STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF PSYCHOLOGY
1625 N. Market Blvd., N-215, Sacramento, CA 95834
P (916) 574-7720 F (916) 574-8671 www.psychology.ca.gov

MEMORANDUM

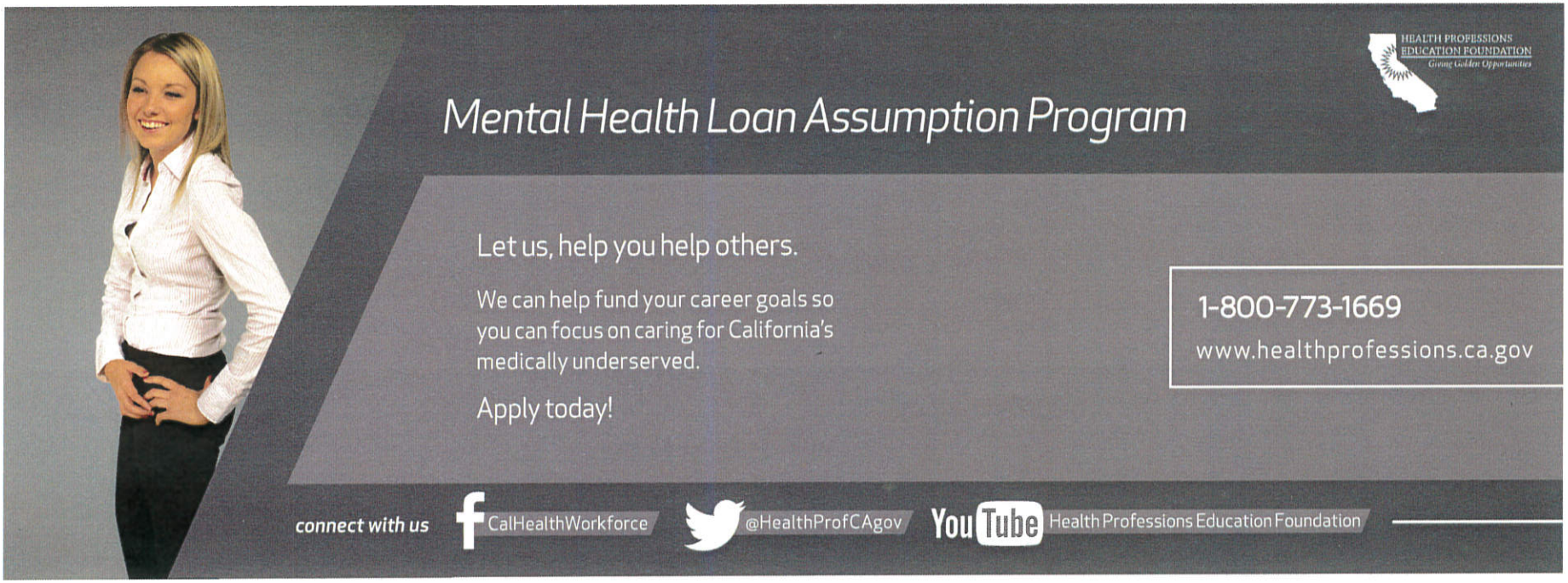
DATE	July 31, 2015
TO	Board of Psychology Members
FROM	Antonette Sorrick Executive Officer
SUBJECT	**Health Professions Education Foundation Presentation on Licensed Mental Health Services Provider Education Program (LMHSPEP) and Mental Health Loan Assumption Program (MHLAP) (J. Miranda, M. Smith): Agenda Item 6**

Background:

1) Attached are the pages from the Board of Psychology website for the two loan repayment programs.

Action Requested:

No action required.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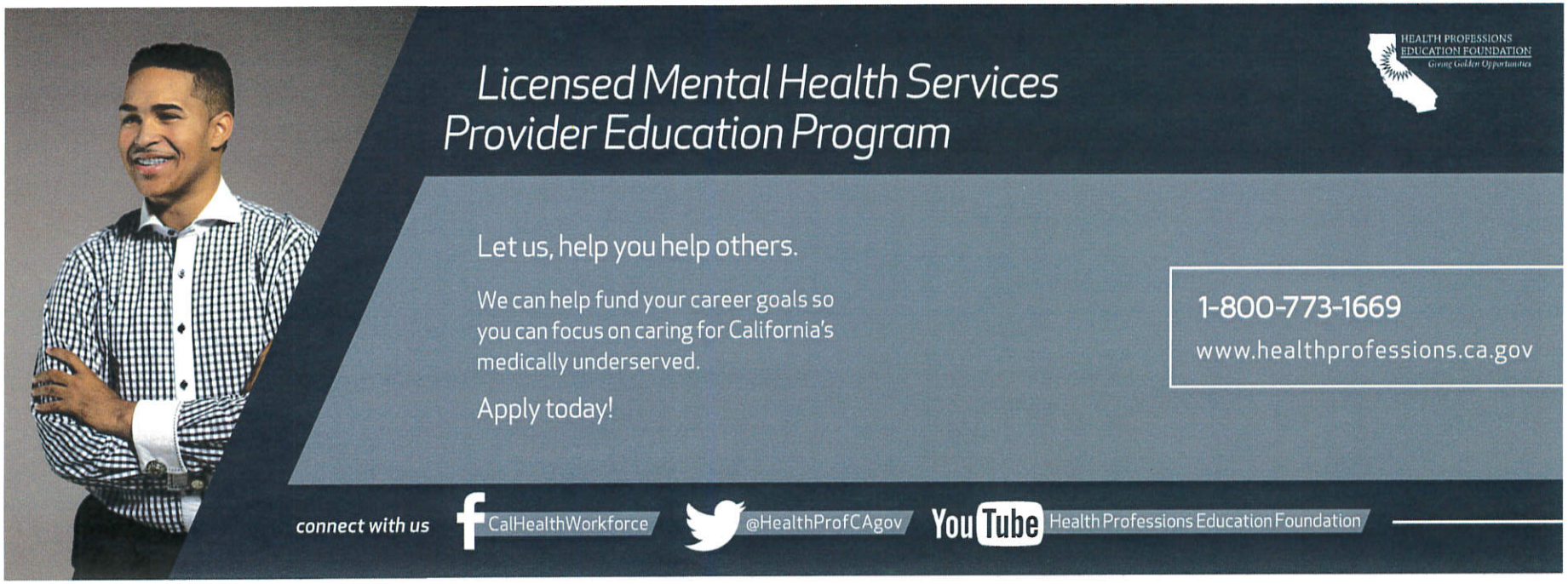
To be eligible for the Mental Health Loan Assumption Program, the applicant must:

1. Work or volunteer with an organization which is administered, in whole or part, by the County Mental Health Department including County Mental Health funded contractors, subcontractors, and juvenile halls.
2. Work or volunteer in hard-to-fill or retain positions that meet the County Mental Health workforce needs.
3. Work or volunteer a minimum of 20 hours a week (County has the authority to increase the minimum hours).
4. Complete and submit your application through CalREACH by application deadline.

Those awarded the Mental Health Loan Assumption may **receive up to $10,000.** If awarded, recipients agree to a **twelve (12) month service obligation.**

For more eligibility information, contact your county mental health designee. Their contact information can be found at:

www.oshpd.ca.gov/hpef/MHLAP.html


Licensed Mental Health Services
Provider Education Program
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To be eligible for the Licensed Mental Health Services Provider Education Program, the applicant must:

1. Practice on of the following professions:
   - *Registered/Licensed Psychologist*
   - *Postdoctoral Psychological Assistant*
   - *Postdoctoral Psychological Trainee*
   - *Marriage and Family Therapist*
   - *Marriage and Family Therapist Intern*
   - *Registered/Licensed Clinical Social Worker*
2. Be providing direct patient care 32 hours or more a week.
3. Be working in a qualified facility.
4. Be in good standing with respective licensure, board or certification.
5. Have outstanding educational debt from a commercial or U.S. governmental lending institution.
6. Be free from any other service obligation, including other HPEF programs.
7. Have valid legal presence and ability to work and provide care in the state of California.
8. Be willing to continue working in a medically underserved area for twenty-four (24) months.
9. Complete and submit your application through CalREACH by application deadline.

Those awarded the licensed Mental Health Service Provider Loan Repayment may **receive up to $15,000.** If awarded, recipients agree to a **twenty-four (24) month service obligation** providing full-time, direct patient care at a qualified facility in California.

For more eligibility information, or to determine whether a site is a qualified facility please visit:

www. healthprofessions.ca.gov

HEALTH PROFESSIONS EDUCATION FOUNDATION

Giving Golden Opportunities

Licensed Mental Health Service Provider Education Program Advisory Committee Application

Thank you for your interest in serving on the Licensed Mental Health Service Provider Education Program Advisory Committee. Please complete the information below and include a copy of your current résumé.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: ( ) _____ Fax: ( ) _____

e-mail: _____

Ethnic background/affiliation (optional):

☐ African American ☐ Asian American/Pacific Islander ☐ Caucasian
☐ Hispanic ☐ Native American ☐ Other: _____

Please answer the following questions (attach additional page, if necessary):

1. Describe your involvement in mental health education programs.

2. Describe your interest in serving on the Licensed Mental Health Service Provider Education Program Advisory Committee.

3. What strengths, contributions, and resources would you bring to the Licensed Mental Health Service Provider Education Program Advisory Committee?

HEALTH PROFESSIONS
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Mental Health Loan Assumption Program (MHLAP)

Advisory Committee Application

Thank you for your interest in serving on the MHLAP Advisory Committee. Please submit the information below and a copy of your current résumé to Brent Houser at tino.raya@oshpd.ca.gov.

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

e-mail: _____

Ethnic background/affiliation (optional):

☐ African American ☐ Asian American/Pacific Islander ☐ Caucasian
☐ Latino/Hispanic ☐ Native American ☐ Other: _____

Please answer the following questions (attach additional page, if necessary):

1. Describe your involvement in mental health education programs.

2. Describe your interest in serving on the Mental Health Loan Assumption Program Advisory Committee.

3. What strengths, contributions, and resources would you bring to the Mental Health Loan Assumption Program Advisory Committee?