

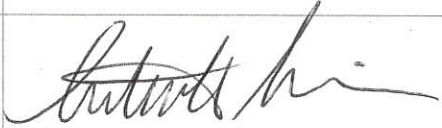
BOARD OF PSYCHOLOGY

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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.



Mental Health Loan Assumption Program

Let us, help you help others.

We can help fund your career goals so
you can focus on caring for California's
medically underserved.

Apply today!

1-800-773-1669

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CalHealthWorkforce



@HealthProfCAgov



Health Professions Education Foundation

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

Let us, help you help others.

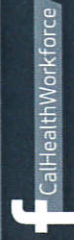
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medically underserved.

Apply today!

1-800-773-1669

www.healthprofessions.ca.gov

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Health Professions Education Foundation

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



Name: _____

Title: _____

Organization:

Address: _____

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

Phone: () Fax: ()

e-mail: _____

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

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?



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?