



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS**



Mental Health Psychiatrist Recruitment Incentive Application

Please note incomplete applications and applications with falsified statements will be automatically disqualified.

The details of the Psychiatrist Recruitment Incentive Program are set forth in Title 6 of the Los Angeles County Code, Section 6.86.020.D.

I attest that:

- I am an **Eligible Psychiatrist** (Psychiatrist or Supervising Psychiatrist who was hired or appointed on or after January 1, 2018, on a full-time monthly permanent basis
- I have not participated or received funds from the Department of Mental Health's (DMH) Student Loan Repayment Incentive Program

Date of Qualifying Services: From: _____ To: _____

New Year 2 Change/Update

APPLICANT INFORMATION

First Name Last Name

Home Address City State Zip Code

Personal Phone Number Personal E-Mail

Race Ethnicity

CURRENT EMPLOYMENT INFORMATION

Job Title Employee Number Discipline

Work Location Language Capability (*List all languages spoken fluently other than English*)

Work Phone Number Employment Start Date

Number of Hours Worked Per Week With This Employment Date of Performance Evaluation period

Work Address City State Zip

Work E-Mail

Service Area: 1 2 3 4 5 6 7 8 CW

ACADEMIC INFORMATION

Academic Institution M.D. Ph.D.
Degree(s) Completed

Address City State Zip

TERMS AND CONDITIONS

I understand that, if chosen as an award recipient, I will receive a one-time payment of \$25,000 (prior to taxes) following the completion of one year of continuous service with the possibility of receiving an additional payment of \$25,000 upon completion of the second year of service.

In addition, I agree to the following terms and conditions:

1. I must have an approved DMH Financial Incentive Application on file;
2. I must have a departmental performance evaluation with an overall rating of "competent" or better for the Qualifying Service period(s); and
3. I am not receiving nor have I received any awards from the Mental Health Psychiatrist Student Loan Repayment Incentive Program under Title 6 of the Los Angeles Code Section 6.86.020.E which will disqualify me for this program.

Incentive Program Details

- Eligible Psychiatrists must complete 12 months of continuous qualifying service commencing on the Psychiatrist’s date of hire or appointment.
- To qualify for the second-year incentive, Eligible Psychiatrists must complete 24 months of continuous qualifying service commencing on the date of hire or appointment.
- Qualifying service shall mean time spent in active on-the-job performance as an Eligible Psychiatrist only and includes approved leave of up to four weeks in any one-year period.
- If the Eligible Psychiatrist ceases to be eligible for any reason before completion of each 12 months of continuous qualifying service, no part of the incentive bonus shall be paid.
- Any change in employment, inclusive of medical or maternity leave, must be reported to DMH/Office of Administrative Operations.
- The payments will be made directly to the participant through Payroll. All required payroll deductions will be applied prior to the payment being made, and participants will be responsible for any and all applicable taxes resulting from the payments they receive.
- The incentive amount paid is unrelated to retirement benefits and will not be considered “compensation earnable” for the purpose of determining retirement benefits.
- The program will continue as long as there are MHSA funds available for this program. The County is under no obligation to continue funding this program if MHSA funding ceases for this program.

By signing below, I acknowledge that I have read, understand, and agree to the provisions of the Mental Health Psychiatrist Recruitment Incentive as outlined in the attached Los Angeles County Ordinance (Title 6 of the Los Angeles County Code Section 6.86.020.D) and attest under penalty and perjury that the information provided in this application is true and correct.

Print Name: _____ Date: _____

Employee Signature: _____

Employee Number: _____

I. TO BE COMPLETED BY THE OFFICE OF CLINICAL OPERATIONS

I certify that the employee named above is currently working on a full-time monthly permanent basis (as defined in Los Angeles County Code, Section 6.28.020.B) which makes them eligible to participate in this program.

Division/Program Manager: _____ Date: _____

Chief Deputy Director/Designee: _____ Date: _____

II. TO BE COMPLETED BY OFFICE OF ADMINISTRATIVE OPERATIONS (OAD)

Date of last performance evaluation: _____

Did the employee receive an overall rating of “Meets” or “Exceeds” on his or her last performance evaluation?

Yes _____ No _____

Has the employee completed 1,040 service hours? Yes _____ No _____

If no, was there a break in service? Yes _____ No _____ Dates: _____

Verified by HRB Representative _____ Date: _____

Approved: ____ Denied: ____

OAD Program Analyst/Manager: _____ Date: _____

For information regarding this application or the Mental Health Psychiatrist Recruitment Incentive Program, please contact the Office of Administrative Operations at MDIncentive@dmh.lacounty.gov