Washington State
2006 Health Professional Loan Repayment Program

Program located at Washington State Department of Health
310 Israel Road SE ◆ PO Box 47834 ◆ Olympia, Washington 98504-7834

APPLICATION PROCESS

The Health Professional Loan Repayment Program was created by the Legislature and the governor to encourage licensed primary care health professionals to serve in shortage areas of Washington state. Awards are made on a competitive basis and limited to available funds. Financial support is provided in the form of loan repayment for a minimum three-year service obligation. Award amounts are based on loan debt with a maximum award of $25,000 per year, not to exceed $75,000. There is an opportunity to extend for a fourth and fifth year at $35,000 per year.

Priority for funding is given to sites providing service to underserved populations. The professions included are: Physicians (MD/DO/ND); Physician Assistants; Nurse Practitioners; Midwives (Certified-Nurse and Licensed); Pharmacists; Dentists; Registered Dental Hygienists; and all levels of Licensed Nurses.

Incomplete applications will not be processed. Application must include the required attachments. (See Attachment Checklist on last page.)

Applicants must be employed or have a contract to begin employment with an eligible site **PRIOR** to submitting an application. A list of eligible sites is provided in the back of this application packet.

There are two opportunities to apply in 2006.

Application deadlines: February 28, 2006 or July 31, 2006

If you have any questions regarding the application process please contact:
Kathy McVay, Program Manager at (360) 236-2816
E-mail: Kathy.McVay@doh.wa.gov
Chris Wilkins, Program Coordinator at (360) 236-2817
Chris.Wilkins@doh.wa.gov

Web site address: www.hecb.wa.gov/health

Applications may be faxed **or** mailed.
Fax Number: (360) 664-9273

SAMPLE

2006 Health Professional Loan Repayment Program Guidelines & Terms of Agreement

Funds paid by the program to participants are for the sole purpose of repaying outstanding educational loan debt. These loans must have been secured while attending a program which led to licensure as a health professional.

ELIGIBILITY

Site Eligibility:

To be eligible, the site must:

- Be listed on the approved site list that accompanies this application packet.
- Charge for professional services at the prevailing rate.
- Accept Medicaid patients using A or B of Title XVIII of the Federal Social Security Act or a state plan for medical assistance approved under Title XIX of the Act.
- Accept an assignment from Medicare under the terms specified in Title XVIII of the federal Social Security Act, section 18.42 (b)(3)(B)(ii).
- Accept patients entitled to medical assistance under the state Medicaid agency.

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If the site has two or more applications from the same profession, the site will be given the opportunity to identify how the award will be distributed. A site may not receive more than one award for the same profession in the same year unless the award is split among the applicants. This award, if split among applicants, will not exceed the highest debt requested or $75,000, whichever is less.

Applicant Eligibility:

To be eligible, the applicant must:

- Be a United States citizen.
- Have a current and valid license to practice in Washington state.
- Be employed or have a contract to begin employment at an approved site.
- Not owe a service obligation to the military, federal government, state, or other entity unless that obligation will be completely satisfied prior to the beginning of service under this program.
- Have current eligible educational debt documented through loan statements.
- Not be in default on any education loans or other service obligations.

Eligible Loans:
Verification of payment on loan debt specified in Award Notification will be required periodically throughout the service obligation.

Includes:

- Educational loans covering educational expenses.
- Loans from friends or relatives may be approved on an individual basis.

Does Not Include:

- Loans that have no current balance.
- Loans that have been consolidated under non-educational lenders (e.g. home mortgage loan).
- Stafford Parent Plus Loans.
- Loans obtained under someone else's name, such as a relative or friend.

Loans may not be renegotiated with lenders to accelerate repayment.

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SELECTION

Applicants will be selected for participation in the Health Professional Loan Repayment Program based on the following criteria but not limited to:

- Site application score.
- Commitment and experience in serving the medically underserved or shortage areas, as described in the narrative portion of the application.

AWARD AND PAYMENTS

- The maximum award amount is $75,000, not to exceed loan debt.
- Participant must serve full-time for a minimum of three years. Full-time is considered a minimum of 40 hours per week. The service obligation will be prorated for less than 40 hours per week.
- Awards will be divided into quarterly payments over the obligation period.
- Payments will be made after the completion of each quarter upon receipt, review and approval of the Service Verification Form.
- Participants agree to allow the program access to loan records and to acquire information from lenders necessary to verify eligibility and to determine payments.
- All program funds must be applied to approved loan debt listed on Award Notification.

REPAYMENT

Participants who do not fulfill the terms of the contract will be considered in default and will owe a double penalty.

- Participants who serve less than the service obligation period specified in their Award Notification must repay the program an amount equal to twice the total amount paid by the program.
- Funds not applied to the educational lenders, as identified in the Award Notification, shall be repaid to the program.
- The program may waive, in full or in part, the obligation for service or its rights to recover financial damages if the program determines that failure to fulfill the service obligation was due to circumstances beyond the participant's control such as:
  - Physical impairment or mental impairment to the degree that the participant can no longer function in his/her assigned duties, or
  - The participant's death.
- The program shall not be held responsible for any outstanding payments on principal and interest to any lender.

SAMPLE

It is your responsibility to read and understand these Guidelines and Terms of Agreement.

If you have questions, please contact our office:

Kathy McVay	**(360) 236-2816**	**kathy.mcvay@doh.wa.gov**
Chris Wilkins	**(360) 236-2817**	**chris.wilkins@doh.wa.gov**

Washington State 2006 Health Professional Loan Repayment Program Application

"Benefit from being needed"

Personal

1. Name: _____ _____ _____ **2**. SS #: ____/____/____
Last Name *First Name* *MI*

3. Address: _____City:_____ State:_____ Zip:_____

4. Date of Birth: ____/____/____ **5**. E-mail Address: _____

6. Telephone: Home: (____)_____ Work: (____)_____ **7**. ○ Male ○ Female

8. Career Needs of Spouse (if applicable): _____

9. Your Hometown: _____ **10**. Spouse's Hometown: _____

11. Your Ethnic Origin *(Optional)*: _____ **12**. U.S. Citizen: ○Yes ○ No *(must be U.S citizen to apply)*

13. Do you have another service obligation? **Please note: program recipients cannot commit simultaneously to two service obligations.** ○ Yes ○ No (If yes, please specify below.)

○ NHSC ○ IHS ○ Military ○ Other (Specify): _____ Dates of obligation:_____ to _____

14. Are you in default on any educational loans? ○ Yes ○ No *If yes, explain:*_____

15. List all educational lender names and loan balances for which you are requesting loan repayment:

Lender 1: _____ Balance: $_____

Lender 2: _____ Balance: $_____

Lender 3: _____ Balance: $_____

Lender 4: _____ Balance: $_____

Total Educational Debt: $_____

(Use additional sheet if needed. **Include copies of current loan statements with application**.)

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Education

1. Undergraduate School: _____ GPA: _____

Degree: _____ Date Received: _____ Years/Credits Completed: _____

2. Graduate/Professional School: _____

Degree: _____Date Received: _____ Years/Credits Completed: _____

3. Date and Place of : a. Residency:_____ _____
Place Dates

b. Internship: _____ _____
Place Dates

c. Preceptorship: _____ _____
Place Dates

Current and Professional Status

1. Provider Type: _____

2. Current Status: ○ In Practice ○In Residency ○ Military ○ Other (describe): _____

3. Are you Board eligible? ○Yes ○No **3.** Board certified? ○Yes ○No Specialty:_____

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Employment Information

Facility must be on current approved Site List to be eligible to apply.

1. Facility Name: _____

2. Address: _____

City: _____ State: _____ Zip: _____

3. County: _____ **4.** Name of Contact Person: _____
5. Contact's Telephone: (_____) _____ **6.** FAX: (_____) _____
7. Applicant's Employment Begin Date: _____ **8.** Work E-mail: _____

9. ○ Work Part-time ○ Work Full-time Days Per Week: _____ Hours Per Week: _____

For this program, full time is considered to be a minimum of 40 hours per week. If less than 40 hours per week, your service obligation will be prorated accordingly. (Example: 32 hours per week would require a service obligation of 3 years and 9 months.)

Licensure Information

1. Are you a licensed health care provider in Washington State? ○ Yes ○ No

If "Yes," provide the license number: _____

If "No," estimated date to obtain license: _____

2. Are you a licensed health care provider in any state other than Washington? ○ Yes ○ No

If "Yes," what type of license:_____State: _____

Professional Experience

(Make brief, concise statements)

1. Summarize your work, training, and practice experience.

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2. Comment specifically on your experiences in rural/underserved urban areas.

Professional Experience (continued)

3. Describe your long-range personal and professional goals.

4. Discuss your commitment to serve in this community/site.

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5. Describe any life experiences you believe make you an appropriate match for this community/site. Include such things as multicultural experiences, languages in which you are fluent, hobbies, interests, etc.

Agreement

I certify that the statements made herein are correct to the best of my knowledge. I have read and agree to the 2006 Health Professional Loan Repayment Program Guidelines and Terms of Agreement. I authorize the Health Professional Loan Repayment Program to maintain a record of this information. I understand that any referral by the Health Professional Loan Repayment Program to the attached eligible site list is not to be interpreted as an endorsement by the program. I further understand that it is my responsibility to evaluate the credentials and references of the site/opportunities/providers.

I agree, if accepted into this program, to serve for a minimum of three years and to accept Medicare assignments and Medicaid patients. I further agree that all funds obtained from this program will be applied to the educational debt as submitted with this application.

_____	_____	_____
Signature of Applicant	***Printed Name***	***Date***

Attachment Checklist

(Please include all attachments with the application packet.)

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- ☐ **Current** loan statement(s) with outstanding educational debt amount **(required)**
- ☐ Three letters of recommendation from training supervisors/professional colleagues **(required)**
- ☐ Facility Administrator Confirmation Form **(required)**
- ☐ Letter confirming residency certification *(if applicable)*
- ☐ Verification of Board eligibility *(if applicable)*
- ☐ Copy (photo copy acceptable) of professional school transcript (**required)**
- ☐ Copy of employer/employee contract and/or agreement ***(required).*** *If no contract or agreement exists, submit a signed/dated letter from your supervisor on company letterhead verifying the date you were employed, your position, and the number of hours you work each week.*

Mail Completed Application and Required Attachments to:

Health Professional Loan Repayment Program
Office of Community and Rural Health
310 Israel Road SW
P.O. Box 47834
Olympia, WA 98504-7834
Fax: (360) 664-9273

Deadlines for 2006 Applications

Applications must be postmarked no later than:
First Cycle: February 28, 2006
Second Cycle: July 31, 2006

2006 Facility Administrator Confirmation Form

*This form is to be completed by facility administrator/medical director or appropriate designee and **must** accompany completed application packet.*

Applicant: _____ _____
First Name *Last Name*

Applicant Work Site Name: _____

_____
Address *City* *Zip*

FTE Status: _____ **Hours per week:** _____

A. Discuss the importance and role of this applicant in your facility/site.

B. Describe the impact of the loan repayment benefit to recruit or retain this applicant.

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C. Has your site received funds from other state or federal programs, (e.g.; National Health Service Corp, Rural Health Outreach Grant, Health Systems Resource Grant)?

○ Yes ○ No If yes, please describe: _____

I certify that this Loan Repayment program applicant meets all the qualifications for which the site received access barrier points in the site application process. The applicant has made a commitment to stay at this facility for a minimum of three years while participating in the Loan Repayment Program.

Name: _____ Title: _____
(Print or type)

Signature: _____ Date: _____

Administrative Site Name: _____

Address: _____
Street *City* *State* *Zip*

HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM
2006 APPROVED SITE LIST – Sorted by County

Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Columbia Basin Health Association Othello Family Clinic	Adams	Othello	Greg Brandenburg	509-488-5256		R							
Othello Community Hospital	Adams	Othello	Leon Walsh	509-331-2667					R				
Columbia Valley Community Health Chelan Dental Clinic	Chelan	Chelan	Cheryl Damstetter	509-662-6000							X		
Columbia Valley Community Health Wenatchee Clinic	Chelan	Wenatchee	Cheryl Damstetter	509-664-4587						R			
Lake Chelan Clinic, P.C.	Chelan	Chelan	Barbara Berg	509-682-2511	R								
Wenatchee Midwife Services Childbirth Center	Chelan	Wenatchee	Laurie Braunstein	509-633-2770									X
Forks Community Hospital	Clallam	Forks	Camille Scott	360-374-6271				R	X				
Jamestown S'klallam Tribe	Clallam	Sequim	Bill Riley	360-582-2874	X/R		X		X				
Quileute Dental Services	Clallam	LaPush	Brenda Nielson	360-374-4318							R	R	
WA DOC - Clallam Bay Corrections Center	Clallam	Clallam Bay	Andre Rossi	360-586-4155	X	X				X	X		
WA DOC - Larch Corrections Center	Clark	Yacolt	Andre Rossi	360-586-4155							X		
Booker Rest Home	Columbia	Dayton	Bruce Grimshaw	509-382-2531				X	X				
Columbia Family Clinic	Columbia	Dayton	Bruce Grimshaw	509-382-2531	X		R						
Child and Adolescent Clinic	Cowlitz	Longview	Kimberley Robbins	360-423-6140	R								
Cowlitz Family Health Center Longview Clinic	Cowlitz	Longview	Dian Cooper	360-636-3892			R				R		
Peace Health - St. John Medical Center	Cowlitz	Longview	Debbie Troyer	360-656-4106					X/R	X/R			
Peace Health Medical Group	Cowlitz	Longview	Debbie Troyer	360-656-4106	X/R								X
Wenatchee Valley Medical Center East Wenatchee Clinic	Douglas	E. Wenatchee	Shaun Koos	509-663-8711	R								
Republic Medical Clinic	Ferry	Republic	Ron O'Halloran	509-775-3333	R								
Community Health Center La Clinica	Franklin	Pasco	Laura Kuykendall	509-543-1917	X	X			X		X		
Lourdes Health Network	Franklin	Pasco	John Serle	509-546-2230					X	X			
WA DOC - Coyote Ridge Corrections Center	Franklin	Connell	Andre Rossi	360-586-4155	X	X					X		

X = Recruitment for position R = Retention of current employee

SAMPLE

Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Garfield County Memorial Hospital	Garfield	Pomeroy	Andrew Craigie	509-843-1591					X				
Garfield County Memorial Hospital & Long Term Care	Garfield	Pomeroy	Andrew Craigie	509-843-1591					X/R				
Pomeroy Medical Clinic	Garfield	Pomeroy	Andrew Craigie	509-843-1591		R							
Association of Samaritan Physicians	Grant	Moses Lake	Raymond Dockery	509-766-4185	R								
Coulee Family Medicine	Grant	Grand Coulee	Jerry Lane	509-633-6362			R		R				
Moses Lake Community Health Center	Grant	Moses Lake	John Browne	509-765-0674			R				X		
Sunbridge Care & Rehabilitation	Grant	Moses Lake	Jerry Botner	509-765-6788				R	X/R				
Sunbridge Special Care Center	Grant	Moses Lake	Angie Spangler	509-765-7835				R	R				
Wenatchee Valley Medical Center Moses Lake Clinic	Grant	Moses Lake	Shaun Koos	509-663-8711	X								
Peninsula Community Health Services Aberdeen Clinic	Grays Harbor	Aberdeen	Susan Chesbrough	360-478-2366	X	X		X		X	X		
Peninsula Community Health Services Copalis Beach Clinic	Grays Harbor	Copalis Beach	Susan Chesbrough	360-478-2366	X	X		X					
Roger Saux Health Center	Grays Harbor	Taholah	Guy Capoeman	360-276-4405	X/R		X		X				
WA DOC - Stafford Creek Corrections Center	Grays Harbor	Aberdeen	Andre Rossi	360-586-4155		X		X	X	X	X		
Anacortes Family Medicine	Island	Anacortes	Vincent Oliver	360-293-5076	X/R	R							
Jefferson Medical Group	Jefferson	Port Townsend	Paula Dowdle	360-379-0831	R				X/R				
Olympic Primary Care	Jefferson	Port Townsend	Paula Dowdle	360-379-0831					X				
Port Townsend Family Physicians	Jefferson	Port Townsend	Paula Dowdle	360-385-3500	X			X					
Community Health Centers of King County Auburn Community Health Center	King	Auburn	Thomas Trompeter	425-277-1311					X	X			
Community Health Centers of King County Federal Way Community Health Center	King	Federal Way	Thomas Trompeter	425-277-1311	R				X				
Community Health Centers of King County Kent Community Health Center	King	Kent	Thomas Trompeter	425-277-1311					X	X			
Evergreen Center for Integrative Medicine	King	Seattle	Bobbi Lutack	206-729-0907	R								
International Community Health Services Holly Park Clinic	King	Seattle	Linh Tran	206-788-3657	X	X				X	X		
International Community Health Services International District Clinic	King	Seattle	Linh Tran	206-788-3657					X	X	X		

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SAMPLE

Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Puget Sound Neighborhood Health Centers 45th Street Medical Clinic	King	Seattle	Mark Secord	206-461-6935					X/R				
Puget Sound Neighborhood Health Centers High Point Medical Clinic	King	Seattle	Mark Secord	206-461-6935		R							
Puget Sound Neighborhood Health Centers Pike Market Medical Clinic	King	Seattle	Mark Secord	206-461-6935	R				R				
Puget Sound Neighborhood Health Center Rainier Park Medical Clinic	King	Seattle	Mark Secord	206-461-6935	R				X/R				
Puget Sound Neighborhood Health Center Sealth Teen Health Clinic	King	Seatte	Mark Secord	206-461-6935			R						
Sea Mar Community Care Center	King	Seattle	Carlos Alaniz	206-788-3203				X	X				
Seattle Indian Health Board	King	Seattle	Roxan Wilkins	206-324-9360	R				R				
Martha and Mary Health Services	Kitsap	Poulsbo	Chad Solvie	360-779-7500				X	X				
Peninsula Community Health Services Bremerton Clinic	Kitsap	Bremerton	Susan Chesbrough	360-478-2366	X	X			X	X	X		
Peninsula Community Health Services Port Orchard Clinic	Kitsap	Port Orchard	Susan Chesbrough	360-478-2366	X						X		
Peninsula Community Health Services Poulsbo Clinic	Kitsap	Poulsbo	Susan Chesbrough	360-478-2366	X	X							
Klickitat Valley Health Services Family Practice Clinic	Klickitat	Goldendale	Sharon Cox	509-773-4022					X	X			
Mid-Columbia Family Health Center White Salmon Clinic	Klickitat	White Salmon	Earl Russell	509-493-2133		R							
Lewis County Public Health & Social Services	Lewis	Chehalis	Kathleen Eussen	360-740-2774					X/R				
Valley View Health Center	Lewis	Chehalis	Steven Clark	360-748-7400							X		
Condon & Condon, PLLC - Odessa Clinic	Lincoln	Odessa	Michael Condon	509-926-5272								X	
Odessa Memorial Healthcare Center	Lincoln	Odessa	Mark Barglof	509-982-2611					X				
WA DOC - Mission Creek Corrections Center - Women	Mason	Belfair	Andre Rossi	360-586-4155							X		
WA DOC Washington Corrections Center	Mason	Shelton	Andre Rossi	360-586-4155	X				X	X			
Harmony House	Okanogan	Brewster	Jerry Tretwold	509-689-2546					R				

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SAMPLE

Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Mid Valley Hospital Mid Valley Hospital Group	Okanogan	Okanogan	Michael Billing	509-826-7640	X								
North Valley Hospital	Okanogan	Tonasket	Warner Bartleson	509-486-3118				X/R	X/R				
North Valley Nursing Home	Okanogan	Tonasket	Warner Bartleson	509-486-3118				X	X				
Okanogan Clinic – Brewster	Okanogan	Brewster	Kory Lester	509-422-7604					X	X	X		
Okanogan Clinic – Medical & Dental Clinics	Okanogan	Okanogan	Kory Lester	509-422-7604	X		X		X				
Okanogan County Public Health Agency	Okanogan	Okanogan	Paul Waterstrat	509-422-7146					R				
Okanogan Douglas District Hospital	Okanogan	Brewster	Dale Polla	509-689-2517				X	X				
Wenatchee Valley Medical Center North Valley Family Medicine	Okanogan	Tonasket	Shaun Koos	509-663-8711	R								
Winthrop Country Clinic	Okanogan	Winthrop	Linda Dennis	509-996-8180			X						
Cowlitz Family Health Center North Beach Dental Clinic	Pacific	Ocean Park	Dian Cooper	360-636-3892							X		
Ocean Beach Medical Clinic	Pacific	Illwaco	James Robertson	360-642-6460	R		R		R				
Peninsula Pharmacies, Inc. Long Beach Pharmacy	Pacific	Long Beach	Tom Sutherland	360-642-3133						X			
Family Health Center Newport	Pend Oreille	Newport	Thomas Wilbur	509-447-3139	R								
Family Medicine Newport	Pend Oreille	Newport	Thomas Wilbur	509-447-3139	R								
Northeast Tri County Health District	Pend Oreille	Newport	Carol Villers	509-684-1301					R				
Community Health Care Downtown Clinic	Pierce	Tacoma	David Flentge	253-597-4550			R	X					
Community Health Care Eastside Clinic	Pierce	Tacoma	David Flentge	253-597-4550			R	X/R	R				
Community Health Care Homeless Clinic	Pierce	Tacoma	David Flentge	253-597-4550			R	X					
Community Health Care Lakewood Clinic	Pierce	Lakewood	David Flentge	253-597-4550				R	R	R			
Community Health Care Parkland Clinic	Pierce	Parkland	David Flentge	253-597-4550				X					

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Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
Community Health Care Soundview Clinic	Pierce	Tacoma	David Flentge	253-597-4550			R	X					
Community Health Care Spanaway Clinic	Pierce	Spanaway	David Flentge	253-597-4550				X/R					
Community Health Care Sumner Clinic	Pierce	Sumner	David Flentge	253-597-4550						X			
Community Health Care Tillicum Clinic	Pierce	Tillicum	David Flentge	253-597-4550				R					
Key Medical Center	Pierce	Lakebay	William Roes	253-884-9221	R								
Lindquist Dental Clinic for Children	Pierce	Tacoma	Carolyn McDougal	253-307-6021							X/R		
Puyallup Tribal Health Authority	Pierce	Tacoma	Rodney Smith	253-593-0232				R	X	R			
Sea Mar Community Health Center Puyallup Medical & Dental Clinic	Pierce	Puyallup	Mary Bartolo	206-788-3203	X						R		
Sea Mar Community Health Center Tacoma Medical & Dental Clinics	Pierce	Tacoma	Mary Bartolo	206-788-3203	X				X		R		
WA DOC - McNeil Island Corrections Center	Pierce	Steilacoom	Andre Rossi	360-586-4155	X			X	X	R			
WA DOC - Washington Corrections Center - Women	Pierce	Purdy	Andre Rossi	360-586-4155	X	X			X	X	X		
Sea Mar Community Health Center Mt. Vernon Clinic	Skagit	Mt. Vernon	Mary Bartolo	206-788-3202			X						
Skagit Valley Medical Center Inc, PS Mt. Vernon Clinic	Skagit	Mt. Vernon	Larry Thompson	360-428-6482	R								
Skagit Valley Medical Center Inc, PS North Cascade Internal Medicine	Skagit	Sedro Woolley	Larry Thompson	360-428-6482			X						
Community Health Center of Snohomish County - Broadway Medical Clinic	Snohomish	Everett	Dion Kapetanov	425-249-0791					X	X			
Everett Rehabilitation and Care Center	Snohomish	Everett	Jefferson Henson	425-513-1600				X/R	X/R				
Providence Everett Healthcare Clinic	Snohomish	Everett	Gail Larson	425-317-0319		R							
Sea Mar Community Health Center Marysville Medical Clinic	Snohomish	Marysville	Mary Bartolo	206-788-3203	R								

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Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
WA DOC - Monroe Correctional Complex	Snohomish	Monroe	Andre Rossi	360-586-4155	X	R		X	X	X		X	
Community Health Association of Spokane North County Clinic	Spokane	Deer Park	Peg Hopkins	509-434-0378						X	X	X	
Community Health Association of Spokane Denny Murphy Clinic	Spokane	Spokane	Peg Hopkins	509-434-0378		R			X			R	
Community Health Association of Spokane Maple Clinic	Spokane	Spokane	Peg Hopkins	509-434-0378						X			
Community Health Association of Spokane Valley Clinic	Spokane	Spokane	Peg Hopkins	509-434-0378					X	R			
Deer Park Family Care Clinic	Spokane	Deer Park	Kelly Holm	509-276-5005	X	R		X	X				
WA DOC - Airway Heights Correction Center	Spokane	Airway Heights	Andre Rossi	360-586-4155	X			X	X				
WA DOC - Pine Lodge Corrections Center - Women	Spokane	Medical Lake	Andre Rossi	360-586-4155	X				X		X		
Yakima Valley Farm Workers Clinic Spokane Falls Family Clinic	Spokane	Spokane	Mark Rearrick	509-865-6175						X	X		
Colville Community Dental Clinic	Stevens	Colville	Tom Hochwalt	509-935-6001							X		
Around The Circle Midwifery, LLC	Thurston	Olympia	J. Constance Frey	360-459-7222									X/R
Blue Mountain Medical Group, PLLC	Walla Walla	Walla Walla	Kathy Strickler	509-522-0100			X						
WA DOC - Washington State Penitentiary	Walla Walla	Walla Walla	Andre Rossi	360-586-4155	X	X				X	X	X	
Family Care Network, PLLC Ferndale Medical Center	Whatcom	Ferndale	Marcy Hipskind	360-318-8800	R								
Interfaith Community Health Center	Whatcom	Bellingham	Ralph Hill	360-676-6177							X		
Sunnyside Community Hospital Grandview Medical Center	Yakima	Grandview	Michael Delgado	509-882-1855	R	R							
Sunnyside Community Hospital Lincoln Avenue Family Medicine	Yakima	Sunnyside	Michael Delgado	509-837-6911		R							
Sunnyside Community Hospital Valley Internal Medicine Associates, Inc.	Yakima	Sunnyside	Michael Delgado	509-837-4949	R								
Toppenish Community Hospital	Yakima	Toppenish	Monti Bootwick	509-575-5096					X				

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SAMPLE

Site Name	County	City	Administrator	Phone #	PCP	PA	NP	LPN	RN	RX	DDS	RDH	MW
WA DOC - Ahtanum View Corrections Center	Yakima	Yakima	Andre Rossi	360-586-4155	X	X							
Yakima HMA Physicians Management Mid-Valley Family Medicine	Yakima	Wapato	Timothy Thundl	509-574-4449	R								
Yakima Neighborhood Health Services	Yakima	Yakima	Rhonda Hauff	509-574-5552			X				X	R	
Yakima Regional Medical and Cardiac Center	Yakima	Yakima	Timothy R. Trottir	509-575-5096	X				X	X			
Yakima Valley Farm Workers Clinic Children's Village – Dental Clinic	Yakima	Yakima	Mark Rearrick	509-865-6175							X	X	
Yakima Valley Farm Workers Clinic Family Medical Center - Walla Walla	Walla Walla	Walla Walla	Mark Rearrick	509-865-6175		R				X			
Yakima Valley Farm Workers Clinic Grandview Clinic	Yakima	Grandview	Mark Rearrick	509-865-6175					R	X	X		
Yakima Valley Farm Workers Clinic Toppenish Clinic	Yakima	Toppenish	Mark Rearrick	509-865-6175		R					X		
Yakima Valley Farm Workers Clinic Yakima Clinic	Yakima	Yakima	Mark Rearrick	509-865-6175						X			

SAMPLE

X = Recruiting for Position **R = Retention for current employee**

If you are currently employed at one of the above listed sites, to be eligible for retention status your employer must have submitted your name on the site application. Check with your site administrator if you are not sure.

PCP	**Primary Care Provider (MD)**	**RX**	**Pharmacist**
PA	**Physician Assistant**	**DDS**	**Dentist**
NP	**Nurse Practitioner**	**RDH**	**Registered Dental Hygienist**
LPN	**Licensed Practical Nurse**	**MW**	**Midwife**
RN	**Registered Nurse**		