LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS

Mental Health Psychiatrist Student Loan Repayment Incentive Application

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

The details of the Psychiatrist Student Loan Repayment Incentive are set forth in Title 6 of the Los Angeles County Code, Section 6.86.020.E.

I attest that all applies:

☐ I am an **eligible Psychiatrist** (Psychiatrist or Supervising Psychiatrist who is employed with the Department of Mental Health (DMH) on a full-time monthly permanent basis or **Grandfathered Eligible Psychiatrist** (an Eligible Psychiatrist who has completed at least one (1) continuous year of Qualifying Service as of February 15, 2018);

☐ I have a **Qualifying Student Loan** (loan or portion of loan if consolidation taken and used for cost of post graduate or medical school education);

☐ I have completed the period of **Qualifying Service** (active full-time on-the-job performance with DMH which includes approved leave of up to four (4) weeks in any one-year period; and

☐ I have not participated or received funds from the DMH Psychiatrist Recruitment Incentive Program.

☐ I am **not** a transfer from another Los Angeles County Department.

Date of Qualifying Service: From: _____ To:_____

Please check the year of the application:

New ☐ Year 2 ☐ Year 3 ☐ Year 4 ☐ Year 5 ☐ Change/Update ☐

APPLICANT INFORMATION

First Name _____ Last Name _____ Social Security Number _____

Home Address _____ City _____ State _____ Zip Code _____

Personal Phone Number _____ Personal E-Mail _____

Race _____ Ethnicity _____ **I request the Student Loan Repayment award payment of $** _____

CURRENT EMPLOYMENT INFORMATION

Job Title _____ Employee Number _____ Discipline _____

Agency/Program Name _____ Language Capability *(List all languages spoken fluently other than English)* _____

Unit Code _____ Number of Hours Worked Per Week _____ Employment Start Date _____ Date of Performance Evaluation period _____

Work Address _____ City _____ State _____ Zip _____

Work Phone Number _____ Work E-Mail _____

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

ACADEMIC INFORMATION OF APPLICABLE QUALIFYING LOAN #1

Academic Institution | ☐ M.D. ☐ Ph.D. Degree(s) Completed | Date of Graduation

Address | City | State | Zip

ACADEMIC INFORMATION OF APPLICABLE QUALIFYING LOAN #2

Academic Institution | ☐ M.D. ☐ Ph.D. Degree(s) Completed | Date of Graduation

Address | City | State | Zip

Do you have additional academic information which is a part of your Qualifying Loan(s)? ☐ YES (Please complete the addendum form, page 4) ☐ NO

LENDER INFORMATION

- List source(s) and amount(s) of outstanding Qualifying Student Loans used to finance your education.
- You must submit proof of debt for those loans obtained during the course of your post graduate or medical school education which led to your current license as a psychiatrist qualified for this program.
- If your loans have been consolidated, submit proof of consolidation.
- Please submit current student loan statements that include the name of the lender, payment address, balance owed, account number and monthly payment amounts. Online printouts are acceptable.

QUALIFYING STUDENT LOAN #1

Lending Institution | Name of Company/Institution you make your check payable to

Account Number | Monthly Payment | Current Outstanding Balance

Address | City | State | Zip | Tel. Number

QUALIFYING STUDENT LOAN #2

Lending Institution | Name of Company/Institution you make your check payable to

Account Number | Monthly Payment | Current Outstanding Balance

Address | City | State | Zip | Tel. Number

Do you have additional lender information which is a part of your Qualifying Loan(s)? ☐ YES (Please complete the addendum form, page 4) ☐ NO

DOCUMENTS: ***Please attach the following documents to complete your application:***

☐ Most Recent DMH Employment Performance Evaluation

☐ Most Recent Student Loan/Consolidated Statements

☐ Copy of current Driver's License to validate identification

TERMS AND CONDITIONS

I understand that, if chosen as an award recipient, I will receive a payment of up to $50,000 annually (pre-tax), not to exceed the outstanding student loan owed, for up to five (5) times.

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

1. I must complete one year of continuous year of Qualifying Service or have completed one continuous year of Qualifying Service as of February 15, 2018;
2. I must have an existing unpaid Qualifying Student Loan;
3. I must have a departmental performance evaluation with an overall rating of "competent" or better for the most recent performance evaluation or that period; and
4. I am not receiving or received payments from the Mental Health Psychiatrist Recruitment Incentive Program pursuant to County Code Section 6.86.020.D.

For each additional year, Eligible Psychiatrists must continue to be eligible and satisfy all requirements as well as provide proper documentation of outstanding student loan amount.

Incentive Program Details

- Eligible Psychiatrists must have and be able to show proof of an outstanding student loan balance for post graduate and/or medical school education.
- If there are any reductions to the outstanding student loan amount, participants must notify DMH in writing of the new outstanding student loan balance. Such reductions may include debt forgiveness or other funds that are intended to be used as payment towards the student loan balance and will be deducted from the total outstanding amount and result in a new Qualifying Student Loan.
- Funds will be paid out as participants meet eligibility requirements.
- The total amount paid to any participant will not exceed the total amount owed to the loan institution(s).
- Payment 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.
- Upon receipt of each loan repayment, participant is required to submit proof verifying that all award amounts (after-tax) have been paid directly to the lender and used to only repay outstanding student loan.
- Any change in employment, inclusive of medical or maternity leave, must be reported to DMH/Office of Administrative Operations at MDIncentive@dmh.lacounty.gov.
- Payment to the financial institution(s) holding the student loan(s) is the responsibility of the participant.
- The program will continue as long as funding is available. The County is under no obligation to continue this program if funding ceases.

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

Print Name:_____ Date: _____

Employee Signature: _____

Employee Number: _____

ADDENDUM FORM

ACADEMIC INFORMATION OF APPLICABLE QUALIFYING LOAN #3

☐ M.D. ☐ Ph.D.

Academic Institution	Degree(s) Completed	Date of Graduation

Address	City	State	Zip

ACADEMIC INFORMATION OF APPLICABLE QUALIFYING LOAN #4

☐ M.D. ☐ Ph.D.

Academic Institution	Degree(s) Completed	Date of Graduation

Address	City	State	Zip

QUALIFYING STUDENT LOAN #3

Lending Institution	Name of Company/Institution you make your check payable to

Account Number	Monthly Payment	Current Outstanding Balance

Address	City	State	Zip	Tel. Number

QUALIFYING STUDENT LOAN #4

Lending Institution	Name of Company/Institution you make your check payable to

Account Number	Monthly Payment	Current Outstanding Balance

Address	City	State	Zip	Tel. Number

I. TO BE COMPLETED BY 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.

Program Manager/Designee: _____ **Date:** _____

Chief Deputy Director/Designee: _____ Date:_____

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

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 ☐

Total Student Loan Balance Amount: _____ Date:_____

Approved: ☐ Denied: ☐

OAO Program Analyst/Manager Signature:_____ Date:_____

Request Forwarded to Human Resources by: _____ Date: _____

III. TO BE COMPLETED BY HUMAN RESOURCES (HR)

Has the employee completed 1,040 service hours for the qualifying year of _____? Yes ☐ No ☐

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

Comments:_____

_____

Verified by HR Representative:_____ Date:_____

Net Amount: _____ Date Check Issued: _____ Date Request Processed: _____

Return signed application to OAO staff within 2 weeks of processing

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