



Community Mental Health Loan Repayment Program: Psychiatrists and Advanced Practitioners

CMHLRP 2025 Prescriber RFP

Application Form

Application Deadline: October 20, 2025

Email Applications to: OMH.CMHLRP@omh.ny.gov

General Instructions

- The applicant agency, applying **on behalf** of an eligible professional working at the agency's eligible program(s), must evaluate whether they and/or the professional meet the criteria, and complete the application as instructed.
- Please complete all fields to the best of your ability so we can review your application in a timely manner.
- All attestations must be **signed by a representative of the applicant agency**, unless otherwise noted, for the application to be considered completed.
- Applications are reviewed on a first-come, first-served basis with a **deadline of 10/20/25**.
- The applicant agency must maintain contemporaneous records for all claims related information and any other data or documents used to demonstrate that a participating professional was eligible to receive such award, including but not limited to the CMHLRP Agency Loan Repayment and Service Commitment Agreement. All records, data and other information must be made available to OMH for review upon request.
- For any application resulting in an award, the applicant agency must enter into a CMHLRP Agency Loan Repayment and Service Commitment Agreement with each participating professional outlining the professional's eligibility requirements, including but not limited to the full 3-year service commitment, the CMHLRP award start and end dates, the agency's payment terms for distributing CMHLRP funds to the professional(s), and a legally binding recoupment mechanism. The CMHLRP Agency Loan Repayment and Service Commitment Agreement is **not** due at time of application; it must be completed upon execution of the contract with OMH.
- During the second and third year of the award/service commitment, the applicant agency will complete and submit attestations confirming the participating professional's continued eligibility as requested by OMH. Payments for Year 2 & 3 are dependent on completion of the attestations and will not be sent until completed and returned.

Any questions regarding the application and all completed applications should be emailed to OMH.CMHLRP@omh.ny.gov.

Application Sections

- Section A – Applicant Information
 - Applicant Agency Information
 - Nominated Professional Information
- Section B – Agency Verification of Employment
 - Work at Eligible Program(s)
 - Clinical Capacity Schedule
- Section C – Agency Verification of Professional's Qualifying Loan
- Section D – Agency Verification of Professional's Eligibility
- Attachment A – Sexual Harassment Prevention Certification Form

Please refer to the [Program Overview](#), [Definitions & Background](#), and [FAQ](#) documents on the [OMH RFP Page](#). All applications must be submitted by email to OMH.CMHLRP@omh.ny.gov.

Section A - Applicant Information

Applicant Agency Information

1. Agency Name:

2. Agency Type:

☐ Not-for-profit agency with 501(c)(3) incorporation ☐ For-profit agency ☐ Government entity

All eligible applicants must be registered in Grants Management in the State Financial System (SFS). **Not-for-profit agencies must be Prequalified.** Please see the Prequalification Requirement section of the [Program Overview](#) for more. Information on becoming registered and prequalified can be found on the [NYS Grants Management site](#).

3. Main Program Name:

Please choose the program name that starts with your agency's five-digit OMH Agency Code as listed in the Agency Name field. If you cannot find your Program Name, please provide additional information in the "Additional Information" field and the OMH Operating Certificate.

4. Program Address:

5. For CCBHC, please provide the name of the associated MHOTRS site:

6. Additional Program Name(s), if Applicable:

If the professional works at more than one eligible program, you may apply for the total hours they work at eligible program(s). Please provide the name(s) of any additional programs below, **as listed in the above Program Name dropdown menu**.

Agency Contact for CMHLRP

The agency contact(s) are responsible for coordinating and communicating within your agency to determine and monitor the professional's eligibility, to convey information necessary for contracts and payments, and for communicating with the professional regarding this application and your Agency's Loan Repayment and Service Commitment Agreement should this application result in an award.

1. Primary Agency Contact Name:

2. Primary Agency Contact Phone #:

3. Primary Agency Contact Email:

4. (Optional) Additional Contact Name(s):

5. (Optional) Additional Contact Phone #(s):

6. (Optional) Additional Contact Email(s):

Professional's Information

If you are submitting multiple applications **at the same time**, please provide a priority order for this professional's individual application. If you are submitting multiple applications at the same time, they will **not** be processed until a priority order is provided.

1. Priority Order #:

of

(total number of applications being submitted simultaneously).

2. Professional's Name:

3. Professional License Title:

4. 6-digit New York State License #:

5. Professional's Total Student Loan Debt:

6. CMHLRP Eligibility Start Date:

The CMHLRP Eligibility Start Date should reflect the earliest date the professional will be **fully eligible** for CMHLRP. This date should be **no earlier than 10/21/25** and **no later than 12/21/25** for the CMHLRP 2025 Prescriber RFP.

7. How long has the professional worked at this agency?

Less than 1 year:

1-to-5 years:

Greater than 5 years:

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Section B - Agency Verification of Employment

1. Is the professional listed above currently working at the eligible program(s) listed above?

Yes:

No:

If not and this is for a recruitment, please provide the anticipated employment start date below:

If not and this professional is an academically affiliated contractor, please provide additional information regarding the arrangement for review (see [Definitions & Background](#) for more regarding academically affiliated contractors):

2. Will the professional listed above provide a clinical capacity schedule (see [Definitions & Background](#)) at the eligible program(s) listed above for the duration of the 3-year service commitment?

Yes:

No:

3. Please provide the hours that the professional will be working at the eligible program(s) listed above:

Total Hours per Week:	
Clinical Hours per Week:	
If the professional works at multiple programs, please indicate how many of their hours are spent at each program in the space below:	

Agency Verification of Employment Attestation

As a representative of the applicant agency, I declare, affirm, and certify that I, the undersigned, attest that the professional listed above will work at the eligible program(s) listed in this application for the award service period and that they will be working the clinical capacity schedule indicated above. I understand that failure to maintain this eligibility for the full 3-year service commitment will result in the full CMHLRP award amount being revoked.

Name and Title:	
Signature:	
Date of Signature:	

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Section C - Agency Verification of Professional's Qualifying Loan

1. Does the professional listed above have qualifying student loan debt, defined as:

“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”?

Yes:

No:

2. Is this professional in student loan forbearance or deferment?

Yes:

No:

3. Is this professional tracking payments for Public Service Loan Forgiveness (PSLF)?

Yes:

No:

4. If yes, please complete the below:

Payments remaining until loan forgiveness (120 minus payments made to date)	
Monthly minimum payment amount	

Please Note: You, the applicant agency, will be required to keep a copy of the professional's loan documentation used to verify the qualifying loan amount and PSLF participation if applicable. Eligible professionals tracking payments toward Public Service Loan Forgiveness (PSLF) must have at least 40 payments remaining before forgiveness as of 12/21/25. The professional will be responsible for providing this documentation to the agency. OMH may from time-to-time request such documentation to confirm and verify qualifying loan information. You the applicant agency will be required to furnish such documentation to OMH upon request.

Agency Verification of Professional's Qualifying Loan Attestation

As a representative of the applicant agency, I declare, affirm, and certify that I, the undersigned, have reviewed the qualifying loan documentation provided by the professional listed above and attest that to the best of my knowledge the above is true and correct. I understand that failure to maintain this eligibility for the full 3-year service commitment will result in the full CMHLRP award amount being revoked.

Name and Title:	
Signature:	
Date of Signature:	

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Section D - Agency Verification of Professional's Eligibility

1. Please review the following professional eligibility requirements *and initial or check next to each requirement* to indicate you have verified that the professional listed above meets that requirement.

	Is a U.S. citizen or permanent resident alien holding an I-155 or I-551 card (green card)
	Has a current, full, permanent, unencumbered, unrestricted professional license to practice in New York State
	Is in good standing with: NYS Department of Health or NYS Department of Education
	Is not in breach of a health professional service obligation to federal, state, or local government, does not have any judgment liens arising from federal or state debt, and is not delinquent in child support payments
	Has student loan expenses that can be repaid
	Is not fulfilling a service commitment for any other loan repayment program where the commitment period of that repayment program would overlap or coincide with the CMHLRP service commitment period and if participating in PSLF has more than 40 payments before forgiveness as of 12/21/25 (please also see Section C above)
	Is not the recipient of a current or past CMHLRP award, unless such award was withdrawn and funding repaid in full before time of application to this CMHLRP RFP
	Works a clinical capacity schedule (as defined in the Definitions & Background document) as a psychiatrist, psychiatric nurse practitioner (PMHNP), or physician assistant (PA) at the agency's eligible program(s) in New York State

2. Does the professional listed above meet all the eligibility requirements as outlined above?

Yes:

No:

Agency Verification of Professional's Eligibility

As a representative of the applicant agency, I declare, affirm, and certify that I, the undersigned, have reviewed the eligibility requirements of this award as well as the professional's eligibility and attest that to the best of my knowledge the above is true and correct. I understand that failure to maintain this eligibility for the full 3-year service commitment will result in the full CMHLRP award amount being revoked.

Name and Title:	
Signature:	
Date of Signature:	

Attachment A – Sexual Harassment Prevention Certificate

For Attachment A, please complete the Sexual Harassment Prevention Certification form completely and submit with the application.

1. For the Solicitation # and/or OMH descriptive name of solicitation, please put: **“CMHLRP 2025 Prescriber RFP.”**
2. Offerer refers to your agency.
3. The form should be signed by the contact at your agency who can attest to the agency’s written policy and training addressing sexual harassment prevention in the workplace. We cannot speak to the specific contact at your agency, but we recommend reaching out first to your Human Resources (HR) department if you are unsure. The only stated restriction is that the professional your agency is applying on behalf of should **not** be completing and signing this form.

NOTE: State Finance Law Section 139_I requires applicants on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor’s model policy and training standards) to all its employees. Bids that do not contain the certification may not be considered for award; provided however, that if the applicant cannot make the certification, the applicant may provide a statement with their bid detailing the reasons why the certification cannot be made. A template certification document is being provided as part of this RFA. Applicants must complete and return the certification with their application or provide a statement detailing why the certification cannot be made.



Sexual Harassment Prevention Certification

Solicitation # and/or OMH descriptive name of solicitation:

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State Finance Law §139-l requires bidders on state procurements to certify that they have a written policy addressing sexual harassment prevention in the workplace and provide annual sexual harassment training (that meets the Department of Labor's model policy and training standards) to all its employees.

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies its own organization, under penalty of perjury, that the bidder has and has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy shall, at a minimum, meet the requirements of section two hundred one-g of the labor law.

I hereby affirm that

 (**Offerer's Name**) has implemented a written policy addressing sexual harassment prevention in the workplace and provides annual sexual harassment prevention training to all of its employees. Such policy, at a minimum, meets the requirements of section two hundred one-g of the labor law. Unless I provide notice otherwise, my execution of this affirmation shall be an ongoing representation that I have complied with, and continue to be in compliance with State Finance Law §139-l.

I understand and agree that: 1) OMH shall have the right to terminate the contract, purchase order or purchase authorization resulting from this solicitation in the event that this affirmation is found to be intentionally false or intentionally incomplete; and 2) upon such finding, OMH may exercise its termination right by providing written notification.

Date:	
Signature of Offerer's Authorized Representative:	
Printed Name and Title:	
Name of Offerer:	
Offerer's Address:	