



NEW JERSEY
RURAL HEALTH TRANSFORMATION

IRNJ Clinician Application

Screening

To determine program eligibility, please indicate your work authorization status: *

- U.S. citizen
- Non-citizen authorized to work in the United States
- Not currently authorized to work in the United States

In your role, do you provide direct patient care at least 30 hours per week? *

- Yes
- No

At the end of the application, upload work schedule for verification.

Direct patient care is defined as in-person, face-to-face contact with patients for the purpose of diagnosis, treatment, and monitoring.

Save

Next



Before Starting Application

Invest Rural NJ is a workforce investment initiative designed to recruit new clinicians into rural practice and retain the existing rural health workforce through five-year service commitments supported by annual, non-salary incentives. By prioritizing high-scarcity disciplines and clinicians new to rural care, the program reduces vacancies and turnover while improving access to primary, dental, and behavioral health services in high-need rural communities across New Jersey.

Before starting your application, please have the following materials available. This will be required to be uploaded at the end of the application:

- Copy of identification (driver's license, passport, Green Card, etc.)
- Copy of work schedule or proposed work schedule
- Copy of license or license application submission
- Signed offer letter **(new to rural NJ applicant only)**
- Most recent paystub **(current rural NJ applicants only)**
- Proof of address change **(for relocation support request only)**
 - Acceptable forms of proof:
 - Lease agreement or mortgage statement
 - Utility bill
- Copy of sliding fee scale, Charity Care policy, and/or Manage Care Organization (MCO) participation agreement

Support services are offered at reduced costs based on a patient's income and ability to pay.
- Proof of hybrid/shared staffing model between health systems and FQHCs, if applicable
 - Acceptable forms of proof:
 - Executed MOU or agreement
 - Contract or affiliate agreement between entities
 - Shared staffing agreement outlining clinician deployment
 - Joint employment or subcontracting agreement



Create your unique participant identifier (UPI)

Please create a unique identifier for your application. We are asking for you to create a UPI to connect clinician and employer companion applications together. Your UPI should contain the following:

- IRN in the beginning
- First character and third character of first name
- First character and third character of last name
- Date of birth (MMDDYY)

Example:

First name: John

Last name: Smith

Date of birth: 04/03/2020

UPI: IRNJhSi040320

Clinician UPI *

SECTION 1. Applicant Information

At the end, upload copy of ID, Passport or Green Card for verification

Full Legal Name *

Date of Birth (MM/DD/YYYY) *

Contact information *

Phone Number

Current Home Address
(City/State/Zip Code)

Primary Email *

example@example.com

Employment Status:

Applicant Type *

- New recruitment applicant to rural NJ
- Currently work in rural NJ (retention applicant)

New Applicant-Anticipated start date at rural site *

Date

At the end, upload signed offer letter

Retention Applicant- Commencement date current at rural site *

Date

At the end, upload proof of current employment (most recent paystub)

Back

Save

Next

SECTION 2. Professional Information

Clinician Type (select one): *

Primary Specialty (if applicable):

License Information (At the end, upload copy of license for verification) *

License Type:

License Number:

State(s) Licensed:

Original Issue Date:

License Expiration Date:

What is the current status of your license? *

SECTION 3. Rural Practice Site Information

Rural Site listing *

Rural Site Name

Site Address

Organization Type

Please Select



Add New

Please provide additional information about your rural practice site if it does not neatly fit within the organization type categories listed above.

*All organization types **must** meet Federal or State definitions of rurality. All organizational entities **must** serve Medicaid, Medicare, uninsured populations, underinsured populations, have a sliding fee scale, Charity Care policy and/or Managed Care Organization (MCO) participation agreement.*

Supervisor/Site Contact Name *

Supervisor/Site Contact Email *

example@example.com

SECTION 4. Rural Workforce Status

Which best describes you? (Select one)

New applicants to rural NJ health care: *

- Never worked in rural health care previously
- Returning to rural practice after ≥ 24 -month gap

For applicants **currently practicing in rural health care in NJ** *

- Practicing at a rural site ≤ 6 months (December 2025- May 2026)
- Practicing at a rural site > 6 months

If practicing at a rural site for more than 6 months, please indicate length of time: *

Please Select



Back

Save

Next

SECTION 5. Recruitment and Relocation

Are you relocating for this position? *

- Yes, I am relocating from Out-of-State
- Yes, I am relocating In-State
- No, I am not relocating

If you have already identified or secured a new address, please share it below. If you are still exploring relocation, please tell us which counties and/or municipalities you are considering.

New Address locating to:

Desired Relocation Counties/ Municipalities

- | | | |
|---|--|--|
| <input type="checkbox"/> Atlantic County | <input type="checkbox"/> Bergen County | <input type="checkbox"/> Burlington County |
| <input type="checkbox"/> Camden County | <input type="checkbox"/> Cape May County | <input type="checkbox"/> Cumberland County |
| <input type="checkbox"/> Essex County | <input type="checkbox"/> Gloucester County | <input type="checkbox"/> Hudson County |
| <input type="checkbox"/> Hunterdon County | <input type="checkbox"/> Mercer County | <input type="checkbox"/> Middlesex County |
| <input type="checkbox"/> Monmouth County | <input type="checkbox"/> Morris County | <input type="checkbox"/> Ocean County |
| <input type="checkbox"/> Passaic County | <input type="checkbox"/> Salem County | <input type="checkbox"/> Somerset County |
| <input type="checkbox"/> Sussex County | <input type="checkbox"/> Union County | <input type="checkbox"/> Warren County |

Estimated distance (miles from old to new in-state address/desired counties/ municipalities) *

In-state relocations only

SECTION 6. Commitment & Retention Narrative

In 250 words or fewer, please describe:

- Why you are interested in rural practice
- Any personal, professional, or community ties to rural and underserved areas
- Factors that support your ability to commit to long-term rural service

*

0/250

SECTION 7. Site Need & Access Impact

In 250 words or fewer, describe how your role addresses access gaps at the rural site, such as:

- Reducing high vacancy/ hard-to-fill role; long wait times; limited speciality access
- Expanding services (primary care, dental, behavioral health, OB, etc.)
- Serving high-need populations (Medicaid, Medicare, uninsured and underinsured populations)

*

0/250

SECTION 8. Equity & Priority Populations

Will your clinical practice primarily serve any of the following? (Check all that apply)

*

- | | |
|--|--|
| <input type="checkbox"/> Medicaid-insured patients | <input type="checkbox"/> Medicare-insured patients |
| <input type="checkbox"/> Uninsured/underinsured/Charity Care/
Sliding fee scale | <input type="checkbox"/> Maternal & child health populations |
| <input type="checkbox"/> Behavioral health/substance use
populations | <input type="checkbox"/> Racially or ethnically underserved
populations |
| <input type="checkbox"/> LGBTQ+ populations | <input type="checkbox"/> Migrant or agricultural workers |
| <input type="checkbox"/> Veterans | <input type="checkbox"/> People with disabilities |

At the end, upload copy sliding fee scale, Charity Care policy, and/or Managed Care Organization (MCO) participation agreement.

Briefly describe how your role advances equitable access (150 words max): *

0/150

SECTION 9. Geographic Priority

Is the proposed site location(s) in any of the following? (Check all that apply) *

- State Defined Rural County
- Federally Rural Census Tract (RCT)

What additional geographic priority designations apply? (Check all that apply)

- High Social Vulnerability Index (SVI) area
- Hard-to-fill rural region
- Persistent health professional shortage area
- Federal Rural Census Tract (RCT)
- Medically underserved areas/ populations (MUA/P)

Links listed below to help identify site location:

- [Social Vulnerability Map](#)
- [Federal Rural Health Eligibility \(RCT\)](#)
- [Health Professional Shortage Area](#)
- [HRSA MUA/P Find](#)

Specify RCT: *

SECTION 10. Practice Readiness

If new to rural health care in NJ, please answer below.

Estimated time to begin patient care at rural site *

- Immediately/already credentialed
- Within 90 days
- 3-6 months
- More than 6 months

SECTION 11. FQHC Participation

If not already, are you willing to work part time at an FQHC within an RCT? *

- Yes, I already work at an FQHC
- Yes, I am willing to work part time at an FQHC
- No, I am not willing to work part time at an FQHC

Back

Save

Next



Optional: Additional information for reviewers consideration (150 words max)

0/150

SECTION 12. Attestations & Acknowledgements

By signing below, I attest that: *


- All information provided is accurate and complete
- I understand incentives are **taxable income**
- Incentives are **not salary, wages, or loan repayment**
- Participation is contingent upon continued program funding and compliance
- I consent to verification of employment, licensure, and other components of my application
- I acknowledge that participation in Invest Rural NJ requires execution of a five-year rural service agreement and commitment to fulfilling the associated service obligation

File Upload

To complete your application, please upload the following materials available.

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File Upload



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Drag and drop files here

Back

Save

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