

**The Virginia Department of Health (VDH)  
Office Health Equity (OHE)  
Virginia Nurse Loan Repayment Program (VNLRP)  
2016 APPLICATION**

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**SECTION 10 - APPLICATION FOR RECRUITMENT**  
**PRACTICE SITE APPLICATION**

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This application shall be completed by qualified long-term care facilities interested in employing nurses, who receives an award from the Virginia Nurse Loan Repayment Program (VPSLRP).

**Please fill in the blank, check the appropriate box, print, and provide original signatures. Be sure to complete a separate application for each facility and/or satellite.**

- 1. Name of Practice Site:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ County of: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
**New Site:**  Yes  No **Existing Site:**  Yes  No  
Name of parent organization (if applicable): \_\_\_\_\_

- 2. Name of Recruitment Contact:** \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

- 3. Type of approved long-term care facility:** (Please check all that apply)

- Certified nursing facility**  
 **Nursing home**

- 4.** Site shall be a “full-time clinical practice,” defined as a minimum of 32 hours per week in a clinical practice for a minimum of 45 weeks per service year (Time spent in an “on call” status does not count toward the 32-hour requirement). Participants do not get service credit for hours worked over the required 32 hours/week. No more than 7.14 weeks (35.7 work days) per service year can be spent away from the approved service site for leave.

**This certifies that the information provided in this application is true and correct as of the date set forth opposite my signature. I also understand that any intentional or negligent misrepresentation(s) of the information contained in this application may result in the forfeiture of our entity's eligibility to participate in the VNLRP or the Virginia Recruitment and Retention Program for a period of no less than one year.**

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To be signed by an Authorized Representative

Signature: _____	Date: _____
Name: _____	Title: _____
Phone Number: _____	

**THANK YOU FOR YOUR INTEREST IN THE VNLRP.**