



# Application Instructions

## Doctors Across New York (DANY) OMH Psychiatrist Loan Repayment Program (OMH PLRP)

### General Eligibility

**A psychiatrist is eligible for this program only if they meet all of the following criteria:**

- 1) A U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card);
- 2) Licensed to practice in New York State by the time the service obligation begins;
- 3) Not currently working in, or serving, an OMH facility where the current service to the OMH facility began prior to March 30, 2013;
- 4) Not fulfilling any current DANY or other state or federal loan repayment obligation where the obligation period of that repayment program would overlap or coincide with the DANY OMH PLRP obligation period;
- 5) In good standing with the Department of Health<sup>1</sup>;
- 6) Not in breach of a health professional service obligation to federal, state or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments; and
- 7) Working or planning to work in a full time clinical capacity at an OMH facility (listed on page 3 of these instructions).

<sup>1</sup> i.e., not excluded from, or terminated by, the federal Medicare or Medicaid programs (see <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>); not subject to Orders of the State Board for Professional Medical Conduct (see <http://w3.health.state.ny.us/opmc/factions.nsf/physiciansearch?openform>); or under indictment for, or convicted of, any crime as defined by the New York State Penal Code, (see: <http://public.leginfo.state.ny.us/menuf.cgi>).

### Line Instructions for the DANY OMH PLRP Application (OMH form D-3725)

#### Section A - Applicant Information:

- 1) Complete using your home contact information.
- 2) Choose OMH facilities using the drop down boxes. You may choose no preference. OMH facilities and links to their websites are available on page 3 of these instructions.
- 3) Enter a 3 year DANY OMH PLRP anticipated service obligation period. You may choose the first day of any month and serve a duration of 3 years; the start date cannot be earlier than April 1, 2022.

**Section B - Eligibility Information:** Answer questions 1-8 with “yes” or “no”. If you answer yes to all questions continue to Section C. If you cannot answer yes to all questions, **you are not eligible for DANY OMH PLRP funding.**

#### Section C - Current Employment Information:

- 1) Indicate if you are currently employed as a psychiatrist or if you are enrolled in a psychiatry residency or fellowship program.
- 2) List your residency program or employer’s name and address or location e.g. Resident with SUNY Upstate Medical University, Syracuse, NY or the Massachusetts Mental Health Center, Department of Psychiatry, Harvard Medical School, Boston, Massachusetts.
- 3) Indicate the date you began your residency program or the date you began working at the current employer listed above.
- 4) Using the dropdown boxes, choose your specialty if you have one, e.g. Child & Adolescent Psychiatry or Forensic Psychiatry; General Psychiatry – No Specialty is also an option. Indicate if you are Board Certified or Board Eligible.
- 5) List your NYS license number. If you do not have a license indicate if and when you applied or if you are a Psychiatry Resident and not required to have a license. Please note: you must obtain a license by the time the service obligation begins.

#### Section D - Current Service Obligations:

List information for any current scholarships, loan forgiveness or other funds you are receiving for the same, or partially overlapping service, obligation period as indicated in Section A. Please note: **if you currently receive DANY funding you are not eligible for the DANY OMH PLRP.**

**Section E - Psychiatrist Student Loan Debt Information:** list all Creditors, Creditor Addresses, and Loan Balances for which you would like to be repaid. The total repayment amount requested cannot exceed the total amount of your current balances or \$120,000 .

**Attestation -** Please attest to the truth of statements on this application by signing this attestation.



# Application Instructions

## Doctors Across New York (DANY) OMH Psychiatrist Loan Repayment Program (OMH PLRP)

### Definitions

For purposes of this application, the following definitions will apply:

**Applicant:** An individual psychiatrist submitting an application who will be responsible for executing and implementing the contract(s) with New York State.

**Current Employment:** For the purposes of *eligibility* for DANY OMH PLRP awards, if the applicant is currently working in an OMH facility AND the current employment commenced BEFORE March 30, 2013, then that applicant is *ineligible* for an award.

**DANY Program:** Doctors Across New York Program, administered by NYSDOH.

**DANY OMH PLRP:** The Office of Mental Health Psychiatrist Loan Repayment Program, administered by both OMH and NYSDOH.

**DANY OMH PLRP Service Obligation Period:** Three consecutive years providing clinical services at an OMH facility. The service obligation runs concurrent with the term of the New York State contract resulting from the DANY OMH PLRP award. In no circumstance shall the start date of the contract with DOH (i.e., the start date of the service obligation) be prior to April 1, 2022.

**Full-Time Clinical Capacity:** Providing at least 40 hours of service (with a *minimum of 32 clinical hours*) per week for at least 45 weeks per year. Unless otherwise approved in writing by OMH, the 40 hours per week may be compressed into no less than four days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in on-call status should not be applied toward the 40-hour week. Hours worked in excess of 40 hours per week shall not be applied to any other workweek.

**NYSDOH:** The New York State Department of Health, its agents, vendors, partners, contractors, subcontractors or any State entity authorized to assist in the administration of the Doctors Across New York (DANY) Program.

**OMH:** The New York State Office of Mental Health, a State entity authorized to assist in the administration of the Doctors Across New York Program.

**Psychiatrist:** Any graduate of an osteopathic or allopathic medical school who possesses a DO or MD degree, who has been licensed to practice medicine in New York State, and who is board-eligible or board-certified in psychiatry.

**Psychiatry Resident:** An individual enrolled in a graduate medical education program that is accredited by a nationally recognized accreditation body and/or an individual enrolled in a psychiatry residency program that is approved by any other nationally recognized organization (i.e., specialty board). This definition includes fellows, chief residents, and residents.

**Qualified educational loans/debt:** Any student loan that was used to pay graduate or undergraduate tuition or related educational expenses, made by or guaranteed by the federal or state government, or made by a lending or educational institution approved under Title IV of the federal Higher Education Act.



## Doctors Across New York (DANY) OMH Psychiatrist Loan Repayment Program (OMH PLRP)

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### OMH FACILITIES

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#### Adult Facilities

[Bronx Psychiatric Center](#)

[Buffalo Psychiatric Center](#)

[Capital District Psychiatric Center](#) \*

[Creedmoor Psychiatric Center](#)

[Elmira Psychiatric Center](#)\*

[Greater Binghamton Health Center](#)\*

[Hutchings Psychiatric Center](#) \*

[Kingsboro Psychiatric Center](#)

[Manhattan Psychiatric Center](#)

[Mohawk Valley Psychiatric Center](#) \*

[Pilgrim Psychiatric Center](#)

[Rochester Psychiatric Center](#)\*

[Rockland Psychiatric Center](#)

[South Beach Psychiatric Center](#) \*

[St. Lawrence Psychiatric Center](#) \*

\*Note: These Adult facilities also have Children's Units/Programs.

#### Children's Facilities

[New York City Children's Center](#)

[Rockland Children's Psychiatric Center](#)

[Sagamore Children's Psychiatric Center](#)

[Western NY Children's Psychiatric Center](#)

#### Forensic Facilities

[Central New York Psychiatric Center](#)

[Kirby Forensic Psychiatric Center](#)

[Mid-Hudson Forensic Psychiatric Center](#)

[Rochester Regional Forensic Unit](#)

#### Secure Residential Centers

[Secure Treatment and Rehabilitation Center \(STARC\)](#)

- STARC Oakview – Marcy, NY
- STARC Bridgeview – Ogdensburg, NY



Application Doctors Across New York (DANY) OMH Psychiatrist Loan Repayment Program (OMH PLRP)

Before completing this form, please read the attached instructions (OMH-D-3725- i).

All applications must be submitted electronically to the New York State Office of Mental Health in PDF format only to dany@omh.ny.gov

Section A. Applicant Information

1) Contact Information

- Applicant Name:
Applicant Home Address:
Home Phone #:
Home Email Address:

2) Please choose the OMH facilities at which you would like to serve from drop down boxes below. Please note, you may not get your first choice.

OMH Facility Choice #1
OMH Facility Choice #2

3) Please enter a three (3) year DANY OMH PLRP service obligation period. You may choose the first day of any month to begin service:

Start Date: End Date:

Please note: your service obligation period cannot begin before April 1, 2022

Section B. Eligibility Information Please Answer questions 1 – 8 below.

- 1. Are you a U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card)? Yes No
2. Are you licensed to practice medicine in New York State by the time the service obligation begins? Yes No
3. Is the following true: Not currently working in, or serving, an OMH facility where the current service to the OMH facility began prior to March 30, 2013? Yes No
4. Is the following true: Not fulfilling any current DANY or other state or federal loan repayment obligation where the obligation period of that repayment program would overlap or coincide with the DANY OMH PLRP obligation period? Yes No
5. Are you in good standing with the Department of Health? (see instructions) Yes No
6. Is the following true: Not in breach of a health professional service obligation to federal, state or local government, or have any judgment liens arising from federal or state debt; and must not be delinquent in child support payments? Yes No
7. Are you working or planning to work in a full time clinical capacity at an OMH facility listed on page 3 of the instructions? Yes No
8. Did you answer yes to all of the above? Yes No

If you cannot answer yes to all questions, you are not eligible for DANY OMH PLRP funding.



## Doctors Across New York (DANY) OMH Psychiatrist Loan Repayment Program (OMH PLRP)

### Section C. Current Employment Information

1. Current Position    Practicing/Attending Psychiatrist  
  
                                  Psychiatry Resident/Fellow    *If you are presently completing a residency, fellowship, or other medical training program, indicate the anticipated date of completion.* \_\_\_\_\_  
                                  Other: Please explain \_\_\_\_\_
  
2. Current employer and employer address: \_\_\_\_\_
3. Start date of current employment: \_\_\_\_\_
4. Current Specialty, if applicable. Also indicate if you are Board Certified or Board Eligible. (e.g. Forensic Psychiatry - Board Eligible):  
                                  \_\_\_\_\_
  
5. Are you currently licensed to practice as a physician in New York State? Please note: you must obtain a license by the time the service obligation begins.  
                                  Yes, license number \_\_\_\_\_  
                                  Pending, date applied \_\_\_\_\_  
                                  Currently in residency and have not yet obtained a license

### Section D. Current Service Obligations

Have you applied for, or are you receiving any: scholarships; loan repayment/forgiveness; or other funds for the same or partially overlapping service obligation period for which you are applying in this application? If yes please insert the information in the table below.

	AMOUNT	DATE OF AWARD (if applicable)	DATES OF SERVICE OBLIGATION
Regents Health Care Scholarship	_____	_____	_____
National Health Service Corps Scholarship	_____	_____	_____
Regents Physician Loan Forgiveness Award Program	_____	_____	_____
National Health Service Corps Loan Repayment Award	_____	_____	_____
Public Service Loan Forgiveness (PSLF) Program	_____	_____	_____
Loan Repayment Program – Other (Please Specify):	_____	_____	_____
_____	_____	_____	_____
Total Amount of Service Obligation Awards: _____			



Doctors Across New York (DANY)
OMH Psychiatrist Loan Repayment Program (OMH PLRP)

Section E. Student Loan Debt Information

Please provide your student loan debt information below (add a separate sheet if necessary):

Table with 3 columns: CREDITOR NAME, CREDITOR ADDRESS, CURRENT BALANCE. Includes a total row for CURRENT BALANCE TOTAL and TOTAL REPAYMENT AMOUNT REQUESTED.

Attestation:

I attest, that to the best of my knowledge, the statements on this application are true,

X \_\_\_\_\_ (Please sign here)

Please submit application electronically in PDF format only to:
The New York State Office of Mental Health at dany@omh.ny.gov