

**Norlyn Asprec**  
**Executive Director**  
**Health Professions Education Foundation**

Norlyn Asprec is the Executive Director of the Health Professions Education Foundation. The Health Professions Education Foundation is a 501(c)3 non-profit housed within the Office of Statewide Planning and Development. The Health Professions Education Foundation provides scholarships and loan repayment programs to students and graduates who are dedicated to practicing in medically underserved areas of California.

Prior to Ms. Asprec's work at the Health Professions Education Foundation, she was a Legislative Aide in the Office of Assemblywoman Susan Bonilla from 2013 - 2016. In 2009, she was a California Senate Fellow in the Capital Fellows Program and worked in the Office of Senator Mark DeSaulnier. Ms. Asprec received her Bachelors of Arts degree in Sociology and minor in Civic Engagement from UCLA and earned a Master of Arts degree in Creative Arts Therapy from Drexel University.



# Health Professions Education Foundation




*Giving Golden Opportunities*

**Program Overview  
Medical Board of California  
January 19, 2018**

Presented by  
Norlyn Asprec, Executive Director



## **Steven M. Thompson Physician Corps Loan Repayment Program Award Recipient – Dr. Jennifer Elizondo**



The Health Professions Education Foundation (HPEF) is a 501(c)(3) non-profit public benefit corporation established by the State legislature in 1987.

HPEF improves access to healthcare in underserved areas of California by providing scholarships and loan repayment programs to health professional students and graduates who are dedicated to providing direct patient care in those areas.

HPEF administers six scholarship and seven educational loan repayment programs available to health professional students and graduates who are willing provide medical and mental health services in underserved areas of California.

## Health Professions Education Foundation

### 1987 - 2017

Total Awarded	Scholarships Awarded	Loan Repayments Awarded	Total (\$) Awarded
14,721	3,198	11,523	\$169,672,102

#### Ethnicity of Awardees

Asian American	1,787	Native American	93
African American/Black	1,905	Multiple Ethnicities	663
Caucasian	3,960	Other	522
Hispanic Latino	5,467	Declined to State	324



### FY 2016-17 AWARDS

Programs	Number of Applications Received	Number of Applications Awarded	Total Amount Awarded
Allied Healthcare Scholarship	21	6	\$48,000
Allied Healthcare Loan Repayment	175	40	\$326,059
Associate Degree Nursing Scholarship	92	6	\$38,840
Bachelor of Science Nursing Scholarship	137	8	\$99,650
Bachelor of Science Nursing Loan Repayment	314	92	\$765,080
Advanced Practice Healthcare Scholarship	101	6	\$168,930
Advanced Practice Healthcare Loan Repayment	348	25	\$748,854
Licensed Mental Health Services Provider Education	642	35	\$422,091
Licensed Vocational Nurse to Associate Degree Nursing Scholarship	2	2	\$10,702
Licensed Vocational Nurse Loan Repayment	52	12	\$72,000
Mental Health Loan Assumption	2,383	1,514	\$13,031,048
Steven M. Thompson Physician Corps Loan Repayment	405	91	\$7,171,299
Vocational Nurse Scholarship	4	2	\$7,671
<b>Totals <sup>1/</sup></b>	<b>4,676</b>	<b>1,839</b>	<b>22,910,224</b>

<sup>1/</sup> Data above is a point in time and is as of June 30, 2017

### HPEF PROGRAMS

**Six Scholarships:**

- Allied Healthcare Scholarship (AHSP)
- Vocational Nurse Scholarship (VNSP)
- Licensed Vocational Nurse to Associate Degree Nursing Scholarship (LVN to ADN)
- Associate Degree Nursing Scholarship (ADNSP)
- Bachelor of Science in Nursing Scholarship (BSNSP)
- Advanced Practice Healthcare Scholarship (APHSP)

**Seven Loan Repayments:**

- Allied Healthcare Loan Repayment (AHLRP)
- Licensed Vocational Nurse Loan Repayment (LVNLRP)
- Bachelor of Science in Nursing Loan Repayment (BSNLRP)
- Licensed Mental Health Services Provider Education (LMHSPEP)
- Mental Health Loan Assumption (MHLAP)
- Advanced Practice Healthcare Loan Repayment (APHLRP)
- Steven M. Thompson Physician Corp Loan Repayment (STLRP)

## **AWARD CRITERIA**

Award criteria varies according to program but all programs have a cultural competency component.

Eligibility and scoring may be based on the following criteria:

Some programs require awardees to work in a qualified facility, which includes:

- Academic performance
- Community background/life experiences
- Cultural and linguistic competency
- Career goals
- Financial need
- Employment site
- Type of care provided
- Number of hours per work week

## **AWARDEE OBLIGATIONS**

1. Awardees are required to sign a contract with OSHPD.
2. Awardees are required to fulfill a one to three year service obligation. They must submit a Progress Report every six months to verify that they are complying with their service obligations and working in a qualified site.
3. Scholarship awardees are required to provide certification of enrollment each semester/quarter until they graduate. They are required to fulfill their service obligation upon six months of graduation.
4. Loan repayment awardees must periodically submit verification of their outstanding educational debt from an approved educational lending institution throughout their service obligation.

## UNDERSERVED AREAS

Some programs require awardees to work in a qualified facility, which includes:

- County
- State
- Correctional Facilities
- Veterans Affairs Medical Centers
- Indian Health Centers

Some programs require awardees to serve in a federal designation:

- Medically Underserved Areas or Medically Underserved Populations (MUA/MUPs)
- Health Professional Shortage Area, Primary Care, Mental, or Dental (HPSA-PC, HPSA-MH or HPSA-Dents)
- Primary Care Shortage Areas (PCSAs)
- Registered Nurse Shortage Areas (RNSAs)
- Federally Qualified Health Centers or Look-Alikes (FQHCs)
- Rural Health Clinics

## APPLICATION CYCLES

2017-18 Application Cycles

- Allied Healthcare, Nursing, Mental Health, Nursing Loan Repayment Programs  
August 1, 2017 – October 16, 2017
- Steven M. Thompson Physician Corps Loan Repayment Program  
November 1, 2017 – January 31, 2018
- Scholarships  
January 3, 2018 – February 28, 2018

Applicants can apply online: <https://calreach.oshpd.ca.gov>

## **STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM**

### Purpose:

- To increase the number of culturally and linguistically competent physicians who are practicing in medically underserved areas of California

### Funded by:

- \$25 licensing fee from the Medical Board of California and Osteopathic Medical Board of California.
- \$1 million from the Managed Care Administrative Fines and Penalty Fines
- \$4 million from the California Endowment

### Award Amount:

- Up to \$105,000 in exchange for three years of service
  - 65 percent of funds must be given to primary care doctors
  - 15 percent of funds must be directed to geriatric physicians
  - No more than 20 percent may be directed to other specialties

## **STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM**

### Who Can Apply:

- Any doctor with an active M.D. or D.O. license.
- Both primary care and specialty care are eligible.

### Hour Requirements:

- Must be working a minimum of 40 hours a week with 32 hours of direct patient care.
- OB/GYN physicians may work a minimum of 40 hours a week with 21 hours of direct patient care.

### Educational Debt:

- Applicants must have outstanding educational loan debt.

## STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM

Common Specialties:

- Primary Care Specialties
  - Family Medicine
  - Internal Medicine
  - Pediatrics
  - OB/GYN
  
- Other Specialties
  - Surgery
  - Psychiatry
  - Emergency Medicine
  - Gerontology

## STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM

Certification of Practice Setting Form:



**STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM (STLRP)**  
CERTIFICATION OF PRACTICE SETTING

This form must be completed and uploaded on [submit.stlrp.ca.gov](http://submit.stlrp.ca.gov) for your application to be considered complete. This form must be completed by an Administrative Officer or your direct Supervisor employed at the practice site listed below. This form must bear an original ink signature. If the applicant works at more than one site, complete and upload one Certification of Practice Setting form for each site.

Applicant Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
 Street Address (where the applicant will physically work) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
 F/T  P/T Average No. of hours per week at this site: \_\_\_\_\_  
 Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Average No. of hours per week of direct patient care: \_\_\_\_\_  
 Applicant's Specialty: (circle all that apply) Family Physician General Internist General Pediatrician  
 General Psychiatrist Gerontologist Obstetrician/Gynecologist  
 Other(s): \_\_\_\_\_

1. The applicant speaks the following Medi-Cal threshold language(s) in the work setting:  
 YES  NO
2. I have completed the Practice Site Eligibility Worksheet on page 2 of this document and confirm this practice site is eligible for STLRP.  
 YES  NO
3. The facility is a geriatric care setting or the applicant works in a setting that primarily serves adults over the age of 65 years or adults with disabilities.  
 YES  NO

By signing this form below, I certify that the practice site will pay the applicant prevailing wages and I agree not to use the program's award of educational loan repayments as a means to reduce the recipient's salary or other those salaries (e.g., deduction of funds from paychecks, etc.). I am the Supervisor or Administrative Officer at this facility and I declare under penalty of perjury that the statements above are true and correct.

Supervisor or Administrative Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Ext: \_\_\_\_\_ K: \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP** Don't forget Supervisor or Administrative Officer's original ink signature and date! Applicants: upload this form and type the information provided above at [submit.stlrp.ca.gov](http://submit.stlrp.ca.gov).

**STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM (STLRP)**  
PRACTICE SITE ELIGIBILITY WORKSHEET

To confirm your practice site is eligible, please follow the instructions below.  
**STEP 1** In order to be eligible, your practice site must be in a medically underserved area. To determine if your site is in a medically underserved area, visit the Program Information page here: <http://www.stlrp.ca.gov/HealthProfession/STLRP.html>

I confirm the practice site is in a medically underserved area. YES  NO

**STEP 2** Your practice site must be a clinic or physician owned facility that meets the requirements of either section A or section B below. Please check the appropriate boxes in either section A or section B to determine if your practice site is eligible for STLRP.

**Section A**  
 In order to qualify under section A, the clinic must meet at least one of the criteria in each category below.

- Type of Practice Site: (Select one)
- A community clinic that is a primary care clinic, operated by a tax-exempt nonprofit organization or an Indian tribal clinic as defined in subdivision (a) of Section 1704 and subdivision (1) of Section 1705 of the Health and Safety Code.
  - A clinic owned or operated by a public hospital and health system, or
  - A clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county's role pursuant to Section 17000 of the Welfare and Institutions Code.

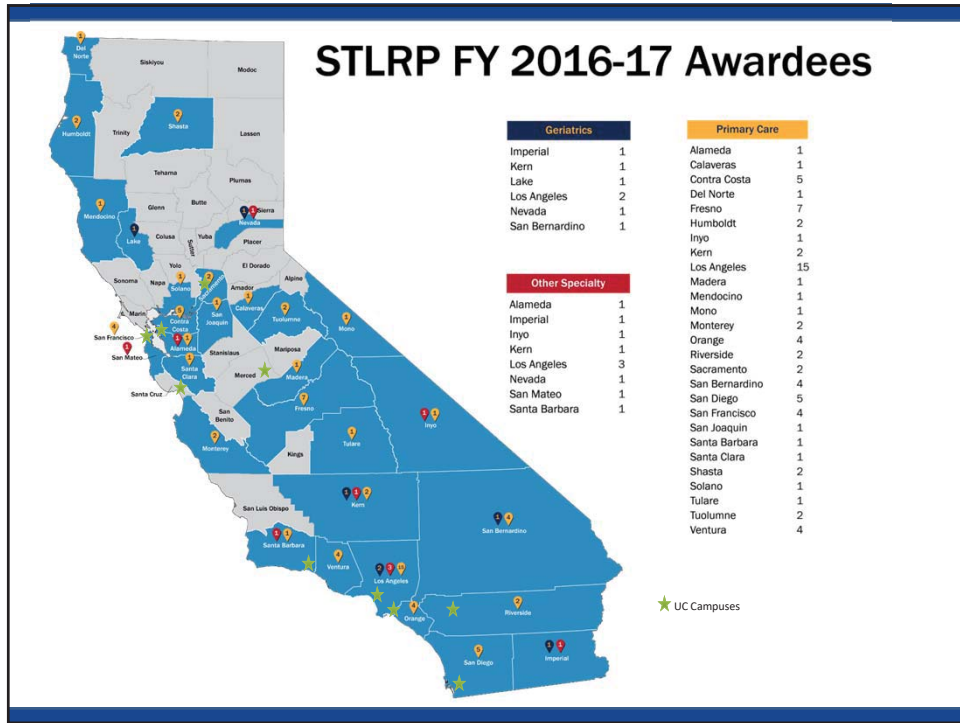
Patients Served:  
 At least 50% of the patients seen in this clinic either are from Medi-Cal or are uninsured.

**Section B**  
 In order to qualify under section B, the clinic must meet the criteria listed in each category below.

- Type of Practice Site:  
 The practice site must be a physician owned and operated medical practice that provides primary care.
- Patients Served:  
 At least 50% of the patients seen in this clinic are either uninsured, insured by Medi-Cal, or are beneficiaries of another publicly funded program that serves patients who earn less than 250% of the federal poverty level.

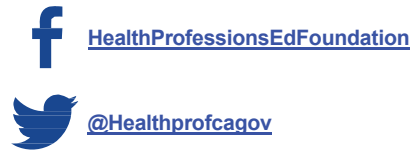
**STEP 3** confirm, after completing STEPS 1 and 2 above, the practice site qualifies for STLRP. YES  NO





## CONNECT WITH US

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**STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM (STLRP)  
CERTIFICATION OF PRACTICE SETTING**

This form must be completed and uploaded on [calreach.oshpd.ca.gov](http://calreach.oshpd.ca.gov) for your application to be considered complete. This form must be completed by an Administrative Officer or your direct Supervisor employed at the practice site listed below. This form must bear an original ink signature. If the applicant works at more than one site, complete and upload one Certification of Practice Setting form for each site.

Applicant Name: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Street Address (where the applicant will physically work): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

F/T     P/T    Average No. of hours per week at this site: \_\_\_\_\_

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Average No. of hours per week of direct patient care: \_\_\_\_\_

Applicant's Specialty:    Family Physician    General Internist    General Pediatrician  
(circle all that apply)    General Psychiatrist    Gerontologist    Obstetrician/Gynecologist  
Other(s): \_\_\_\_\_

- The applicant speaks the following Medi-Cal threshold language(s) in the work setting:  
 YES     NO
- I have completed the *Practice Site Eligibility Worksheet* on page 2 of this document and confirm this practice site is eligible for STLRP.  
 YES     NO
- The facility is a geriatric care setting or the applicant works in a setting that primarily serves adults over the age of 65 years or adults with disabilities.  
 YES     NO

By signing this form below, I certify that the practice site will pay the applicant prevailing wages and I agree not to use the program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.). I am the Supervisor or Administrative Officer at this facility and I declare under penalty of perjury that the statements above are true and correct.

Supervisor or Administrative Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_ X \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Don't forget Supervisor or Administrative Officer's original ink signature and date!**  
**Applicants: upload this form and type the information provided above at**  
[www.calreach.oshpd.ca.gov](http://www.calreach.oshpd.ca.gov)

**STEVEN M. THOMPSON PHYSICIAN CORPS LOAN REPAYMENT PROGRAM (STLRP)  
PRACTICE SITE ELIGIBILITY WORKSHEET**

**To confirm your practice site is eligible, please follow the instructions below.**

**STEP 1** In order to be eligible, your practice site must be in a medically underserved area.

To determine if your site is in a medically underserved area, visit the Program Information page here:

<https://www.oshpd.ca.gov/hpef/Programs/STLRP.html>

I confirm the practice site is in a medically underserved area. YES  NO

**STEP 2** Your practice site must be a clinic or physician owned facility that meets the requirements of **either** section A or section B below. Please check the appropriate boxes in either section A or section B to determine if your practice site is eligible for STLRP.

**Section A**

In order to qualify under section A, the clinic must meet at least one of the criteria in each category below.

**Type of Practice Site: (Select one)**

- A community clinic that is a primary care clinic, operated by a tax-exempt nonprofit organization or an Indian tribal clinic as defined in [subdivision \(a\) of Section 1204](#) and [subdivision \(c\) of Section 1206](#) of the Health and Safety Code.
- A clinic owned or operated by a public hospital and health system, or
- A clinic owned and operated by a hospital that maintains the primary contract with a county government to fulfill the county's role pursuant to [Section 17000 of the Welfare and Institutions Code.](#)

**Patients Served:**

- At least 50% of the patients seen in this clinic either are from Medi-Cal or are uninsured.

**Section B**

In order to qualify under section B, the clinic must meet the criteria listed in each category below.

**Type of Practice Site:**

- The practice site must be a physician owned and operated medical practice that provides primary care.

**Patients Served:**

- At least 50% of the patients seen in this clinic are either uninsured, insured by Medi-Cal, or are beneficiaries of another publicly funded program that serves patients who earn less than 250% of the federal poverty level.

**STEP 3** I confirm, after completing STEPS 1 and 2 above, the practice site qualifies for STLRP. YES  NO