

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to prosecution to the fullest extent of the law.

APPLICANT INFORMATION

APPLICANT NAME

APPLICANT EMAIL ADDRESS

ORGANIZATION INFORMATION

ORGANIZATION NAME

ORGANIZATION ADDRESS

ORGANIZATION CITY/STATE/ZIP

ORGANIZATION HPSA SCORE*

**If you do not know your Mental Health HPSA score, please use the "Find Shortage Areas by Address" search tool, located at: <https://data.hrsa.gov/tools/shortage-area/by-address>. If your organization is not in an HPSA area, please enter 0 (ZERO) in this field.*

APPLICANT'S EMPLOYMENT INFORMATION

Employment Start Date

Employment End Date

OR Currently Employed ☐

Job Title

EMPLOYMENT CERTIFICATION (TO BE SIGNED BY THE EMPLOYER REPRESENTATIVE)

By providing a signature below, I certify that (1) the information I have provided in this document is true, complete, and correct to the best of my knowledge and belief. I understand that by signing this document, whether with a handwritten or electronic signature, I affirm that I have reviewed and agree to the statements contained herein, (2) I am an authorized representative of the organization named in this document, and (3) the applicant named in this document is or was an employee of the organization named in this document.

Employer Representative Name

Employer Representative Job Title

Employer Representative Phone

Employer Representative Email

Signature

Date

INSTRUCTIONS: This form can be used by an applicant's current or former employer to provide employment information about the applicant. The applicant's EMPLOYER must complete and sign this form, then return it to the applicant to submit with their application. **This form should be signed and dated NO SOONER than 30 days before the applicant submits their application.**

Instructions for Employers: How to Complete the ISAC Employer Verification Form

Community Behavioral Health Care Professional Loan Repayment Program

Thank you for assisting your employee with the employment verification process for this loan repayment program. Please follow the steps below to complete the Employer Verification Form:

Step 1: Complete the Required Fields

Fill out all applicable fields on the form, including:

- **Applicant Name and Email:** Your employee's information.
- **Organization Name, Address, City/State/ZIP:** The name of your agency or organization and location information.
- **HPSA Score:** The Mental Health HPSA score provided by the U.S. Health Resources and Services Administration. Please enter the score provided, and if your organization is not in a HPSA area, please enter (0) Zero.
- **Applicant's Employment Information:** The employee's start date and job title. If currently employed, please select that box. If no longer employed, please list the employee's end date.
- **Employment Certification Statement:** The employer representative completing this form should complete this final section. The organization can determine who is authorized to complete this form.

Step 2: Review for Accuracy and Completion

Ensure all information provided is accurate and reflects the applicant's employment details with your organization. Incomplete or inaccurate forms will result in application processing delays and could result in the applicant being found ineligible for this program.

Step 3: Sign and Date the Form

The authorized employer representative must **sign and date** the form. Forms may be signed electronically or by hand. ISAC will accept signatures in the following formats: digital signature or e-signature (not a typed signature), or hand-written signature as a scanned or photo document.

Step 4: Return the Form

The employer should return the form to the applicant for submission with their application.

Notes:

We ask that you complete all fields on the form. Please use the form as published. Alterations to the form or alternative methods of providing employment information will not be accepted. If you have any questions about the form, please reach out to ISAC.CommunityPartnerServices@illinois.gov