

# Underserved Health Care Provider Workforce (UHCPW) Employment Verification Form

**Loan Repayment**

Applicant/Participant Name \_\_\_\_\_

Provider Specialty (select from drop down menu) \_\_\_\_\_

Practice name/address where  
services are provided \_\_\_\_\_

## Verification of Employment to be completed by an authorized representative

Dates of employment:

Beginning: \_\_\_\_\_

Current date: \_\_\_\_\_

\*Is the provider a full-time or half-time employee?  
\_\_\_\_\_

\*\*Authorized representative Name/  
Title \_\_\_\_\_

Organization Name (If different  
than practice location listed above) \_\_\_\_\_

Address: \_\_\_\_\_

City/zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that the above information is true and correct and that I am authorized to make such verification.

Signature: (inked signature required) \_\_\_\_\_

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

\* **"Full-time practice"** for primary care and chiropractors, means a provider works a minimum of 40 hours per week, for a minimum of 45 weeks per year, at their approved medical facility. For general surgeons, anesthesiologists and emergency medicine physicians, full-time practice means working a minimum of 32 hours per week, for a minimum of 45 weeks per year at their approved medical facility.

**"Half-time practice"** for primary care and chiropractors, means a recipient works a minimum of 20 hours per week, but no more than 39 hours per week, for a minimum of 45 weeks per year. For general surgeons, anesthesiologists and emergency medicine physicians, half-time practice means working a minimum of 16 hours per week but no more than 24 hours per week, for a minimum of 45 weeks per year. No more than seven weeks (35 workdays) per year can be spent away from the practice for vacation, holidays, continuing professional education, illness, or any other reason.

Absences greater than seven weeks in a service year will extend the service commitment end date. The work hours per week requirement can be compressed into no fewer than four days per week for full-time and two days a week for half-time recipients. Time spent "on call" status will not count toward the hourly requirement. Hours worked over the required 40 hours per week shall not be applied to any other work week.

\*\*The authorized representative is an individual at your employer/site with whom the Center for Rural Health can contact regarding the loan repayment program to ensure grant reporting requirements are met.

Illinois Department of Public Health  
Center for Rural Health  
Underserved Healthcare Provider  
Workforce Program

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An employment verification form is required with the initial program application. Employer verification reports submitted by the provider are required semi-annually throughout the grant term.