



DSRIP Statewide Investment Student Loan Repayment Program

EMPLOYER APPLICATION FORM AND INFORMATION

Licensed Certified Social Workers | Licensed Independent Clinical Social Workers
Licensed Mental Health Counselors | Licensed Marriage and Family Therapists
Licensed Alcohol and Drug Counselors I

Employer Application Guidance and Checklist

The Employer Application, and Sections C and D in particular, are critical to the provider's application. Each statement of Organization Need for Provider and Provider Retention Plan must be **specific to the applicant**. Application review will be a competitive process. The Employer Application will be used by the Application Review Committee to evaluate need, the provider's compatibility with the organization, and the likelihood of this applicant's long-term retention by your organization.

- ___ 1. **Section A:** Completed **Organization Information** (*complete per each individual provider applying*)
- ___ 2. **Section B:** Completed **Vacancy and Staffing Information for Site** (*complete per each individual provider applying*)
- ___ 3. **Section C:** Attached **Statement of Organization Need** (*complete per each individual provider applying*)
- ___ 4. **Section D:** Attached **Organization Retention Plan** (*complete per each individual provider applying*)
- ___ 5. **Section E:** Completed **Letter of Commitment** (*complete per each individual provider applying*)

Section A: Organization Information

Name of Organization _____

Type of Organization:

- Community Health Center
- Community Mental Health Center (inclusive of community-based mental health centers, substance use programs, and psychiatric day treatment programs)
- Emergency Service Program
- Community Partner or their Affiliated Partner or Consortium Entity
- Community Service Agency
- Organization Contracted with an ACO to Provide In-Home Therapy

Corporate Address _____

List all sites _____



CEO or Equivalent (please write-in name): _____ Official Title: _____
 CMO, Medical Director, or Clinical Director or equivalent (please write-in name): _____
 Official Title: _____

Contact Person (person completing form) _____
 Contact Person's Title _____

Telephone(____) ____ - ____
 Fax (____) ____ - ____
 Email Address _____

Section B: Vacancy and Staffing Information for Site

With this applicant, is the organization seeking to:

... fill a vacancy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or
... fill a new position	<input type="checkbox"/> Yes	<input type="checkbox"/> No	or
... retain a valued provider	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If the position is a **vacancy**, how long has it been (or will it have been) vacant? _____ or N/A
Please describe challenges in hiring for this position or other provider vacancies in Section C: Statement of Organization Need.

If the position is a **new expansion** position how long has it been or will it be vacant? _____ or N/A

Do you have a waiting list for new patients/clients? _____
 **If yes, how long on average before initial visit? _____

What is your turnover ratio for clinicians? (if known) _____

Section C: Statement of Organization Need

Please attach a separate page with 1-2 paragraphs describing how this particular applicant for loan repayment meets the needs at your organization and how he/she will benefit the patients/clients and the community that they will be serving. **Please outline why your organization chose to bring this particular provider on board and/or why their retention is a priority for your organization.**

Examples of areas to address in this statement include:

- *language skills,*
- *cultural competency,*
- *clinical experience treating prevalent diagnoses within community,*
- *leadership skills, organization hardships prior to hiring provider,*
- *CHC ONLY: challenges due to HPSA score or barriers to selection for other loan repayment or provider retention programs*

If this is a *vacancy replacement*, please also describe the void and hardships the applicant will fill. If this is an *expansion position*, please include details of your organization's needs as they pertain to growth and reasons for the expansion.

Section D: Organization Retention Plan

Please attach a separate page with 1-2 paragraphs describing your site's personalized plan for retaining this specific provider during and after the loan repayment period.

This should include a description of the specific nature of your organization's support for this provider's career development, including opportunities for continuing education, participation in innovative clinical initiatives, research and clinical teaching.

A comprehensive retention plan takes into account how to ensure that this provider remains engaged and effective. The retention plan goes beyond financial incentives, and instead, lays out a strategic plan for addressing the reasons a provider might leave, and exploring all options for retaining this provider.

The retention plan further addresses:

- *The results of (a) face-to-face discussion(s) with the provider in order to gain a better understanding of what their career goals are and how they hope to accomplish them.*
- *How the organization will maintain an enjoyable, collaborative, and supportive working environment for this provider through mentoring, team-building, training, flexible schedule, etc.*
- *Opportunities for personal and professional growth*
- *The goals that have been set for this provider*
- *Skill development opportunities, for leadership, specialization, teaching, etc.*



Section E: Letter of Commitment

On a separate page, please attach a letter of commitment describing how your organization will support this provider throughout their 4-year commitment to the DSRIP Statewide Investments Student Loan Repayment Program. Please feel free to reference Sections C and D for supporting details; letters need not exceed 1-2 pages to be effective.

Please make sure to certify that your organization commits to do the following:

- *Free provider one day per quarter to participate in the Quarterly Learning Days*
- *Willing to accept salary replacement for your organization to cover these Quarterly Learning Days*

As a representative of _____ (organization), we are committed to place a qualified applicant for loan repayment for which our organization is deemed eligible. We have a specific interest in the following applicant: _____ and recommend this applicant for approval for loan repayment with a commitment by the applicant and organization to work at our community-based primary care or behavioral health organization.

SIGNATURE OF THE PRESIDENT/CEO or equivalent OF THE ORGANIZATION

Signature

Date

Print Name

Title