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hcai.ca.gov



California State Loan Repayment Program (SLRP) Applicant Employment Verification Form (EVF)

This form is to be completed for each practice site the Applicant provides direct patient care at and should pertain to the Grantee's work only at that site.

The below portion must be completed by Grantee

Applicant's First and Last Name: _____

This authorization is to release information concerning my employment as required below. To establish eligibility for the Department of Health Care Access and Information Loan Repayment and scholarship programs, verification of employment is required. Your cooperation and prompt return of this information is appreciated.

Signature of Applicant

Date

The below portions must be completed by the Applicant's direct supervisor or an appropriate designee. (All questions are required)

Practice Site Name: _____

Practice Site Telephone #: _____

Practice Site Address:
(Address of the practice site where the applicant works)

Street Address: _____

City: _____

State: _____

Zip Code: _____

County: _____

Enter the Applicant's average number of direct patient care hours per week.
(Direct Patient Care includes telecare, assessment, treatment, counseling, procedures, self-care, patient education and documentation related to patient care.)

(Direct patient care hours)

Enter the Applicant's average number of administrative hours per week.
(Administrative work includes any clinic-related work not described above.)

(Administrative hours)

Enter the Applicant's average number of total hours worked per week.
(Total of average Direct Patient Care hours per week and average Administrative hours per week.)

(Total hours)

What percentage of the Applicant's patients are adults aged 65 years or older?

(Percentage of geriatric patients)

I certify that I am knowledgeable about the Applicant's employment schedule.
I declare under penalty of perjury that these statements are true and correct.

Signature of Direct Supervisor or Appropriate Designee

Date

Printed First and Last Name

Email