

FY 2024 National Health Service Corps Scholarship Program Application and Program Guidance Glossary

ADMINISTRATIVE DUTIES. Clinical administrative, management or other activities, which may include charting, administrative care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment related activities pertaining to the scholar’s approved National Health Service Corps practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and National Health Service Corps scholars serving in such a capacity should keep in mind that they cannot count more than four (4) hours per week of administrative and/or management time (two (2) hours in the case of half-time) toward the total required 40 hours per week (or 20 hours in the case of half-time).

CRITICAL ACCESS HOSPITAL. A facility certified by the Centers for Medicare & Medicaid Services under section 1820 of the Social Security Act. A Critical Access Hospital must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or Critical Access Hospital, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, review the [Critical Access Hospital Booklet](#).

DISADVANTAGED BACKGROUND. As defined by the Scholarship for Disadvantaged Students program (Sec. 737 of the Public Health Service Act, 42 U.S.C. § 293(a)), this term refers to individuals who have been identified by their schools or can document having come from a “disadvantaged background” based on educational, environmental, and/or economic factors. “Educational and/or environmental factors” means that the individual comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession. “Economic factors” means that the individual comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services for adaptation to this program.

FAMILY/FAMILY MEMBER. As used in the National Health Service Corps Scholarship Program Application and Program Guidance, “family member” includes spouses, as well as unmarried partners (both same-sex and opposite-sex).

FULL, PERMANENT, UNENCUMBERED, UNRESTRICTED HEALTH PROFESSIONAL LICENSE. An unencumbered license means a license that is not revoked, suspended, or made probationary or conditional by the state licensing or registering authority as the result of disciplinary action.

FULL-TIME ENROLLMENT or FULL-TIME STUDENT. The National Health Service Corps defines full-time as a student enrolled for a sufficient number of credit hours in any academic term to complete the course of study within the number of academic terms normally required at the school. For a more detailed

explanation of the full-time enrollment requirement, please see “Eligibility Requirements” for more information.

FULL-TIME CLINICAL PRACTICE. Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in a National Health Service Corps approved service site. For a more detailed explanation of the full-time clinical practice requirement, please see “Understanding your Service Obligation”.

HALF-TIME CLINICAL PRACTICE. Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in a National Health Service Corps-approved site. For a more detailed explanation of the half-time clinical practice requirement, please see “Understanding your Service Obligation” in the National Health Service Corps Scholarship Program Application and Program Guidance.

HEALTH PROFESSIONAL SHORTAGE AREA. A geographic area, population group, public or nonprofit private medical facility or other public facility for the delivery of health service (including a federal or state correctional institution), which has been determined by the Secretary of Health and Human Services to have a shortage of health professionals, or a facility automatically designated as a [Health Professional Shortage Area](#) by statute or regulation. Information considered when designating a primary care Health Professional Shortage Area includes health provider-to-population ratios, rates of poverty, and access to available primary health services. Health Professional Shortage Areas are designated by the Health Resources and Services Administration pursuant to Section 332 of the Public Health Service Act (42 U.S.C. 254e) and implementing regulations (42 C.F.R. Part 5).

INDIAN HEALTH SERVICE HOSPITALS. A collective term that includes hospitals that are both Indian Health Service owned, and Indian Health Service operated, or Indian Health Service owned and tribally operated (that is, a federal facility operated by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally owned and tribally operated.

INDIAN HEALTH SERVICE, TRIBAL OR URBAN INDIAN HEALTH CLINIC. A healthcare facility (whether operated directly by the Indian Health Service; or by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.) Which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, please see [Urban Indian Health Program Fact Sheets](#) or [Indian Health Service Year 2018 Profile](#).

NATIONAL HEALTH SERVICE CORPS-APPROVED SITE. Each health care site must submit a National Health Service Corps New Site Application to become a [National Health Service Corps- approved site](#). For a site to be eligible for National Health Service Corps approval, it must:

- Be located in and provide service to a federally designated Health Professional Shortage Area;

- Provide comprehensive primary medical care, behavioral/mental health, and/or dental services;
- Provide ambulatory care services (no inpatient sites, except Critical Access Hospitals or Indian Health Service hospitals);
- Ensure access to ancillary, inpatient, and specialty referrals;
- Charge fees for services consistent with prevailing rates in the area;
- Discount or waive fees for individuals at or below 200 percent of the federal poverty level;
- Accept assignment for Medicare beneficiaries;
- Enter into agreements with Medicaid and the Children’s Health Insurance Program, as applicable;
- Not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare, Medicaid, Children’s Health Insurance Program);
- Prominently post signage that no one will be denied access to services due to inability to pay;
- Agree not to reduce clinician’s salary due to National Health Service Corps support;
- Provide sound fiscal management; and
- Maintain a recruitment and retention plan, as well as a credentialing process, for clinicians.

If the Site Application is approved, the community site becomes a National Health Service Corps-approved service site. All National Health Service Corps-approved service sites must continuously meet the above requirements to remain in good standing.

OVERPAYMENT. Overpayments are scholarship payment(s) to a scholar or to a school on the scholar’s behalf, while the scholar is on an approved leave of absence, enrolled as a less than full-time student, or is no longer enrolled in the National Health Service Corps Scholarship Program-approved course of study. Overpayment may also occur due to administrative error. A scholar receiving an overpayment must immediately contact the National Health Service Corps Scholarship Program, follow up in writing, and make arrangements to promptly return the overpayment(s) to avoid interest accrual and debt collection procedures.

POSTGRADUATE TRAINING. Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (for example, internships, residencies, chief residency, or fellowships).

PRIMARY HEALTH SERVICES. Health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, geriatrics, dentistry, or behavioral and/or mental health that are provided by physicians or other health professionals.

SCHOOL YEAR. For all scholars, the school year is defined as all or part of the 12-month period from July 1 through June 30 during which a scholar is enrolled in a school as a full-time student. The National Health Service Corps Scholarship Program 2024-2025 school year begins July 1, 2024, and ends June 30, 2025.

SPOUSE and MARRIAGE. As used in this National Health Service Corps Application and Program Guidance, “spouse” includes same-sex married couples as well as opposite-sex married couples. In accordance with the Supreme Court decisions in *United States v. Windsor* and in *Obergefell v. Hodges*, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

TEACHING HEALTH CENTER. An entity that: (1) is a community based, ambulatory patient care center, and (2) operates a primary care residency program (that is, an approved graduate medical residency training program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics) under section 340H of the Public Health Service Act. [Find currently funded Teaching Health Centers.](#)

TRIBAL HEALTH PROGRAM. An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service through, or provided for in, a contract or compact under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).