



# STATE OF NEW JERSEY BEHAVIORAL HEALTHCARE PROVIDER LOAN REDEMPTION PROGRAM APPLICATION

**Instructions:** Download and digitally complete all fields on this fillable PDF. Then print the application so that both applicant and employer sign with blue ink (electronic signatures will not be accepted). Scan completed applications and email them to [LoanRedemption@hesaa.org](mailto:LoanRedemption@hesaa.org). If you have any questions please call HESAA's Customer Care Center at 800-792-8670.

## Program Description

The program will provide up to \$50,000 to redeem an eligible participant's cumulative outstanding student loan balance in exchange for every two years of full-time service at an approved site, for a total of \$150,000 in loan redemption in exchange for up to six years of service. Approved sites are community providers of behavioral and mental health services located in New Jersey, including community providers operated by a nonprofit organizations, institutions of higher education, school districts, municipalities, county governments, State agencies, and the federal government. In addition, program participants who work primarily with children or adolescents are eligible to receive up to six individual incentive grants that shall not exceed \$5,000 annually. Funding for this program is subject to state appropriations and available funding.

## Program Eligibility

To qualify for loan repayment assistance, an applicant must meet all of the following requirements:

- Be a New Jersey resident and maintain residency in the State during Program participation;
- Be employed, or plan to be employed, as a full-time eligible behavioral healthcare provider at an approved site;
- Maintain a license, as applicable, to practice as a behavioral healthcare provider in the State of New Jersey throughout participation in the program;
- Agree to engage in the clinical practice of mental or behavioral healthcare for at least two years at an approved site pursuant to the terms of a contract with the NJ Higher Education Student Assistance Authority;
- Not be in default on any eligible qualifying loan;
- Not previously have been selected for participation in the Program; and
- Not currently be participating in any other State tuition or loan redemption program or in the federally administered National Health Service Corps Loan Repayment Program, section 338B of the Public Health Service Act (42 U.S.C. s.254 1-1).

## Program Definitions

**Eligible behavioral healthcare providers:** psychiatrists, licensed psychologists; licensed clinical social workers; psychiatric nurse mental health clinical specialists; board certified behavioral analysts; licensed clinical alcohol and drug counselors; and licensed professional counselors.

**Approved site:** a community provider of behavioral and mental health services in the State identified by the Authority, in consultation with the Department, for inclusion in the program. Approved sites include providers operated by a nonprofit; institution of higher education; school district, county; the State; municipalities; and the federal government.

**Eligible qualifying loan expenses:** the cumulative outstanding balance, as of the time an applicant is selected for the program, of student loans covering the cost of attendance at an undergraduate or graduate institution of higher education at the time an applicant is selected for the program. Interest paid or due on qualifying loans that an applicant has taken out for use in paying the costs of undergraduate or graduate education shall be considered eligible for reimbursement under the program.

**Program participant:** behavioral healthcare provider who contracts with the Authority to engage in the clinical practice of mental or behavioral healthcare at an approved site in exchange for the redemption of eligible qualifying loan expenses provided under the program.

**Qualifying loan:** a government or commercial loan for the actual costs paid for tuition and reasonable education and living expenses relating to the obtaining of a degree for use in a mental or behavioral healthcare profession.

**Total and permanent disability:** means a physical or mental disability that is expected to continue indefinitely or result in death and renders a Program participant unable to perform that person's service obligation, as determined by the Executive Director, or the Executive Director's designee.

### Applicant Information *(Please print in blue ink.)*

First Name	MI	Last Name	Date of Birth
Street Address	State of Legal Residence		Home Phone
City	State	Zip Code	Email Address

### Employment Information

Name of Employer	Job Title			
Street Address	Full-Time Employment Start Date			
City	State	Zip Code	Telephone	Email Address

### Student Loan Information *(Attach most recent billing statements from each lender/servicer.)*

Lender Name	Amount Owed	Address where payments are sent
Lender Name	Amount Owed	Address where payments are sent
Lender Name	Amount Owed	Address where payments are sent
Lender Name	Amount Owed	Address where payments are sent
NJCLASS Loan Balance: \$ _____		

### Certification and Authorization

I certify that the information on this application is true and complete to the best of my knowledge and belief and made in good faith. I certify that I do not owe a refund on a Federal or State student assistance grant and that I am not in default on a Federal or State student loan. I understand that the Higher Education Student Assistance Authority ("HESAA" or "you") and your agents are relying on this certification.

I authorize you to obtain verification of my eligibility status, including information related to my employment, licensure, college transcripts, and student loan debt. In addition, I agree to comply with all applicable laws, rules, regulations, policies, and directives of the Behavioral Healthcare Provider Loan Redemption Program.

Applicant Signature	Date
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**Employment Certification** (To be completed by the Human Resources Office or Authorized Management Representative.)

Name of Employer		Employer Address	
Applicant's Job Title			
This applicant primarily works with children or adolescents: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>This is subject to review and documentation by HESAA.</i>		Applicant is employed: <input type="checkbox"/> Full-time	Date the applicant was hired (MM/DD/YYYY)

**Certification**

I certify that the information I have provided is true, correct and complete according to our organization's records.

Employer's Signature			Date
Print Your Name	Title	Telephone	Email Address

**Be sure to include with your signed application:**

- Your license to practice as a behavioral healthcare provider, if applicable, or if not applicable other documentation demonstrating your eligibility to practice as a behavioral healthcare provider, including but not limited to your diploma and/or undergraduate or graduate transcript; and
- Your student loan billing statement that shows your lender's name, address and account balance. Only loans used to obtain a degree from an approved degree program will be redeemed

**Please return completed application with the required documents to:**

**HESAA**  
**LoanRedemption@hesaa.org.**

**Questions? Call our Customer Care Center at 800-792-8670.**