

STATE OF NEVADA
PROFESSIONAL STUDENT EXCHANGE PROGRAM (PSEP)
FUNDING APPLICATION | ACADEMIC YEAR 2021 - 2022

APPLICATION INSTRUCTIONS

1. Read the application carefully and answer all questions.
2. Sign the Consent and Waiver form (page 5).
3. Include a copy of the letter of acceptance from your preferred institution.
4. Email completed applications to hello@hpepnevada.org

Limited PSEP funding is available to Nevada residents for the 2021-2022 Academic Year. Submit applications by January 1, 2022.

Application review will begin after January 1, 2022. This office will only contact you AFTER applications have been reviewed due to staffing shortages.

www.hpepnevada.org



NEVADA PSEP FUNDING (ACADEMIC YEAR 2021 - 2022)		
Field of Study	Annual	
	Support Fee	Funding Duration
Occupational Therapy	\$14,650	2 Years
Pharmacy (3-Year)	\$11,367	3 Years
Pharmacy (4-Year)	\$8,525	4 Years
Physical Therapy	\$16,125	3 Years
Physician Assistant	\$19,075	2 Years

NEVADA PSEP REQUIREMENTS:

- A. You must be a Nevada resident for at least one (1) year prior to applying. You must maintain your Nevada residency while in school.
- B. The above amounts are paid directly to your school on your behalf. You will still be responsible for the balance of tuition and fees as determined by your school.
- C. If you are awarded funding, funds will be reserved for you throughout the duration of your program, subject to legislative appropriation.
- D. You must return to/remain and physically reside in Nevada, and practice (employment) in the profession for which you received assistance upon graduation. One year of employment is required for each year of funding received. If you fail to fulfill the employment requirement, you must repay all funding provided at 8% accrued interest, plus applicable penalties.
- E. Nevada PSEP is not available for students attending public in-state programs.

POLICY ON MULTIPLE SOURCES OF TUITION SUPPORT FOR STUDENTS ENROLLED IN NEVADA PSEP

A student enrolled through PSEP receives reduced tuition at public and private colleges or universities as their home state pays a support fee to the admitting school to help fund out-of-state tuition costs. The student may obtain federal or private financial support to cover unmet tuition or related costs.

If a student receives federal support that requires a service obligation to the federal government upon graduation, then the student should decline all Nevada PSEP support.

IF YOU DO NOT PRACTICE IN NEVADA (DEFAULT), YOU WILL OWE:

PSEP Field of Study	Total Support 100% Repayment*	Loan Interest at 8%	Total to Repay	Estimated Monthly Pmt	Loan Term (Years)
Occupational Therapy	\$ 39,067	\$ 8,830	\$ 47,896	\$ 587.69	10
Physical Therapy	\$ 48,375	\$ 13,070	\$ 61,445	\$ 754.60	10
Physician Assistant	\$ 38,150	\$ 8,989	\$ 47,139	\$ 577.38	10
Pharmacy (3-Year)	\$ 34,101	\$ 9,214	\$ 43,315	\$ 531.99	10
Pharmacy (4-Year)	\$ 34,100	\$ 10,617	\$ 44,717	\$ 549.82	10

**Total support is based off Academic Year 2021-22 amounts and assumes funding for program entirety.*



1. Which professional field are you applying for: _____ Beginning: **2021 - 2022**
2. How did you hear about Nevada PSEP? _____
(i.e. Academic advisor, website, friend, relative, employer, practitioner, etc.)
3. Is this your first time applying for PSEP through the State of Nevada?
 Yes, this is my first time No, indicate the field and year you last applied: _____

PERSONAL INFORMATION

4. Last Name: _____ First Name: _____ Middle Name: _____
5. Email: _____ 6. Phone Number: _____
7. Current Address: _____ City: _____ State: _____ Zip Code: _____
8. Permanent Address: _____ City: _____ State: _____ Zip Code: _____

EDUCATIONAL INFORMATION

9. High school graduated from: _____ Location (City/State): _____ Year graduated: _____
10. College graduated from: _____ Location (City/State): _____ Year graduated: _____
11. If currently enrolled or admitted into a professional program, complete the following:
 School: _____ Field of study: _____ Year started: _____

12. List, in order of preference, the WICHE professional schools to which you are applying:

Name of School	City/State	Have you been accepted?
A. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
B. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
C. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending
D. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> Pending

EMPLOYMENT

13. Employer Name: _____ 15. Job Title: _____
14. Employer Address: _____ City: _____ State: _____ Zip Code: _____
15. Length of Employment _____ yrs. _____ months



RESIDENCY INFORMATION

To qualify for residency for Nevada PSEP purposes, you must have been a bona fide resident of Nevada for at least 12 consecutive months prior to enrollment at a professional school. You may be required to provide supplemental proof of residency documents to the certifying authority if requested.

16. Are you a legal resident of Nevada? Yes No (specify state) _____ Dates of residency (mm/yy) _____ - _____

17. I have been a legal resident of _____ County since _____ (month) _____ (year)

18. Have you been absent from Nevada for longer than one month within the last five years? Yes No

Please provide dates, locations, and reasons:

APPLICATION CERTIFICATION & STATEMENT OF INTENT TO PROVIDE SERVICE (EMPLOYMENT)

I understand and agree to the following:

Upon fulfillment of my professional studies, I will return and practice my profession (employment) in the State of Nevada. I will provide one (1) year of employment in my profession for each year of Nevada PSEP support received. I further understand that if I do not complete my employment obligation, or do not complete my course of study, I will be liable to pay back the PSEP support I have received, plus interest, fees and any applicable penalties. I understand that continuation of Nevada PSEP funding is subject to legislative appropriation each year; therefore support may not be guaranteed annually.

I agree to allow the State of Nevada to release my name, address and school to prospective employers or other prospective recruiting agencies, and to allow the State of Nevada to use my name in publicizing the WICHE PSEP. The State may use information about my participation for internal or public reports, research studies, or statistical analysis on program effectiveness.

I certify that all statements and information provided herein are true and complete to the best of my knowledge.

Applicant's Signature: _____ Date: _____



**CONSENT TO TRANSFER STUDENT RECORDS THROUGH THE STUDENT EXCHANGE PROGRAM
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION**

DESCRIPTION OF USE OF PERSONAL RECORDS: The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school. This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s). Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports which may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS: Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

CONSENT AND WAIVER

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Program, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:
 - Information concerning student eligibility, acceptance, and educational attainment;
 - Information concerning fees paid by the sending state through WICHE to the receiving school;
 - Lists of applicants certified as eligible for support;
 - Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students;
 - Support agreement forms and invoices; and
 - Special letters of inquiry and response as required to address questions and concerns identified by participants.
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further consent to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will not permit any other party to have access to such information without the express written consent of the undersigned.
- I hereby waive my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program Director or other designated staff member, the request for information is wholly consistent with my best interest and the purpose of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Printed Name: _____ Signature: _____

Address: _____ Date: _____

