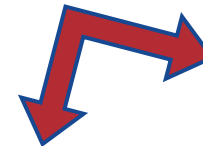
4. Enter your Email Address and click “Send verification code”.



① **NOTE: Make sure to use an email address you will always have access to, as HCAI will use this email to send communications. We do not recommend using your employer/school email address as that may change in the future.**

5. Go to your email inbox where you should have received an email (see screenshot and details below) with additional instructions to follow.

① **NOTE: Please allow up to 10 minutes to receive email and be sure to check your spam/trash folders as well.**



Email Details:

From:

“Microsoft on behalf of Department of Health Care Access and Information B2C <msonlineservicesteam@microsoftonline.com>”

Subject:

“Department of Health Care Access and Information B2C account email verification code”

Creating Your Account (cont.)

6. Enter the “Verification Code” into the appropriate box then click “**Verify code**”



7. Fill in the remaining fields as needed, then click “**Create**”.



Verification code has been sent to your inbox. Please copy it to the input box below.

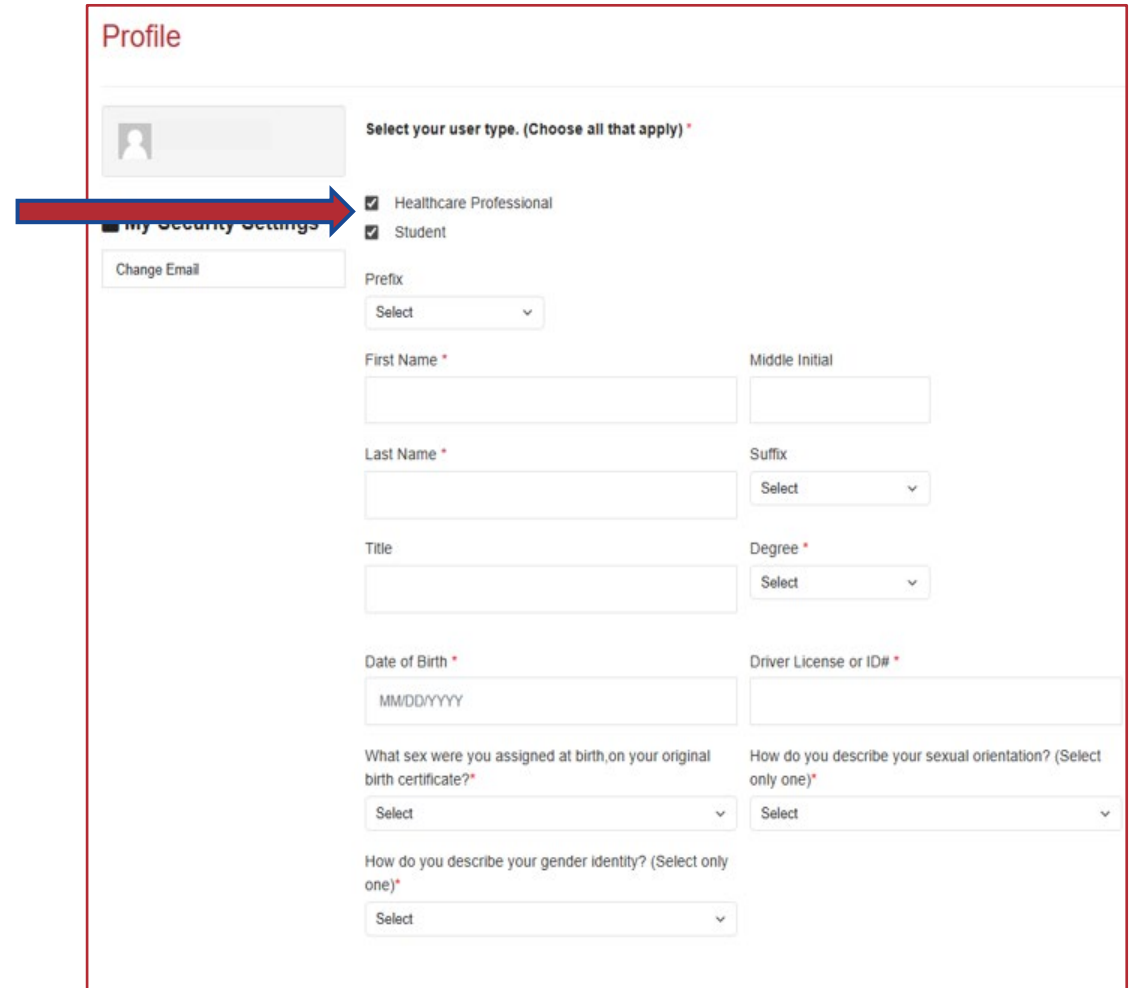
Setting up Your Profile

First, indicate the type of user for the profile that is being created. Program applications will only be accessible depending on the user type(s) selected.

- “Healthcare Professional”** – This user type is for individuals currently working and looking to apply for Loan Repayment Programs.
- “Student”** – This user type is for individuals currently in school/training and looking for Scholarship Programs.

You will now continue entering information into the applicable fields as needed.

- ① **NOTE: All fields indicated with a red asterisk “*” will need to be completed, starting with the First and Last name of the individual creating the account.**
- ① **Please ensure that the First and Last name entered are the legal spelling of your name and match what is on record with the Social Security Administration and Internal Revenue Service (IRS).**



The screenshot shows a 'Profile' setup form. At the top, there is a 'Profile' header and a placeholder for a profile picture. Below this, a section titled 'Select your user type. (Choose all that apply) *' contains two checkboxes: 'Healthcare Professional' (checked) and 'Student' (checked). A red arrow points to the 'Healthcare Professional' checkbox. Below the user type selection, there are several form fields: 'Prefix' (a dropdown menu), 'First Name *' and 'Middle Initial' (text input fields), 'Last Name *' and 'Suffix' (text input field and dropdown menu), 'Title' (text input field) and 'Degree *' (dropdown menu), 'Date of Birth *' (text input field with MM/DD/YYYY format) and 'Driver License or ID# *' (text input field), 'What sex were you assigned at birth, on your original birth certificate? *' (dropdown menu) and 'How do you describe your sexual orientation? (Select only one) *' (dropdown menu), and 'How do you describe your gender identity? (Select only one) *' (dropdown menu).

Completing Your Profile

Next, you will need to complete all fields related to Demographics as shown below.

<p>Are you Hispanic, Latino/a/e, or of Spanish Origin? (One or more categories may be selected)*</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, or Chicano/a</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Other Hispanic, Latino/a/e, or of Spanish Origin (specify) Other Hispanic, Latino/a/e, or Spanish Origin <input type="text"/></p> <p><input type="checkbox"/> Decline to state</p>	<p>Race*</p> <p><input type="checkbox"/> American Indian, Native American, or Alaska Native</p> <p><input type="checkbox"/> Asian, Asian Indian</p> <p><input type="checkbox"/> Asian, Chinese</p> <p><input type="checkbox"/> Asian, Cambodian</p> <p><input type="checkbox"/> Asian, Filipino</p> <p><input type="checkbox"/> Asian, Indonesian</p> <p><input type="checkbox"/> Asian, Japanese</p> <p><input type="checkbox"/> Asian, Korean</p> <p><input type="checkbox"/> Asian, Laotian</p> <p><input type="checkbox"/> Asian, Singaporean</p> <p><input type="checkbox"/> Asian, Thai</p> <p><input type="checkbox"/> Asian, Vietnamese</p> <p><input type="checkbox"/> Asian, Other Asian (Please specify) Other Asian <input type="text"/></p>	<p><input type="checkbox"/> Black, African-American, or African</p> <p><input type="checkbox"/> Middle Eastern</p> <p><input type="checkbox"/> Pacific Islander, Guamanian</p> <p><input type="checkbox"/> Pacific Islander, Hawaiian</p> <p><input type="checkbox"/> Pacific Islander, Samoan</p> <p><input type="checkbox"/> Pacific Islander, Other (Please specify) Other Pacific Islander <input type="text"/></p> <p><input checked="" type="checkbox"/> White/Caucasian</p> <p><input type="checkbox"/> Other(Please specify) Other <input type="text"/></p> <p><input type="checkbox"/> Decline to state</p>
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Completing Your Profile (cont.)

Next, you will enter your address information. It is highly recommended that you use your residential address where you receive mail. The address listed on the Profile page will be used to issue payments to you, if awarded.

NOTE: Addresses cannot be entered manually as those fields are greyed out. However, if you have a suite and/or apartment number, you can enter that number in the “Suite/Apt/Dept” field. Please do not include “#” along with your entry.

To get started, click on the “**Select Address**” button. This will bring up an address search bar where you can enter your address. Click on your address and the system will auto populate your address fields that are highlighted in “grey”. If your address is not found, try entering only your street number and name, and/or removing punctuation marks to see if this resolves the issue.

NOTE: PO Boxes can only be added administratively. Please contact a Program Officer if you would like to use a PO Box instead of your residential address.

Lastly, enter at least one valid phone number where you can be contacted. Once all required fields have been completed, click “**Submit**” at the bottom of the page. Your profile has now been created.

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

Select Address

Street Address * Suite/Apt/Dept

2020 W El Camino Ave

City * State Zip Code *

Sacramento CA 95833

County

Sacramento

Phone 1 * Phone 2

(916) 326-3700 Provide a telephone number

Email *

YourPersonalEmail@example.com

Receive email announcements for new **funding** opportunities

Submit

How to Apply

- After you have created your account and updated your Profile, you are now ready to apply for HCAI Programs.
- Navigate to the Funding Portal <https://funding.hcai.ca.gov/SignIn/>, ensuring you are still signed in, and click “**Apply Here**” located in the blue ribbon at top of page to review available applications.
- All available applications will be listed on this page. Click the blue hyperlink for your desired program (we will use STLRP as our example)

CA HCAI California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Careers

Assign Other Users Sign Out ZZHarold Sterba

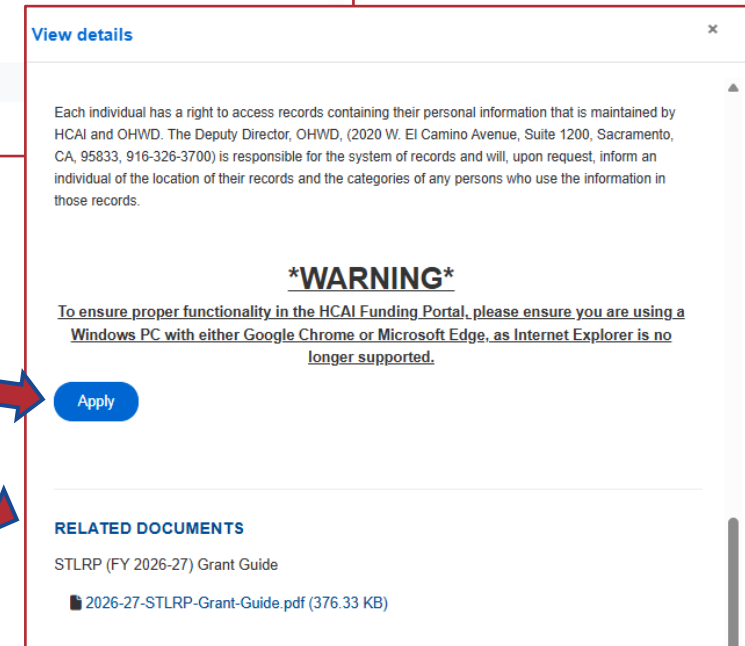
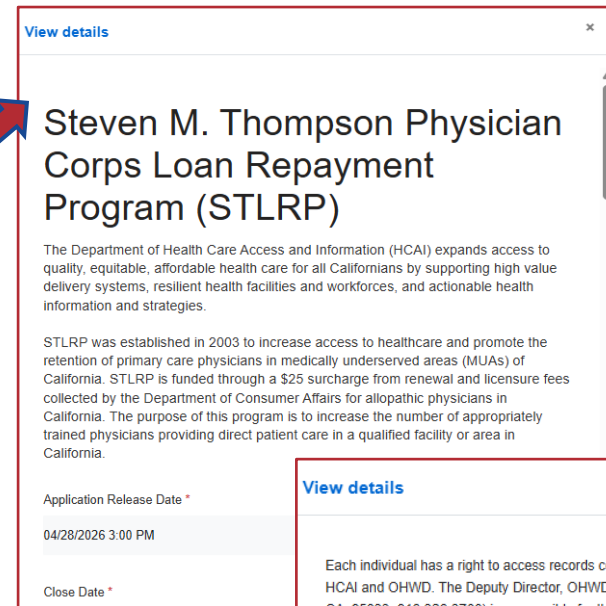
Apply Here Applications - In Progress/Submitted Awards Payments/Deliverables Messages

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
2026-27 Advanced Practice Healthcare Scholarship Program	08/01/2023 3:00 PM	12/31/2026 7:00 AM	Student
2026-27 Associate Degree Nursing Scholarship Program	10/23/2025 3:00 PM	12/23/2026 7:00 AM	Student
2026-27 Bachelor of Science Nursing Scholarship Program	08/01/2023 3:00 PM	03/20/2026 8:00 AM	Student
2026-27 Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program	08/01/2023 3:00 PM	12/31/2026 7:00 AM	Student
2026-27 Vocational Nurse Scholarship Program	08/01/2023 3:00 PM	12/31/2026 7:00 AM	Student
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	06/02/2026 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	06/02/2026 8:00 AM	Healthcare Professional
Licensed Vocational Nurse Loan Repayment Program 2026	04/29/2026 3:00 PM	05/31/2026 8:00 AM	Healthcare Professional
State Loan Repayment Program 2026	04/01/2025 3:00 PM	12/31/2026 3:00 PM	Healthcare Professional
Steven M. Thompson Physician Corps Loan Repayment Program 2026	5 3:00 PM	05/22/2026 3:00 PM	Healthcare Professional

How to Apply (cont.)

- After selecting the program you would like to apply for (as an example we have selected STLRP) a new window will appear with the heading “**View Details**” this provides a basic description and program eligibility requirements.
- Be sure to read through all the information and once you reach the bottom of the window, you will see a blue “**Apply**” button as well as “**Related Documents**” section (i.e., the program’s “Grant Guide”).



Helpful Tips

Navigating the Application

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

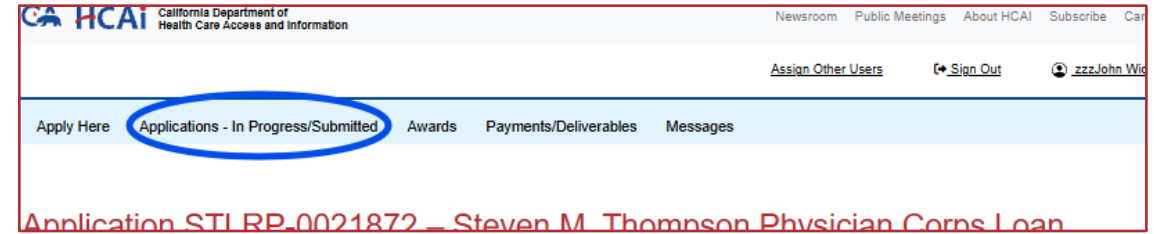


Asterisks *

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

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

- The Health Resources and Services Administration's (HRSA) Health Care Workforce Education and Training (HCWET) Program
- Federal Supplement Educational Opportunity Grant (FSEOG)



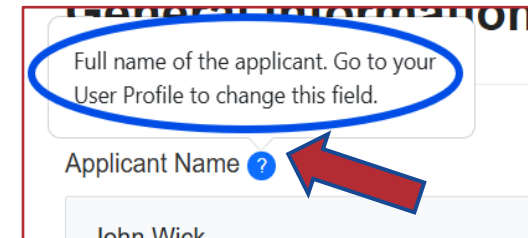
Saving the Application

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.

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

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.



Completing Your Application

General Information

- The application will begin by requesting General Information for you to complete.
- Additional questions may appear depending on how you answer some questions.
- Once all questions are completed, a “Save & Next” button will appear at the bottom of the page for you to proceed to the next page.

General Information

[Previous](#)

Applicant Name
John Wick

Please list any other names you go by such as maiden names, nicknames, etc.
Jardani Jovonovich, Jonathan Wick, The Boogeyman

Do you have a current and valid M.D. or D.O. license from the California Medical Board or the Osteopathic Medical Board of California?
 No Yes

Are you a prior or current Office of Statewide Health Planning and Development (OSHPD) or Health Care Access and Information (HCAI) Awardee?
 No Yes

Do you owe an existing service obligation?
 No Yes

Entity Name*	Start Date of Obligation*	End Date of Obligation*

Have you received/participated in any of the following?
 No Yes

- 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).

What percent of your time currently is spent working in reproductive health?
0 to 24 99%

Are you willing to continue or begin providing abortion-related care?
 No Yes

Are you willing to continue or begin providing abortion-related care?
 No Yes

Have you had abortion training or certification?
If yes, from where?

Are you currently working at or are you willing to commit to serve for three years in at least one of these population areas?
 No Yes

- A health professional shortage area, as designated by the HRSA.
- A medically underserved area or with a medically underserved population, as mapped by the HRSA.
- A Maternity Care Health Professional Target Area, as designated by HRSA, or a maternity care desert, as designated by the March of Dimes.
- A rural area.
- A California county identified to have no abortion services.
- An area where the majority of patients are covered under the Medi-Cal program.

If awarded with reproductive health funds, awardees will be contacted by HCAI and a partner organization regarding opportunities related to Reproductive Health Service Corps (RHSC). Award information will be used to evaluate the effectiveness of the RHSC, unless awardees choose not to participate by selecting the option below. If awardees choose to participate, their information including name, email, profession, grant type, and award date will be used to contract awardees regarding these opportunities and assist with RHSC evaluation. Your information will not be shared with anyone else other than the partner organization conducting outreach and program evaluation. That entity will dispose of your information once outreach and evaluation are complete.

Please respond according to your preference.*

Yes, I agree to the sharing of this information as it relates to Reproductive Health Service Corps opportunities and evaluation.
No, I do not agree to sharing of this inform

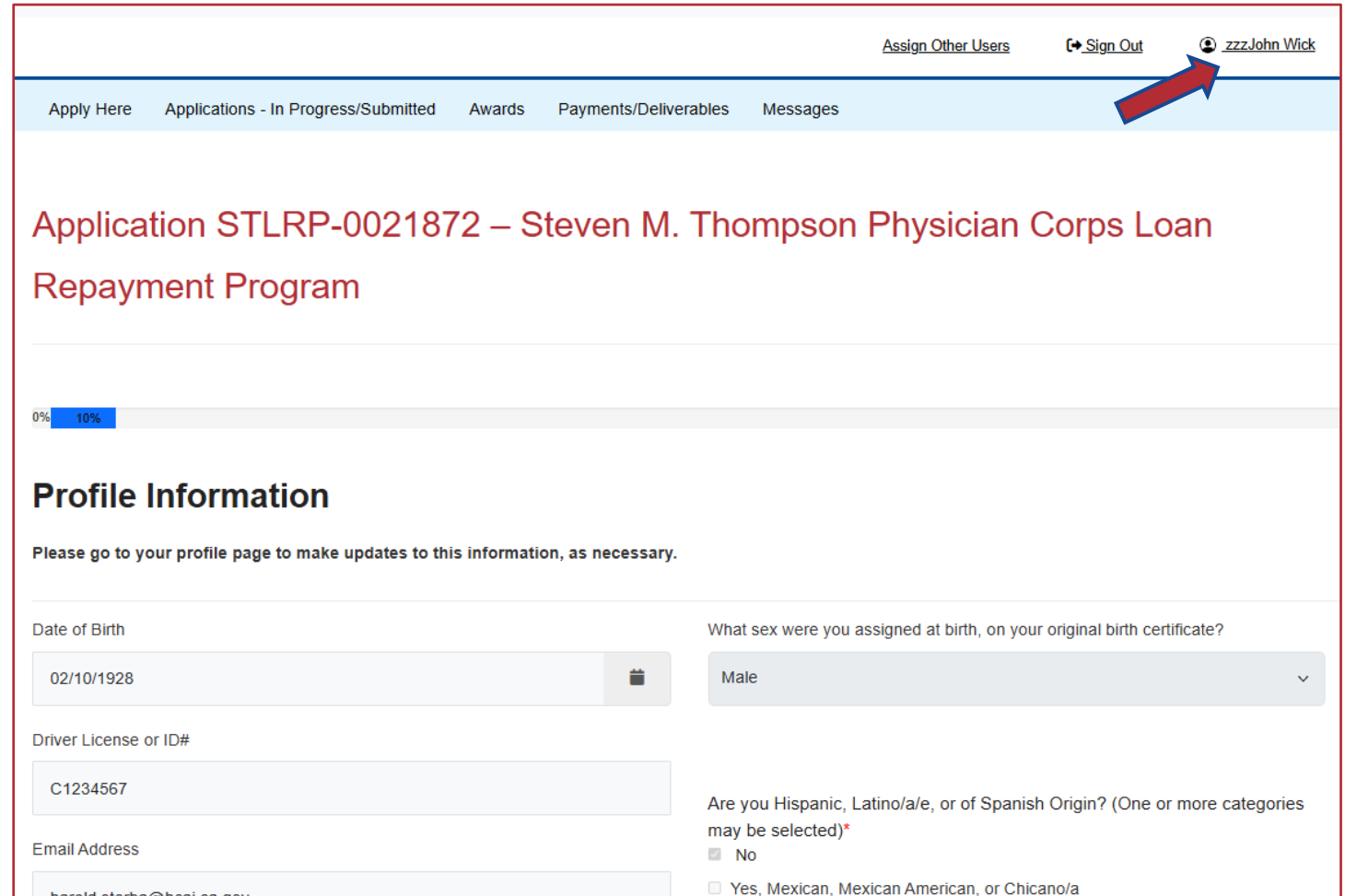
Do you currently work or volunteer for a State of California entity?
 No Yes

Have you ever worked or volunteered for a State of California entity?
 No Yes

Completing Your Application (cont.)

Profile Information

- No changes can be made directly to this page; it is for review only.
- If necessary, please go to your Profile page (access by clicking the person icon “👤” at top right of page) to make updates to this information.



Assign Other Users Sign Out zzzJohn Wick

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

Application STLRP-0021872 – Steven M. Thompson Physician Corps Loan Repayment Program

0% 10%

Profile Information

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

Date of Birth: 02/10/1928

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

Driver License or ID#: C1234567

Email Address: harold.storke@hcai.ca.gov

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

Completing Your Application (cont.)

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.
- If you are missing required information, you will not be able to continue and an error message will appear.

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 *

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](#)

Completing Your Application (cont.)

Educational Information

- Please answer all questions.
- If you see a blue circle with a question mark (?) at the end of a question, title, or sentence, click on these icons for additional information.

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 (or your last name if homeschooled or received a GED)*
Ruska Roma

Select Address

Street Address*
3066 Freepoint Blvd

City*
Sacramento

State*
CA

Zip Code*
95818

Country*
United States of America (USA)

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

No Yes

Highest level of degree obtained?*

Doctoral Degree

I attended medical school outside of the United States.*

No Yes

Medical School Name*
The High Table

Select Address

Street Address*
4610 X St

City*
Sacramento

State*
CA

Zip Code*
95817

Country*
United States of America (USA)

Date of Graduation*
05/30/2008

If your medical school was instructed in a Medi-Cal threshold language rather than English, please list the language of instruction.

Language of Instruction ⓘ
Select

Have you completed a three-year residency?*

No Yes

Was your residency in a primary care specialty?*

No Yes

Have you completed a medical exchange program or postgraduate training in which you provided services to a population that speaks a Medi-Cal threshold language? ⓘ

No Yes

Have you completed a fellowship in a culturally appropriate service delivery? ⓘ

No Yes

Previous Save & Next

Completing Your Application (cont.)

Professional Information

- Please complete all questions.
- See error message below.

Application STLRP-0041931 – Steven M. Thompson Physician Corps Loan Repayment Program

42%

The form could not be saved for the following reasons:
Professional License Expiration Date cannot be a past date.

Professional Information

Professional Information

Please provide the following information regarding your M.D. or D.O license

Which California Licensing Board are you associated with? *

Select

Professional License Number *

Professional License Expiration Date *

MMDDYYYY

Are you certified by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Bureau of Osteopathic Specialists? *

No Yes

By which Board, Committee, or Registry are you certified? *

Select

In what specialty is your certification?*

Family Practice
 Internist
 Pediatrician
 OB/GYN
 Other

National Provider Identifier (NPI)

Not Applicable

National Provider Identifier (NPI) Number*

How many years of experience do you have working or training in Health Professional Shortage Areas (HPSAs)?*

Application STLRP-0041931 – Steven M. Thompson Physician Corps Loan Repayment Program

42%

Professional Information

Please provide the following information regarding your M.D. or D.O license

Which California Licensing Board are you associated with? *

Select

Professional License Number *

Professional License Expiration Date *

MMDDYYYY

Are you certified by the American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Bureau of Osteopathic Specialists? *

No Yes

National Provider Identifier (NPI)

Not Applicable

National Provider Identifier (NPI) Number*

How many years of experience do you have working or training in Health Professional Shortage Areas (HPSAs)?*

Select

Completing Your Application (cont.)

Employment Verification


- Applicant must be working by September 29, 2026.
- For each employer click the Add a Current/Future Employer button.

Employment Verification

Enter your current health-related work experience only. You must be working in a qualified facility at the time Grant Agreements are executed. Use the Add a Current/Future Employer button to enter each separate employer. Please make sure to save your Employment Verification Form (EVF) with the following prefix: EVF_ before uploading it at the end of the application. The information entered here **must** match the information on your EVF that is uploaded at the end of the application. Inconsistencies between the information reported on your application and EVF will result in an ineligible application and will not be considered for an Award.

- You must have at least one current/future employer.
- You must have at least a total of 32 Direct Patient Care hours per week, or 21 hours per week if OB/GYN.
- Provide a detailed description of job duties. "Provide Patient Care" or "See attached" is not acceptable. The EVF must be the revised date of 3/1/2026 (located at bottom right of EVF).
- Future employment must start before September 30, 2026. Must have a completed Employment Verification Form (EVF) for all employers listed.

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

 [Add a Current/Future Employer](#)

Employer Name	Employment	Start Date	Total Hours Per Week ↑	Direct Patient Care Hours Per Week	Obstetrician/Gynecologist
There are no records to display.					

[Previous](#) [Save & Next](#)

Add a Current/Future Employer


EMPLOYER INFORMATION

Employer Name* *

Employment* ?

I currently work here This is my future employer

Start Date*

Job Title *

Description of Duties*

Maximum limit of 2000 characters.

Completing Your Application (cont.)

Educational Debt

- Please review all instructions carefully to ensure that your document(s) meet all requirements.

Application STLRP-0041931 – Steven M. Thompson Physician Corps Loan Repayment Program

71%

Educational Debt

Instructions:

- You may only submit proof of debt for those loans obtained during the course of your undergraduate or graduate education which led to your current license/certification as a qualified provider for this program.
- You will be required to upload the most current lender statement for each loan (statements must be within three (3) months, and include the current balance, account number, your name, and the lender's name) in the Required Documents section of the application. The name on the lender statement must match exactly the name of the applicant. Lender statements must include first name and last name of the applicant.
- The information entered here must match the information on your lender statement(s) that are uploaded at the end of this application. Inconsistencies between the information reported on your application and lender statement(s) will result in an ineligible application and will not be considered for an Award.
- If your loans have been consolidated, submit proof of consolidation. Your loans cannot be consolidated with another person's loans or with non-educational loans.
- Online printouts and/or screenshots are acceptable as long as they include all of the required information.
- Statements, printouts, and/or screenshots must be dated and no more than three (3) months old at the time of submission of your application.
- Statements, printouts, and/or screenshots must not be in an editable format.

Educational Debt*

[Add Educational Debt](#)

Lender Name	Account Number	Current Balance ↑	Monthly Payment	Statement Date
There are no records to display.				

[Previous](#) [Save & Next](#)

Uploading Your Required Documents

Required Documents

1. You have now reached the second to last page of the application, it is the “Required Documents” upload page.
2. When uploading documents, ensure the document contains all required information and that you are utilizing a compatible file format (.doc, .docx, PDF, PNG, and JPEG)
3. You must also use the appropriate file prefix to be able to upload the document to your application.
 - To upload a document, select the corresponding red box for the document upload. A pop-up box will appear with a “Choose Files” button. Select the file you would like to upload from your computer then select “Add files”.
 - Please carefully read all document requirements and ensure that your document reflects all information that is required.

Required Documents 1

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 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.

2

Upload MD or DO license to practice in California 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".

▲ 1 more file(s) required. Upload a file that starts with "LicReg_". For example, "LicReg_MyDocument.pdf"

▲ Add files

There are no folders or files to display.

Employment Verification Form(s) (EVF)

Upload a completed and signed EVF form for each of your current employers (signed by either an administrative officer or direct supervisor) by using the "Add Files" button. This form is located on the [Employment Verification](#) page, or use the following link to [Download EVF Template](#). Your filename must start with EVF_ to be accepted. For example, "EVF_MyDocument.pdf".

▲ 1 more file(s) required. Upload a file that starts with "LicReg_". For example, "LicReg_MyDocument.pdf"

Your document(s) uploaded successfully.

Lender Statements 3

Upload lender statements for each lender identified in the application for each loan using the "Add Files" button. Statements must include the current balance, account number, your name, and the lender's name. The name on the lender statement must match exactly the name of the applicant. Lender statements must include first name and last name of the applicant. Statements, printouts, and/or screenshots must be dated and no more than three (3) months old at the time of submission of your application. Online printouts and/or screenshots are acceptable as long as they include all of the required information and are not in an editable format. Your filename must start with LenderS_ to be accepted. For example, "LenderS_MyDocument.pdf".

▲ 1 more file(s) required. Upload a file that starts with "LenderS_". For example, "LenderS_MyDocument.pdf"

Previous Save & Next

Uploading Your Required Documents (cont.)

Required Documents – “LicReg_”

- Upload your professional license to practice in California that includes your first name, last name, license number and current expiration date.
- Information can be found on the DCA License Search. Screenshots are accepted.
- License certifications do not count as Proof of License.

Professional License

Upload MD or DO license to practice in California 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".

⚠ 1 more file(s) required. Upload a file that starts with "LicReg_". For example, "LicReg_MyDocument.pdf"

Uploading Your Required Documents (cont.)

Required Documents – “EVF_”

- Ensure that your supervisor and/or HR Dept have signed the EVF (applicant cannot sign the EVF).
- Please carefully read all document requirements and ensure that your document reflects all information that is required.

Employment Verification Form(s) (EVF)

Upload a completed and signed EVF form for each of your current employers (signed by either an administrative officer or direct supervisor) by using the "Add Files" button. This form is located on the **Employment Verification** page, or use the following link to **Download EVF Template**. Your filename must start with EVF_ to be accepted. For example, "EVF_MyDocument.pdf".

⚠ 1 more file(s) required. Upload a file that starts with "EVF_". For example, "EVF_MyDocument.pdf"

Uploading Your Required Documents (cont.)

Required Documents – “LenderS_”

- Please carefully read all document requirements and ensure that your document(s) reflects all information that is required.
- Applicant must submit a lender statement for each loan.
- The information that is entered online must match the uploaded statement(s).
- Statements must be dated and no more than three (3) months old.

Lender Statements

Upload lender statements for each lender identified in the application for each loan using the "Add Files" button. **Statements must include the current balance, account number, your name, and the lender's name. The name on the lender statement must match exactly the name of the applicant. Lender statements must include first name and last name of the applicant. Statements, printouts, and/or screenshots must be dated and no more than three (3) months old at the time of submission of your application.** Online printouts and/or screenshots are acceptable as long as they include all of the required information and are not in an editable format. Your filename must start with LenderS_ to be accepted. For example, "LenderS_MyDocument.pdf".

⚠ 1 more file(s) required. Upload a file that starts with "LenderS_". For example, "LenderS_MyDocument.pdf"

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Uploading Your Required Documents (cont.)

Required Documents – “Conflict_”

- The Conflict of Interest letter is required if you have worked/volunteered for the State of California (if you answered “Yes” on either of the related questions on the “General Information” page).

Conflict of Interest Letter

Using the “Add Files” button, upload a letter that indicates that you do not or your current or former state of California employer does not have a conflict of interest with the Department of Health Care Access and Information (HCAI). See [letter templates](#). Your filename must start with Conflict_ to be accepted. For example, “Conflict_MyDocument.pdf”.

Your document(s) uploaded successfully.

April 30, 2026

To whom it may concern:

I have never worked or volunteered for the state of California; therefore, as an award recipient from the Department of Health Care Access and Information, there is no conflict of interest.

John Wick

John Wick

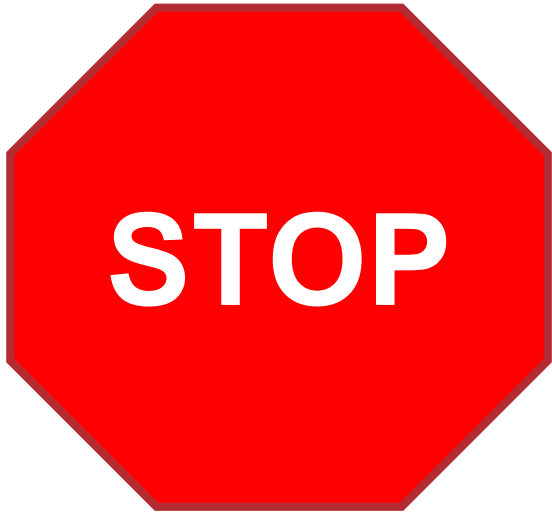
Psychiatric Mental Health Nurse Practitioner Student

(916) 555-5555

Johnwick@gmail.com

Common Application Errors

Before you submit your application (and documents), please be sure to review all for accuracy and completeness. Submissions are final, so be sure to reach out to your program with any outstanding questions.



Below we have listed some of the most common application errors:

- Applicant did not submit the correct Employment Verification Form (EVF) and/or complete the EVF.
- Applicants do not upload their documents in the correct format.
- Applicant did not upload a professional license with a current date.
- Applicant's employer does not qualify for their program.
- Information entered into online application does not match information listed on applicable documents uploaded as proof.
- Uploaded documents are missing one or more of the requirements listed.

NOTE: Any errors (including but not limited to those listed above) can result in the Application being deemed ineligible.

Submitting Your Application

Application Certification

- Please read carefully. Once your application has been submitted, changes cannot be made.

Certification

Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge, and that the information I have provided in the application matches the information on my submitted documentation. I authorize the Department of Health Care Access and Information (HCAI) to verify any information submitted as part of this application. I understand that falsification of information contained in my application will disqualify my application. I understand that if falsification is discovered after I have been awarded or if I breach my grant agreement, I will be required to repay funds awarded, plus interest and administrative fees. I understand that once submitted, my application and supporting documents become property of HCAI.

I understand that, if awarded the Loan Repayment, I am agreeing to the below terms:

- Return all correspondence in a timely manner
- Sign a grant agreement. I would be entering into a signed, grant agreement with the California Department of Health Care Access and Information (HCAI)
- When requested, submit an Employment Verification Form (EVF) for each current employer. Provide new EVF for any new qualifying employer
- When requested, submit Progress Reports, signed by my supervisor(s) to verify that I am working and meeting the program requirements
- Work full time (minimum of forty (40) hours per week) for a minimum of 45 weeks per year
- Provide direct patient care (minimum of thirty-two (32) hours per week) or twenty-one (21) hours per week if OB/GYN)
- Maintain employment at a qualified facility for a period of thirty-six (36) months
- Notify HCAI of any changes to my address, email, phone number, employment, and any leave of absence from work, within thirty (30) days
- Not accept any other award with other entities, including other HCAI programs, that require me to fulfill a contract that overlaps with this service obligation
- Subject to repaying funds received, with interest, and any penalties associated, if I do not comply with the terms of the grant agreement

I Agree *

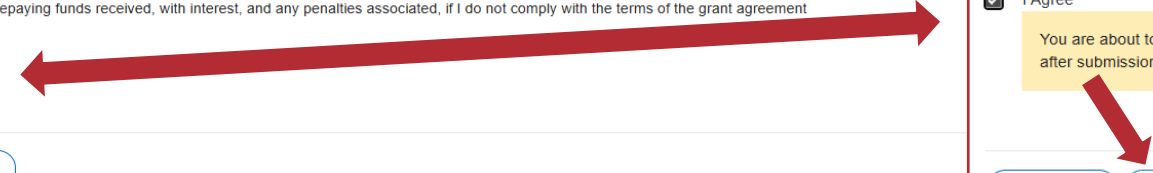
[Previous](#)

- Not accept any other award with other entities, including other HCAI programs, that require me to fulfill a contract that overlaps with this service obligation
- Subject to repaying funds received, with interest, and any penalties associated, if I do not comply with the terms of the grant agreement

I Agree *

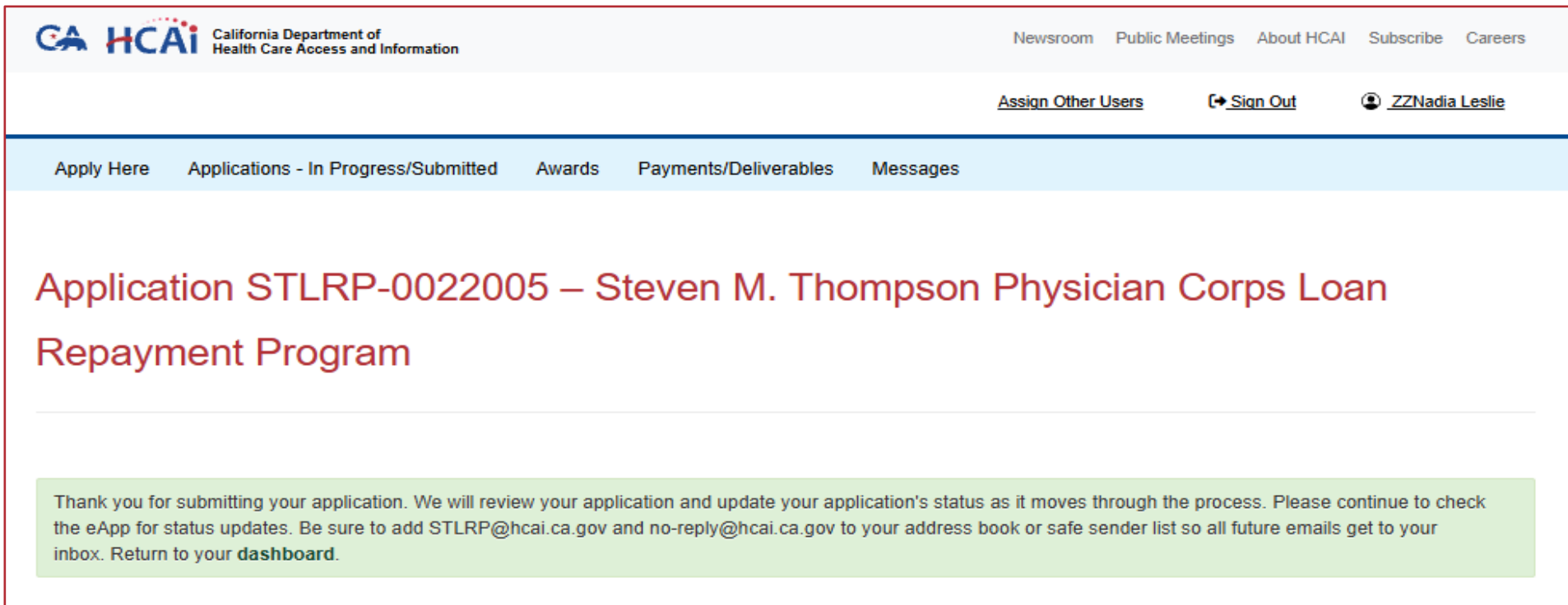
You are about to submit your application. Please review your application prior to submitting. We cannot accept any corrected documents or revisions after submission.

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



Submission Complete

- Congratulations! You have successfully submitted your application. Please be advised that we are currently experiencing a high volume of inquiries, which may lead to a longer than usual response time. Thank you for your patience as we carefully evaluate each application submission.



The screenshot shows the HCAI website interface. At the top left is the HCAI logo and the text "California Department of Health Care Access and Information". To the right are links for "Newsroom", "Public Meetings", "About HCAI", "Subscribe", and "Careers". Below this is a user navigation bar with links for "Assign Other Users", "Sign Out", and a user profile for "ZZNadia Leslie". A light blue navigation bar contains links for "Apply Here", "Applications - In Progress/Submitted", "Awards", "Payments/Deliverables", and "Messages". The main content area features the title "Application STLRP-0022005 – Steven M. Thompson Physician Corps Loan Repayment Program" in a large, dark red font. Below the title is a green box containing the following text: "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 STLRP@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 Your Application Status

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

California Department of Health Care Access and Information

Newsroom Public Meetings About HCAI Subscribe Career

Assign Other Users Sign Out zzzJohn Wick

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

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
STLRP-0021872	Steven M. Thompson Physician Corps Loan Repayment Program 2026	05/22/2026 3:00 PM	Submitted	04/30/2026 1:51 PM	Options
VNSP-0021918	2026-27 Vocational Nurse Scholarship Program	12/31/2026 7:00 AM	In Review	09/24/2026	STLRP-View Details or Print
BSNLRP-0021806	2024 Bachelor of Science Nursing Loan Repayment Program	11/15/2025 8:00 AM	Awarded	09/24/2025 2:27 PM	Options
AHLRP-0021884	2022 Allied Healthcare Loan Repayment Program	08/31/2025 3:00 PM	Awarded	04/24/2025 10:05 AM	Options
STLRP-0021818	2024 Steven M. Thompson Physician Corps Loan Repayment Program	04/21/2026 3:00 PM	Awarded	04/21/2025 9:16 AM	Options
APHSP-0021919	2023-24 Advanced Practice Healthcare	03/20/2026 8:00 AM	In Progress		Options

Status Definitions:

- “**In Progress**” – Applicant is still completing their application and it has not been submitted.
- “**Submitted**” – Application was successfully submitted to program staff for review. Application is no longer accessible by the Applicant.
- “**In Review**” – Application and required documents are under review by program staff.
- “**Application Ineligible**” – Application did not meet requirements for an award (i.e., incomplete documentation, ineligible employer).
- “**Awarded**” – The applicant's application was selected for an award.

Questions?

- Please be sure to review your program's Grant Guide. Should you still have any unanswered questions, please email your program and be sure to provide details/explanation of your inquiry.
 - ① **NOTE:** Including screenshots, when applicable, in your emails can often prove helpful in our ability to address inquiries.

Program Name (Acronym)	Grant Guide	Contact Email
Bachelor of Science Nursing Loan Repayment Program (BSNLRP)	2026-27-BSNLRP-Grant-Guide.pdf	BSNLRP@hcai.ca.gov
Licensed Mental Health Services Provider Education Program (LMH)	2026-27-LMHSPEP-Grant-Guide.pdf	LMH@hcai.ca.gov
Licensed Vocational Nurse Loan Repayment Program (LVNLRP)	2026-27-LVNLRP-Grant-Guide.pdf	LVNLRP@hcai.ca.gov
Steven M. Thompson Physician Corps Loan Repayment Program (STLRP)	2026-27-STLRP-Grant-Guide.pdf	STLRP@hcai.ca.gov