Faculty Loan Repayment Program

Fiscal Year 2012

Supplemental Forms

To apply to the Faculty Loan Repayment Program, you must submit your online application, forms, and supporting documents to https://programportal.hrsa.gov/extranet/landing.seam. **Applications that are mailed or faxed will not be accepted.**

Please note that several supporting documents will need to be completed online as part of the FLRP online application. Additional forms that must be uploaded (in a PDF format) and require an applicant's signature, are included in this Supplemental Forms package.

Questions? Call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except Federal holidays) from 8:00 AM to 8:00 PM, ET or email GetHelp@hrsa.gov.

OMB No. 0915-0150 Expiration: 10/31/2012

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The information is being collected and will be used to evaluate an applicant's eligibility, qualifications, and suitability for participating in the FLRP. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Disclosure of information sought is voluntary; however, if not submitted, except for questions related to Race/Ethnicity on the online application, an application will be considered incomplete and therefore will not be considered for an award. The information applicants supply will be maintained in a system of records and subject to disclosure under the Privacy Act Notification Statement in the FLRP Application and Program Guidance. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

Faculty Loan Repayment Program
U. S. Department of Health and Human Services
Health Resources and Services Administration
OMB No. 0915-0150, Expiration: 10/31/2012

Institution Employment/Loan Repayment Verification Form

(To be completed by institution)

The (Institution – print or type) ____ intends to employ (Applicant – print or type) ____ in a faculty position (duties primarily consist of teaching in a classroom) for a minimum of 2 years. This employment must begin on or before July 31, 2012.

The position is (check one): ___ full-time or ___part-time Number of hours/week: ____
This is a tenured position (check one): ___ Y ___ N
Employment Start Date: __________ Employment End Date: __________ Date Fall Term begins: __________
Number of months in an academic year: __________
Number of months in an academic year individual serves as faculty: __________

School of (e.g., medicine, nursing, allied health) ____

The institution is accredited by ____

Employing Institution Type *(choose one)*: ( ) private non-profit ( ) public/government owned ( ) private for profit
NOTE: The only programs eligible to be private, for-profit institutions and qualify for FLRP are nursing and physician assistant programs.

This information is for statistical purposes only.

The institution is: ___ Historically Black ___ Hispanic Serving ___ Tribal

Located in a: ___ Medically Underserved Area (MUA)* ___ Health Professional Shortage Area (HPSA)*
***See http: //datawarehouse.hrsa.gov/GeoAdvisor/ShortageDestinationAdvisor.aspx**

The institution (must check one)*:

☐ Has agreed to make payments of principal and interest on the educational loans of the applicant in an amount equal to the amount of such payment(s) made by the HHS Secretary (maximum $40,000 total for 2-year contract period). These payments will be in addition to the applicant's faculty salary and the applicant's salary will be determined without regard to the amount paid by FLRP/HHS. *A copy of the loan repayment agreement must be attached*.

☐ Is unable to make any payments of principal and interest on the educational loans of the applicant and requests a full waiver, on the basis of undue financial hardship, of the requirement that the institution make loan repayments equal to the amount of such payment(s) made by the HHS Secretary. The school **must** attach a letter requesting a full waiver and supporting documentation of undue financial hardship, as specified in the Application and Program Guidance, and submit this form, the letter and the supporting documentation to the applicant for submission with his/her application.

☐ Is able to make payments of principal and interest on the educational loans of the applicant in an amount less than the amount of such payment(s) made by the HHS Secretary (maximum $40,000 total for 2-year contract period) and requests a partial waiver, on the basis of undue financial hardship, of the requirement that it fully match the Secretary's payment(s). The school **must** attach a letter requesting a partial waiver and supporting documentation of undue financial hardship, as specified in the Application and Program Guidance, and submit this form, the letter and the supporting documentation to the applicant for submission with his/her application. The school must also attach a copy of its loan repayment agreement to partially match the amount paid by FLRP/HHS.

Institutions who fail to comply with their specific match agreement indicated above will be held liable for default, and all future applicants employed at their institution will be deemed ineligible for the FLRP.

School Official's Name   Title

Signature   Date

Mailing Address   Phone/Fax/Email

FACULTY LOAN REPAYMENT PROGRAM
AUTHORIZATION to RELEASE INFORMATION

As a Faculty Loan Repayment Program (FLRP) applicant, I ____________________________________, hereby authorize:

i. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to determine my eligibility/qualifications to participate in the FLRP, and to determine the eligibility of my educational loans for repayment under the FLRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.

ii. The HHS, and/or its contractors, to release my name, address(es) and social security number for the purpose of determining whether I appear on the Excluded Parties System List.

iii. Any program to which I owe a health professions service obligation to release information relating to that obligation to HHS and/or its contractors.

iv. The HHS, and/or its contractors, to release the following information to the educational institution where I am/will be employed as a faculty member to assess my eligibility to participate in the FLRP, and, if selected to participate in the FLRP, my compliance with the FLRP service obligation: name, social security number and other identifying information.

v. The educational institution at which I am/will be employed as a faculty member to release information relating to my employment status (e.g., date of employment, number of hours worked, absences from work, position held, etc.) to HHS and/or its contractors, for purposes of determining my eligibility to participate in FLRP and, if I am selected to participate in FLRP, my compliance with the FLRP service requirements.

This authorization will take effect on the date I sign this release. If I become a participant in the FLRP, this authorization shall remain in effect until the date my FLRP obligation has been fulfilled. If I do not become a participant in the FLRP, this authorization shall remain in effect until ***September 30, 2012***. This authorization may be revoked by me in writing at any time.

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Signature of Applicant Date