

WHERE WORK & LIFE MEET IN THE MOUNTAINS



NURSING WORKFORCE EXPANSION PROGRAM RELOCATION BONUS SERVICE AGREEMENT

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Driver's License Number: _____

State of Nursing Licensure (if not WV, name of compact state): _____

Nursing License Number: _____

EMPLOYER INFORMATION

Organization Name and dba as applicable: _____

Type of organization (must be WV licensed hospital, long term care facility, community mental healthcenter, local health department or primary care facility): _____

Organization Address: _____

FEIN: _____

Organizational Contact Name: _____

Telephone Number: _____

Email Address: _____

NURSING WORKFORCE EXPANSION PROGRAM

RELOCATION BONUS SERVICE AGREEMENT

STATE AGENCY INFORMATION

State Agency Name: West Virginia Higher Education Policy Commission

State Agency Address: 1018 Kanawha Blvd. East | Suite 700 | Charleston, WV 25301

State Agency Phone Number: 304.558.0838

TERMS AND CONDITIONS

- 1. PROGRAM DESCRIPTION:** Pursuant to the funds given by Governor Jim Justice in December 2021 to the West Virginia Higher Education Policy Commission, the Nursing Recruitment Relocation Bonus Program was established to attract nurses from other states to relocate to West Virginia to work as registered nurses in particular practice areas detailed below in response to the public health emergency created by the Covid-19 pandemic.
- 2. AWARD INFORMATION:** The award amount will be \$12,000 in exchange for relocation to West Virginia and one year of full-time service as a registered nurse while employed directly by a West Virginia licensed hospital, long-term care facility, community mental health center, local health department or primary care facility in a direct care role.
- 3. ATTESTMENT OF PROGRAM ELIGIBILITY:** I certify under penalty of law and disqualification from participation in this program, including return of any monies received, that I meet the following minimum conditions:
 - a. I am a graduate of an accredited program at an institution of higher education having obtained a degree preparing myself for registered nurse licensure in West Virginia.
 - b. I have sought and received a West Virginia registered nurse license or applicable nursing compact license qualifying me for practice in West Virginia.
 - c. I agree to be employed full-time in a direct care position by a West Virginia licensed hospital, long-term care facility, community mental health center, local health department, or primary care facility with an employment agreement commencing within the program period for a total of one year.
 - d. I have relocated to West Virginia and qualify for residency in the State.
 - e. I have provided and submitted the requested documents to my employer (see requested documents section).
- 4. REPAYMENT:** I understand that if, in an effort to assist the state to respond to the public health emergency created by the Covid-19 pandemic, I am not employed full-time in a direct care position by a West Virginia licensed hospital, long term care facility, community mental health center, local health department, or primary care facility for one year from the signature on this agreement, or if I have not relocated to West Virginia during this time, I will be required to repay the relocation bonus to my employer organization. If the service agreement is breached within the first six months of the agreement, I understand that I must repay the entire amount of the award. If the service agreement is breached after the first six months of the agreement, the repayment will be prorated to the number of months in service to the state. I will repay the appropriately prorated portion of my award to my employer organization within 60 days of my breach of the service agreement.
- 5. CHANGE OF STATUS:** I will inform the Commission of any change in my name, address, telephone number, social security number, or driver's license number by using the contact information found in the "State Agency Information."

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6. REQUIRED DOCUMENTATION: In consideration of my employer applying for this bonus on my behalf, I agree to provide the following information to my approved employer to be provided to the West Virginia Higher Education Policy Commission to determine eligibility for an award:

- a. A signed Nursing Recruitment Relocation Bonus Service Agreement
- b. Proof of West Virginia Residency within the program period - a utility bill in the recipient's name dated within a month of the date in which the service agreement is signed OR a copy of a West Virginia Driver's License OR a copy of a rental or purchase agreement for a residence in West Virginia OR other acceptable documentation of State residency.
- c. Proof of full-time employment in a direct care position by a West Virginia licensed hospital, long-term care facility, community mental health center, local health department, or primary care facility with an employment agreement commencing within the program period for a total of one year.

I have read the Nursing Recruitment Relocation Bonus Service Agreement and understand the terms as stated.

Signature of Organization Representative

Date

Signature of Nursing Recruitment Relocation Bonus Participant

Date