



Bureau of Health Professions

Health Resources and  
Services Administration  
Rockville MD 20857

OCT 11 1994

To: Lenders and Schools Participating in the Health Education Assistance Loan (HEAL) Program

Subject: HEAL Application and Manifest Data Editing Criteria  
HEAL Lender Policy Memorandum L-95-01  
HEAL School Policy Memorandum S-95-01

The attached document updates and replaces the HEAL Application and Manifest Editing Criteria described in HEAL policy memorandum 92-5, dated May 8, 1992 and HEAL policy memorandum 93-8 dated April 5, 1993. The edits and tape formats contained in this document will become effective **30 days** after the publication of the **new** HEAL application. We expect the new HEAL application will be distributed in January 1995.

In May, 1992, we envisioned that by sharing our edit criteria with the lending and school communities, substantial amounts of time would be saved by HEAL staff and the applications data editing process would become more efficient, streamlined, and uniform. Indeed, the process has worked and has yielded more timely and accurate disbursement data. The HEAL Branch has ceased manual processing of application errors. Ninety eight percent of the data we currently receive from lenders pass our edit criteria on the first submission. Therefore, to continue this successful approach we are updating the HEAL community with the editing criteria that we will use for the **new** HEAL application.

It is now possible for lenders and schools to pre-screen their application and disbursement data before submitting them to HEAL. Lenders and schools can determine whether or not an application submission will pass HEAL's edit criteria (with the exception of global edits) prior to submission. Lenders should use the attached criteria to pre-screen applications for insurability and to begin programming their computer systems as necessary to validate HEAL applications.

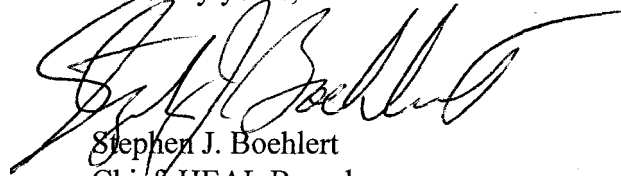
HEAL will utilize the edits defined on the following pages to check all incoming data contained on applications and manifests submitted on magnetic tapes or floppy disks. **Please note that all information collected on the HEAL application is not reported to HEAL via the Tape Layout (see Appendix F for the current tape layout). In addition, not all tape layout data are edited in the Application Editing Criteria beginning on page 3 and are, therefore, not listed as a part of that document.** Data that passes these edits will be accepted; those which do not will be returned, but may be resubmitted within **75 days** from the date of disbursement. **Disbursements submitted**

**later than 75 days from disbursement will not be Federally insured.**

The HEAL Branch will return applications or application/manifest tapes or floppy disks (depending on the lender's processing method) along with a "Transaction Processing Report" (example in Appendix D) within 5 working days of receipt. This report will provide a hard copy listing of the records which failed the edit process. The report will also include the numbered reason(s) for failure. It will be the responsibility of each lender to resubmit the corrected application/disbursement records to the HEAL Branch within 75 days.

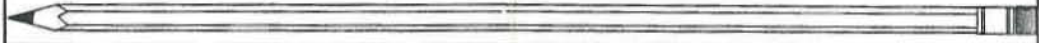
The attached document is comprehensive and contains all information (only those application items that are edited are included in the editing criteria document) necessary to comply with HEAL loan editing procedures. Questions concerning this document may be directed to Ms. Sylvia Brown or Ms. Jennifer K. Dozier of the HEAL Branch on (301) 443-1540. Thank you.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Stephen J. Boehlert", written in a cursive style.

Stephen J. Boehlert  
Chief, HEAL Branch

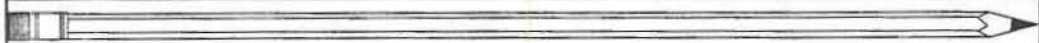
Attachments



**HEAL**

**APPLICATION/MANIFEST**

**EDIT CRITERIA**



# TABLE OF CONTENTS

	Page
I. GLOBAL EDITS .....	1
GLOSSARY OF TERMS.....	2
II. APPLICATION EDIT CRITERIA.....	4
IV. MANIFEST EDIT CRITERIA.....	7
V. APPENDIX A -- APPLICATION ERROR MESSAGES.....	9
VI. APPENDIX B -- LENDER MANIFEST ERROR MESSAGES.....	13
VII. APPENDIX C -- HEAL SCHOOL INSTITUTION ELIGIBILITY LIST .....	15
VIII. APPENDIX D -- SAMPLE TRANSACTION PROCESSING REPORT..	22
IX. APPENDIX E -- ACADEMIC YEAR PRO-RATED LOAN AMOUNT CEILINGS	28
X. APPENDIX F -- TAPE SPECIFICATIONS APPLICATION AND MANIFEST .....	29
XI. APPENDIX G -- DRAFT COPY OF NEW HEAL APPLICATION.....	33

# GLOBAL EDITS

The HEAL Branch will perform certain global edits that lenders may not be able to complete since borrowers may borrow from multiple lenders, or may have defaulted on previous HEAL loans. The following global checks will be done:

- A. Each loan will be evaluated against that lender's fiscal year Insurance Authority ceiling set forth in their annual lender contract. Should a particular lender's loan submission cause this limit to be exceeded, error message number **100** will be printed:

**\*DISBURSEMENT WOULD EXCEED FY INSURANCE AUTHORITY LIMIT**

- B. Each borrower is limited to the amount of money they can borrow during one academic year. These limits are based on the length of the academic year in days and the HEAL legislative limit for each discipline. The HEAL Branch will use Appendix 'E on **page 28** (Academic Year Pro-rated Loan Amount Ceilings) to evaluate each loan submission and subsequent disbursement amount and will deny a transaction if the borrower has exceeded his/her academic year limit. Error message number **101** will be printed:

**\*\*\* BORROWER EXCEEDS ACADEMIC YEAR LOAN LIMIT \*\*\***

- C. There are aggregate borrowing limits for each discipline in the HEAL Program. The limit is \$80,000 for Allopathy, Osteopathy, Dentistry, Veterinary, Optometry and Podiatry. The limit is \$50,000 for Public Health, Pharmacy, Chiropractic, Clinical Psychology, and Health Administration. If the borrower exceeds these limits, error message number **102** will be printed:

**\*\*\* BORROWER EXCEEDS AGGREGATE LOAN LIMITS \*\*\***

- D. The HEAL Branch checks each borrower's file to determine if there are any defaulted HEAL loans. If a borrower has not established satisfactory repayment terms on the defaulted HEAL loan, the new application will be rejected, Error message number **103** will be printed:

**\*\*\* BORROWER HAS DEFAULTED ON A PRIOR HEAL LOAN \*\*\***

Each loan application and manifest disbursement submission will be evaluated against these global edit criteria before further processing will take place. Should the loan record fail to pass any of these edits, it will be promptly returned to the lender.

# GLOSSARY OF TERMS

Below is a Glossary of Terms that explains the data presented under the column headings for the Application and Manifest Data Editing Criteria tables which follow:

**(A) FIELD NAME**

This column contains the name of each data element corresponding to a particular item number on the HEAL application or manifest.

**(B) FORMAT**

This column specifies how the data must appear when submitted to the HEAL Branch on either tape, disk, or hard copy application or manifest. All date fields must be entered as **YYMMDD** if a six position date is required or **YYMM** if a four position date is required. For example, February 1, 1991 should be entered as 910201 for six positions or 9102 for four position dates. When the format specifies **WHOLE DOLLARS**, enter the value rounded to the nearest dollar without a decimal point. For example, if the original amount is "\$123.45", the entered value would be "123".

**(C) DATA TYPE**

This column lists the specific type of characters expected in the data field. These types are:

ALPHA - only alphabetic characters are allowed. No numbers or special characters.

NUMERIC - only numbers are allowed. No alphabetic or special characters.

ALPHANUM - numbers, alphabetic and special characters are allowed.

**(D) ADDITIONAL DATA VERIFICATION CRITERIA**

This column contains any special edits that will be performed on each data field as well as an explanation of how this data field relates to other data fields.

**(E) POSSIBLE ERROR MESSAGES**

This column contains a series of numbers separated by commas. These numbers correlate to the error messages contained in Appendixes A and B of this document. Only the numbers of the error messages, not the text, will be listed on the Transaction Processing Report for records not passing edit. For error numbers 1 and 2, the corresponding application item number is also listed.)

**(F) APPL ITEM NUMBER**

This column lists the number of each item contained on the HEAL application and manifest.

**(G) TAPE LAYOUT COLUMN**

This column lists the required format for data to be used by institutions submitting their loan records by any electronic medium (tape or floppy disk). Each data item must be placed on the tape or disk, at the position indicated, for submission **to the** HEAL Branch. If the data item is ALPHA or ALPHANUM and does not fill the entire space available, left justify the data in the field and leave blanks at the right-side. If the data item is NUMERIC and does not fill the entire space available, right justify the number and fill with leading zeros.

**(H) FIELD LENGTH**

This column specifies the maximum number of characters each field may **contain**. Any data item that has fewer characters than allowed should follow the justification rules specified in the Tape Layout Column description **in (G)**.

## HEAL APPLICATION DATA EDITING CRITERIA

FIELD NAME	FORMAT	DATA TYPE	ADDITIONAL DATA VALIDATION CRITERIA	POSSIBLE ERROR MESSAGES	APPL ITEM NUMBER	TAPE LAYOUT COLUMN	FIELD LENGTH
Name	Last, First MI. Example: Jones Jr, Paul S.	ALPHANUM		1	1	1-30	30
State	2 character abbreviation Example: MD - Maryland	ALPHA	Must be a valid U.S. state abbreviation or "FC" for approved U.S. Territories	1,2	3	120-121	2
Date of Birth	YYMMDD 9 digit number	NUMERIC	Applicant must be at least 17 years old at time of enrollment. The age is checked by comparing the value in the Date of Birth field to the Academic Year - From (item 21).	1,2,3	5	129-134	6
Social Security Account Number	Example: 123456789	NUMERIC	Enter without dashes	1,2,103	2	162-170	9
Citizenship Status	Check appropriate box for application, "Y" or "N" tapes	ALPHA	Only one box must be checked on the application. However, for the tape format, the appropriate box checked is entered as a "Y" and the other boxes are entered as an "N"	1,2,4	7		
(a) U.S. Citizen			If U.S. Citizen is checked, then U.S. National, U.S. Permanent Resident and Other must not be checked.	5	7a	172	1
(b) U.S. National			If U.S. National is checked, then U.S. Citizen, U.S. Permanent Resident and Other must not be checked.	6	7b	174	1
(c) U.S. Permanent Resident			If U.S. Permanent Resident is checked, Registration Number (item 8) must be checked. If U.S. Permanent Resident is checked, then U.S. Citizen, U.S. and Other must not be checked.	7	7c	176	1
(d) Other			If Other is checked, then U.S. Citizen, U.S. National and U.S. Permanent Resident must not be checked.	8	7d	178	1
Registration Number		ALPHANUM	If U.S. Permanent Resident has been checked (item 7c), the borrower must enter a Registration Number. Do not enter a Registration Number for any other category. The number always begins with an "A" followed by 8 digits.	2,9	8	206-214	9
Country of Citizenship		ALPHA	Must be entered when U.S. Permanent Resident (item 7c) or Other (item 7d) has been checked.	10	8	180-204	25
Loan Amount Requested	Whole Dollars	NUMERIC	The Loan Amount Requested is compared to the Loan Amount Approved (by School) (item 26) and the Total Amount Lender Approves (item 31).	1,2	11	222-226	5
Major Course of Study	3 character abbreviation Example: MED	ALPHA	Must be a valid HEAL abbreviation. Must correspond to the course applicable to the School Code (item 19). The valid HEAL abbreviations are MED, DEN, OST, VET, POD, PUB, OPT, CHM, CPY, PHA AND GHA as specified in the HEAL application instructions.	1,2,11	10	242-244	3



# HEAL APPLICATION DATA EDITING CRITERIA

FIELD NAME	FORMAT	DATA TYPE	ADDITIONAL DATA VALIDATION CRITERIA	POSSIBLE ERROR MESSAGES	APPL ITEM NUMBER	TAPE LAYOUT COLUMN	FIELD LENGTH
Default?	Check appropriate box for appl, "Y" or "N" for tapes	ALPHA	Only one box must be checked on the application. However, for the tape format, the box checked is entered as a "Y" for "Yes" or "N" for "No". Default must be a "Y" or "N". No loan may be made to an applicant who is in default on any loan (commercial, consumer, or educational) unless the account has been brought into good standing and such documentation has been received by the HEAL lender. If the value is a "Y", the lender certifies that they have the documentation to confirm that the prior defaults have been satisfied and the borrower is creditworthy as required in the HEAL regulations.	1,2	15b	257	1
School Code	5 digit code	NUMERIC	School Code must be the valid HEAL code on the school's HEAL agreement. Must correspond to Major Course of Study (item 10). Reference Appendix C for a table of valid school codes listed in alphabetical order by school name within each discipline.	1,2,12,13	19	259-263	5
Anticipated Date of Graduation	YYMMDD	NUMERIC	Anticipated Date of Graduation cannot be more than 6 years after Academic Year - From (item 21).	1,2,14,15	20	265-270	6
Academic Year - From	YYMMDD	NUMERIC	The Academic Year - From is used to verify the Date of Birth (item 5), the Anticipated Date of Graduation (item 20) and the Academic Year - To (item 21).	1,2	21	372-277	6
Academic Year - To	YYMMDD	NUMERIC	The Academic Year - To cannot be later than the Anticipated Graduation Date (item 20) and must be later than the Academic Year - From (item 21). The inclusive time span of the Academic Year - To must not exceed 365 days.	1,2,16,17,18	21	279-284	6
Period of Loan	A1,A2,A3,A4,B1,B2,B3,C1,C2	ALPHANUM	The Period of Loan must correspond to the actual quarter, semester or academic year the HEAL funds are intended to cover.	1,2,32	22	228-229	2
Total Cost of Education	Whole dollars	NUMERIC	Used to verify Total Unmet Need (item 25). Round to nearest dollar.	1,2	23	286-290	5

# HEAL APPLICATION DATA EDITING CRITERIA

FIELD NAME	FORMAT	DATA TYPE	ADDITIONAL DATA VALIDATION CRITERIA	POSSIBLE ERROR MESSAGES	APPL ITEM NUMBER	TAPE LAYOUT COLUMN	FIELD LENGTH
Total Financial Resources	Whole dollars	NUMERIC	Used to verify Total Unmet Need (item 25). Round to nearest dollar. The Total Unmet Need must be equal to the Total Cost of Education (item 23) minus the Total Financial Resources (item 24).	1,2	24	292-296	5
Total Unmet Need	Whole dollars	NUMERIC	The Loan Amount Approved (by School) cannot be larger than the Loan Amount Requested (item 11) or the Total Unmet Need (item 25). Must not exceed the maximum amount allowable for the discipline for 1 academic year.	1,2,19	25	298-302	5
Loan Amount Approved (by School)	Whole dollars	NUMERIC	The Total Amount Lender Approves cannot be larger than the Loan Amount Requested (item 11), Total Unmet Need (item 25) or Loan Amount Approved (by school) (item 26). Total Amount Lender Approves cannot be less than Installment Amount - IST (item 27a).	1,2,20,21,22	26	304-308	5
Total Amount Lender Approves	Whole dollars	NUMERIC	Must not exceed the annual or aggregate maximum allowable for the discipline. The maximum annual amount allowable must be prorated according to the length of the Academic Year and discipline limits. The Lender Code must be a valid HEAL code on the lender's contract. Lender must have an allocation for the current year.	1,2,23,24,25,26,27,28	31	310-314	5
Lender Code	6 digit code	NUMERIC	The Installment Amount - IST cannot cause the borrower to exceed the academic year or aggregate loan limits. Must be less than the Total Amount Lender Approves (item 31), unless justified by the stated Loan Period (item 22) and	1,2,29,30	30	316-321	6
Installment Amount IST	Whole dollars	NUMERIC	Installment Date - Ist. (See HEAL Application instructions.) The Installment Amount - IST cannot cause the lender to exceed the current year allocation.	1,2,31,32,100,101,102	27a	325-329	5
Installment Date - IST	YYMMDD	NUMERIC	The Installment Date - IST cannot be earlier than 15 days prior to the Academic Year - From (item 21). The Installment Date - Ist cannot be more than 60 days after the Academic Year - To (item 21).	1,2,33,34,36	27b	331-336	6
Insurance Premium Amount	Dollars and Cents	NUMERIC	The Insurance Premium is calculated based on the Installment Amount - IST (item 27a) and the school's risk category. See Appendix G for school's risk group and borrower premium. Enter the amount in dollars and cents with no decimal point. For example, "123.45" is entered on the tape format as "12345".	1,2,35	32	338-343	6
Loan ID	YYYYBBXXXXX	NUMERIC	This is only edited for lenders that generate their own loan identification numbers. The first 4 digits must correspond to the fiscal year of the first disbursement. The next 2 digits are assigned by HEAL for each loan originator. The last 6 digits are randomly assigned by the loan originator and must not be duplicated.	1,2,37,38,39	N/A	345-356	12

## HEAL MANIFEST DATA EDITING CRITERIA

FIELD NAME	FORMAT	DATA TYPE	ADDITIONAL DATA VALIDATION CRITERIA	POSSIBLE ERROR MESSAGES	MANIFEST ITEM NUMBER	TAPE LAYOUT COLUMN	FIELD LENGTH
Lender Identification Number	6 digit code	NUMERIC	The Lender Identification Number must be the valid HEAL code on the Lender's HEAL contract. Lender must have an allocation for the current year.	1, 2, 3, 4		1-6	6
Type of Transaction - Sequence Number	1 digit Number	NUMERIC	The Type of Transaction - Sequence Number is the only data field captured from this section. The Sequence Number column contains a number denoting the sequence of the current disbursement. For all lenders, if this value is a "2" (second disbursement), the first disbursement for this loan must have passed the HEAL edit criteria. If this value is a "3" (third disbursement), the first and second disbursements for this loan must have passed the HEAL edit criteria. Additionally, there cannot be more than one first, second, and third disbursement for a given loan, and these disbursements cannot be changed to new amounts.	1, 2, 5, 6, 7, 8, 9, 10	1E	31	1
Name of Borrower	Last, First MI. Example: Jones Jr., Paul S.	ALPHANUM		1	2	33-62	30
Social Security Account Number	9 digit number Example: 123456789	NUMERIC	Enter without dashes	1,2	3	8-16	9
Disbursement Number 1 Date	YYMMDD	NUMERIC	The Disbursement Number 1 Date must match the Installment Date - 1st (item 27b on the original application). The HEAL system matches a loan record based on the loan ID or Social Security Number (item 3) and the Disbursement Number 1 Date.	1, 2, 5, 11, 103	4A	64-69	6
Current Action Date	YYMMDD	NUMERIC	If this transaction is a first installment, (Sequence Number, item 1E is "1") this date must be the same as Disbursement Number 1 Date (item 4A). For all installments, the Current Action Date cannot be earlier than the Disbursement Number 1 Date (item 4A). The Current Action Date cannot be more than 60 days after the Academic Year - To on the original insured application. This Current Action Date cannot be in the same month as any previous installment date for this loan.	1, 2, 12, 13, 14, 17	4B	71-76	6

## HEAL MANIFEST DATA EDITING CRITERIA

FIELD NAME	FORMAT	DATA TYPE	ADDITIONAL DATA VALIDATION CRITERIA	POSSIBLE ERROR MESSAGES	MANIFEST ITEM NUMBER	TAPE LAYOUT COLUMN	FIELD LENGTH
Amount Disbursed	Whole Dollars	NUMERIC	The Amount Disbursed cannot cause the borrower to exceed the Academic Year or aggregate loan limits for this course of study. The Amount Disbursed cannot exceed the total Amount Lender Approves on the original insured application when added to previous disbursements for this loan. Amount Disbursed cannot cause the lender to exceed the current year allocation.	1, 2, 15,100,101, 102	5	78-82	5
Amount of Insurance Premium	Dollars and Cents	NUMERIC	The Insurance Premium Amount is a percent of the Amount Disbursed (item 5). Enter the amount in dollars and cents with no decimal point. For example, "\$123.45" is entered on the tape format as "12345".	1, 2, 16	6	84-89	6

# APPENDIX A

## APPLICATION EDITS

### POSSIBLE ERROR MESSAGES - COLUMN E

Error Number	Error Message
1	Value is missing.
2	Value is invalid.
3	Borrower is less than 17 years old at time of enrollment.
4	<b>U.S. Citizen, U.S. National, U.S. Permanent Resident and Other</b> are all blank. One must be a "Y".
5	<b>U.S. Citizen</b> is "Y" and <b>U.S. National, U.S. Permanent Resident and Other</b> are not "N".
6	<b>U.S. National</b> is "Y" and <b>U.S. Citizen, U.S. Permanent Resident and Other</b> are not "N".
7	<b>U.S. Permanent Resident</b> is "Y" and <b>U.S. Citizen, U.S. National, and Other</b> are not "N".
8	<b>Other</b> is "Y" and <b>U.S. Citizen, U.S. National, and U.S. Permanent Resident</b> are not "N".
9	<b>Registration Number</b> must be present only when <b>U.S. Permanent Resident</b> is "Y".
10	<b>Country of Citizenship</b> must be present when <b>U.S Permanent Resident or Other</b> is "Y".
11	<b>Major Course of Study</b> does not correspond to <b>School Code</b> (item 19).
12	School does not have an agreement with HEAL.
13	<b>School Code</b> does not correspond to <b>Major Course of Study</b> (item 10).
14	<b>Anticipated Date of Graduation</b> is less than Academic Year - From (item 21).

# APPENDIX A - CONTINUED

## APPLICATION EDITS

### *POSSIBLE ERROR MESSAGES - COLUMN E*

Error Number	Error Message
15	<u>Anticipated Date of Graduation</u> is more than 6 years after <u>Academic Year - From</u> (item 21).
16	<u>Academic Year - To</u> is later than <u>Anticipated Date of Graduation</u> (item 20).
17	<u>Academic Year - To</u> is not later than <u>Academic Year - From</u> (item 21).
18	Academic year exceeds 365 days.
19	<u>Total Unmet Need</u> is not equal to <u>Total Cost of Education</u> (item 23) minus <u>Total Financial Resources</u> (item 24).
20	<u>Loan Amount Approved (by school)</u> is larger than <u>Loan Amount Requested</u> (item 11).
21	<u>Loan Amount Approved (by school)</u> is larger than <u>Total Unmet Need</u> (item 25).
22	<u>Loan Amount Approved (by school)</u> exceeds maximum amount allowable for discipline for 1 academic year.
23	<u>Total Amount Lender Approves</u> is larger than <u>Loan Amount Requested</u> (item 11).
24	<u>Total Amount Lender Approves</u> is larger than <u>Total Unmet Need</u> (item 25).
25	<u>Total Amount Lender Approves</u> is larger than <u>Loan Amount Approved (by School)</u> (item 26).

# APPENDIX A - CONTINUED

## APPLICATION EDITS

### *POSSIBLE ERROR MESSAGES - COLUMN E*

Error Number	Error Message
26	<b><u>Total Amount Lender Approves</u></b> is less than Installment Amount - 1ST (item 27a).
27	<b><u>Total Amount Lender Approves</u></b> causes borrower to exceed loan limits for this academic year.
28	<b><u>Total Amount Lender Approves</u></b> causes borrower to exceed aggregate (course) loan limits.
29	Lender does not have a contract with HEAL.
30	Lender does not have an allocation for the current year.
31	<b><u>Installment Amount - 1ST</u></b> is not less than the <b>Total Amount Lender Approves</b> (item 31).
32	<b><u>Installment Amount - 1ST</u></b> is equal to <b>Total Amount Lender Approves</b> (item 31) and the <b>Period of Loan</b> (item 22) indicates this loan needs more than 1 disbursement.
33	<b><u>Installment Date - 1ST</u></b> is earlier than 15 days prior to the Academic Year - From (item 21).
34	<b><u>Installment Date - 1ST</u></b> is more than 60 days after the Academic Year - To (item 21).
35	<b><u>Insurance Premium Amount</u></b> is not correct given the indicated Cosigner option (item 12), Principal Installment Amount - 1st (item 27a) and the school's risk category.

# APPENDIX A - CONTINUED

## APPLICATION EDITS

### *POSSIBLE ERROR MESSAGES - COLUMN E*

Error Number	Error Message
36	<b><u>Installment Date - 1st</u></b> lender has already disbursed a loan for this borrower with matching First Installment Date.
37	<b><u>Loan ID</u></b> (Item LN) lender's block number does not match in positions five and six of Loan ID.
38	<b><u>Loan ID</u></b> (Item LN) lender's fiscal year does not correspond to the installment date in positions one thru four of Loan ID.
39	<b><u>Loan ID</u></b> (Item LN) lender's loan ID is a duplicate of another existing loan ID.

**Note:** LN is the Loan Identification Number. The format of the LN is **YYYYBBXXXXXX** where:  
**YYYY** = Fiscal year of first disbursement  
**BB** = A two digit number assigned by HEAL for each originator who wishes to generate their own LN's.  
**XXXXXX** = Unique numbers assigned by originator or the HEAL Branch

All HEAL loans are assigned an LN by either the loan originator or the HEAL Branch.



# APPENDIX B

## LENDER MANIFEST EDITS

### *POSSIBLE ERROR MESSAGES - COLUMN E*

Error Number	Error Message
1	Value is missing.
2	Value is invalid.
3	Lender does not have a contract with HEAL.
4	Lender does not have an allocation for the current year.
5	No loan could be found for this borrower.
6	You are submitting a second disbursement transaction for a record that does not have a first disbursement amount insured.
7	You are submitting a third disbursement transaction for a record that does not have a first and second disbursement amount insured.
8	A first disbursement already exists. Cannot be changed to a new amount.
9	A second disbursement already exists. Cannot be changed to a new amount.
10	A third disbursement already exists. Cannot be changed to a new amount.
11	<b><u>Disbursement Number 1 Date</u></b> does not match the <b><u>Installment Date - 1ST</u></b> (item 27b on the original application).
12	<b><u>Current Action Date</u></b> is earlier than <b><u>First Disbursement Date</u></b> (item 4A).
13	<b><u>Current Action Date</u></b> is more than 60 days after the end of the <b><u>Academic Year - To</u></b> (item 21 on the original application).
14	<b><u>Current Action Date</u></b> is in the same month as a prior disbursement date for this loan.

# APPENDIX B - CONTINUED

## LENDER MANIFEST EDITS

### POSSIBLE ERROR MESSAGES - COLUMN E

Error Number	Error Message
15	<u>Amount Disbursed</u> plus previous disbursements for this loan exceeds the Total Amount Lender Approves (item 31 on the original application).
16	<u>Amount of Insurance Premium</u> is not correct given the <b>Amount Disbursed</b> (item 5) and the school's risk category.
17	<u>Current Action Date</u> is earlier than 15 days prior to the <u>Academic Year From</u> (item 21 on original application).

## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID -----	SCHOOL NAME -----	CITY ----	STATE -----
Chiropractic (CHM)			
24876	CLEVELAND CHIROPRACTIC COLLEGE	LOS ANGELES	CA
24849	CLEVELAND CHIROPRACTIC CLG (MO)	KANSAS CITY	MO
24924	LIFE CHIROPRACTIC COLLEGE-WEST	SAN LORENZO	CA
24873	LIFE COLLEGE	MARIETTA	GA
24865	LOGAN COLLEGE OF CHIROPRACTIC	CHESTERFIELD	MO
24855	LOS ANGELES CLG OF CHIROPRACTIC	WHITTIER	CA
24860	NATIONAL COLLEGE OF CHIROPRACTIC	LOMBARD	IL
24861	NEW YORK CHIROPRACTIC COLLEGE	SENECA FALLS	NY
24859	NORTHWESTERN CLG OF CHIROPRACTIC	BLOOMINGTON	MN
24853	PALMER COLLEGE OF CHIROPRACTIC	DAVENPORT	IA
24887	PALMER COLLEGE OF CHIROPRACTIC-WEST	SAN JOSE	CA
24947	PARKER COLLEGE OF CHIROPRACTIC	DALLAS	TX
24848	TEXAS CHIROPRACTIC CLG FOUNDATION	PASADENA	TX
24850	WESTERN STATES CHIROPRACTIC CLG	PORTLAND	OR
Clinical Psychology (CPY)			
24852	ADELPHI UNIVERSITY	GARDEN CITY	NY
14014	AMERICAN SCHOOLS OF PROFESSIONAL PSYCHOLOGY	MINNEAPOLIS	MN
24868	AMERICAN SCHOOLS OF PROFESSIONAL PSYCHOLOGY-	CHICAGO	IL
24901	AMERICAN UNIVERSITY	WASHINGTON	DC
24958	ANTIOCH NEW ENGLAND GRADUATE SCHOOL	KEENE	NH
24858	BIOLA UNIVERSITY	LA MIRADA	CA
24885	CALIFORNIA SCH. OF PROF. PSY.	ALHAMBRA	CA
24909	CALIFORNIA SCH. OF PROF. PSY.	SAN DIEGO	CA
24939	CALIFORNIA SCH. OF PROF. PSY.	ALAMEDA	CA
24940	CALIFORNIA SCH. OF PROF. PSY.	FRESNO	CA
14012	FAIRLEIGH DICKINSON UNIVERSITY	TEANECK	NJ
24897	FULLER THEOLOGICAL SEMINARY	PASADENA	CA
24928	HAHNEMANN UNIVERSITY	PHILADELPHIA	PA
14007	HOFSTRA UNIVERSITY	HEMPSTEAD	NY
24908	NOVA SOUTHEASTERN UNIVERSITY	FT LAUDERDALE	FL
24962	PACIFIC GRADUATE SCHOOL OF PSYCHOLOGY	PALO ALTO	CA
24970	PACIFIC UNIVERSITY	FOREST GROVE	OR
24936	ST LOUIS UNIVERSITY	ST LOUIS	MO
24933	TEACHERS COLLEGE, COLUMBIA UNIV	NEW YORK	NY
24960	THE CHICAGO SCH OF PROF PSYCHOLOGY	CHICAGO	IL
14003	THE UNIVERSITY OF TEXAS	DALLAS	TX
24971	THE WRIGHT INSTITUTE	BERKELEY	CA
24900	UNIV OF DENVER	DENVER	CO
24938	UNIV OF HEALTH SCIENCES	NORTH CHICAGO	IL
14002	UNIVERSITY OF HARTFORD	WEST HARTFORD	CT

## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID	SCHOOL NAME	CITY	STATE
-----	-----	----	-----
24965	WIDENER UNIVERSITY	CHESTER	PA
Dentistry (DEN)			
24632	BAYLOR COLLEGE OF DENTISTRY	DALLAS	TX
24633	BOSTON UNIVERSITY	BOSTON	MA
24634	CASE WESTERN RESERVE UNIV	CLEVELAND	OH
24636	COLUMBIA UNIV, HEALTH SCIENCES	NEW YORK	NY
24637	CREIGHTON UNIV-BOYNE SCHOOL	OMAHA	NE
24641	HARVARD SCHOOL OF DENTAL MEDICINE	BOSTON	MA
24643	INDIANA UNIV AT INDIANAPOLIS	BLOOMINGTON	IN
24644	LOMA LINDA UNIVERSITY	LOMA LINDA	CA
24647	MARQUETTE UNIVERSITY	MILWAUKEE	WI
24649	MEDICAL UNIV OF SOUTH CAROLINA	CHARLESTON	SC
24650	MEHARRY MED COLLEGE	NASHVILLE	TN
24651	NEW YORK UNIVERSITY	NEW YORK	NY
24831	NORTHWESTERN UNIV	CHICAGO	IL
24653	OHIO STATE UNIVERSITY	COLUMBUS	OH
24929	OREGON HEALTH SCIENCES UNIV	PORTLAND	OR
24654	SOUTHERN ILLINOIS UNIV	EDWARDSVILLE	IL
24656	SUNY AT STONY BROOK	STONY BROOK	NY
24657	TEMPLE UNIVERSITY	PHILADELPHIA	PA
24658	TUFTS UNIVERSITY	BOSTON	MA
24635	UMDNJ - NJ DENTAL	NEWARK	NJ
24659	UNIV OF ALABAMA - BIRMINGHAM	BIRMINGHAM	AL
24660	UNIV OF CALIFORNIA-LOS ANGELES	LOS ANGELES	CA
24661	UNIV OF CALIFORNIA-SAN FRANCISCO	SAN FRANCISCO	CA
24662	UNIV OF COLORADO	DENVER	CO
24663	UNIV OF CONNECTICUT HEALTH CTR	FARMINGTON	CT
24664	UNIV OF DETROIT	DETROIT	MI
24666	UNIV OF ILLINOIS-CHICAGO	CHICAGO	IL
24667	UNIV OF IOWA	IOWA CITY	IA
24668	UNIV OF KENTUCKY	LEXINGTON	KY
24669	UNIV OF LOUISVILLE	LOUISVILLE	KY
24670	UNIV OF MARYLAND-BALTIMORE	BALTIMORE	MD
24671	UNIV OF MICHIGAN	ANN ARBOR	MI
24672	UNIV OF MINNESOTA	MINNEAPOLIS	MN
24674	UNIV OF MISSOURI-KANSAS CITY	KANSAS CITY	MO
24675	UNIV OF NEBRASKA MED CENTER	OMAHA	NE
24676	UNIV OF NORTH CAROLINA	CHAPEL HILL	NC
24677	UNIV OF OKLAHOMA HEALTH SCI CTR	OKLAHOMA CITY	OK
24679	UNIV OF PENNSYLVANIA	PHILADELPHIA	PA
24916	UNIV OF PITTSBURGH	PITTSBURGH	PA
24682	UNIV OF SOUTHERN CALIFORNIA	LOS ANGELES	CA
24683	UNIV OF TENNESSEE AT MEMPHIS	MEMPHIS	TN

## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID	SCHOOL NAME	CITY	STATE
-----	-----	-----	-----
24684	UNIV OF TEXAS-HEALTH SCI CTR	HOUSTON	TX
24685	UNIV OF TEXAS-HEALTH SCI CTR	SAN ANTONIO	TX
24686	UNIV OF THE PACIFIC	SAN FRANCISCO	CA
24687	UNIV OF WASHINGTON	SEATTLE	WA
24688	VIRGINIA COMMONWEALTH UNIV-MCV	RICHMOND	VA
24690	WEST VIRGINIA UNIV	MORGANTOWN	WV
Health Administration (GHA)			
24967	RUSH UNIVERSITY GRADUATE PROG.	CHICAGO	IL
14013	SOUTHWEST TEXAS STATE UNIVERSITY	SAN MARCOS	TX
24935	ST LOUIS UNIVERSITY	ST LOUIS	MO
24921	UNIV OF PENNSYLVANIA	PHILADELPHIA	PA
24943	VIRGINIA COMMONWEALTH UNIV	RICHMOND	VA
24932	WASHINGTON SCHOOL OF MEDICINE	ST LOUIS	MO
Allopathic Medicine (MED)			
24500	ALBANY MED COLLEGE	ALBANY	NY
24625	ALBERT EINSTEIN COLLEGE OF MEDICINE	BRONX	NY
24501	BAYLOR COLLEGE OF MEDICINE	HOUSTON	TX
24502	BOSTON UNIVERSITY	BOSTON	MA
24503	BROWN UNIVERSITY	PROVIDENCE	RI
24504	CASE WESTERN RESERVE UNIV	CLEVELAND	OH
24506	CHICAGO MED SCHOOL	NORTH CHICAGO	IL
24509	COLUMBIA UNIV, HEALTH SCIENCES	NEW YORK	NY
24510	CORNELL UNIV MED COLLEGE	NEW YORK	NY
24511	CREIGHTON UNIVERSITY	OMAHA	NE
24513	DARTMOUTH COLLEGE MED SCH	HANOVER	NH
24514	DUKE UNIVERSITY	DURHAM	NC
24823	EAST TENNESSEE STATE UNIV	JOHNSON CITY	TN
24515	EASTERN VIRGINIA MED SCH	NORFOLK	VA
24516	EMORY UNIVERSITY	ATLANTA	GA
24517	GEORGE WASHINGTON UNIV	WASHINGTON	DC
24518	GEORGETOWN UNIVERSITY	WASHINGTON	DC
24519	HAHNEMANN MED CLG AND HOSP OF PHILA	PHILADELPHIA	PA
24520	HARVARD UNIV MED SCH	BOSTON	MA
24521	HOWARD UNIVERSITY	WASHINGTON	DC
24522	INDIANA UNIV AT INDIANAPOLIS	BLOOMINGTON	IN
24523	JOHNS HOPKINS UNIVERSITY	BALTIMORE	MD
24842	LOMA LINDA UNIVERSITY	LOMA LINDA	CA
24527	LOUISIANA STATE UNIV MC-NEW ORLEANS	NEW ORLEANS	LA
24528	LOUISIANA STATE UNIV MC-SHREVEPORT	SHREVEPORT	LA
24529	LOYOLA UNIV - STRITCH SCH OF MED	MAYWOOD	IL
24530	MARSHALL UNIVERSITY	HUNTINGTON	WV

## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID	SCHOOL NAME	CITY	STATE
24533	MEDICAL COLLEGE OF OHIO	TOLEDO	OH
24534	MEDICAL COLLEGE OF PA.	PHILADELPHIA	PA
24535	MEDICAL COLLEGE OF WISE.	MILWAUKEE	WI
24536	MEDICAL UNIV OF SOUTH CAROLINA	CHARLESTON	SC
24537	MEHARRY MED COLLEGE MERCER	NASHVILLE TN	MACON
24914	UNIVERSITY MICH ST UNIV CLG OF	GA EAST LANSING MI	
24538	HUMAN MED MOREHOUSE SCHOOL OF	ATLANTA GA	VALHALLA
24821	MEDICINE NEW YORK MED COLLEGE	NY ROOTSTOWN	OH
24542	NORTHEASTERN OHIO UNIV OHIO	COLUMBUS OH	PORTLAND
24544	STATE UNIVERSITY OREGON HEALTH	OR HERSHEY PA	PONCE
24546	SCIENCES UNIV PENN STATE UNIV	PR CHICAGO IL	ST
24597	- HERSHEY MC PONCE SCHOOL OF	LOUIS MO	STANFORD CA
24547	MEDICINE RUSH UNIVERSITY ST	STONY BROOK	NY
24838	LOUIS UNIVERSITY STANFORD	SYRACUSE NY	BROOKLYN
24548	UNIVERSITY SUNY AT STONY BROOK	NY PHILADELPHIA	PA
24551	SUNY HEALTH SCIENCE CENTER	COLLEGE STATION	TX
24552	SUNY HEALTH SCIENCE CENTER	LUBBOCK	TX
24554	BROOKLYN TEMPLE UNIVERSITY	PHILADELPHIA	PA
24556	TEXAS A & M UNIVERSITY	BOSTON MA	NEW
24555	TEXAS TECH UNIVERSITY	ORLEANS LA	NEWARK NJ
24557	THOMAS JEFFERSON MEDICAL	BIRMINGHAM AL	TUCSON
24558	COLLEGE TUFTS UNIVERSITY SCH OF	AZ LITTLE ROCK	AR
24559	MED TULANE UNIVERSITY UMDNJ - NJ	IRVINE CA	LOS
24560	MEDICAL UNIV OF ALABAMA -	ANGELES CA	CHICAGO
24561	BIRMINGHAM UNIV OF ARIZONA	IL CINCINNATI	OH
24562	UNIV OF ARKANSAS FOR MED	DENVER CO	FARMINGTON
24507	SCI UNIV OF CALIFORNIA-	CT CHICAGO IL	IOWA
24563	IRVINE	CITY IA	KANSAS CITY
24564	UNIV OF CALIFORNIA-LOS	KS LEXINGTON	KY
24565	ANGELES UNIV OF CHICAGO UNIV	LOUISVILLE	KY
24567	OF CINCINNATI UNIV OF	BALTIMORE MD	NEWARK
24568	COLORADO MC UNIV OF	NJ MIAMI FL	ANN ARBOR
24571	CONNECTICUT HEALTH CTR UNIV	MI	
24572	OF ILLINOIS-CHICAGO UNIV OF		
24573	IOWA		
24574	UNIV OF KANSAS MEDICAL CENTER		
24577	UNIV OF KENTUCKY UNIV OF		
24578	LOUISVILLE UNIV OF MARYLAND-		
24579	BALTIMORE UNIV OF MED & DENT		
24580	OF NJ UNIV OF MIAMI		
24581	UNIV OF MICHIGAN		
24582			
24549			
24584			
24585			

## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID	SCHOOL NAME	CITY	STATE
-----	-----	----	-----
24586	UNIV OF MINNESOTA	DULUTH	MN
24587	UNIV OF MINNESOTA	MINNEAPOLIS	MN
24590	UNIV OF MISSOURI-KANSAS CITY	KANSAS CITY	MO
24591	UNIV OF NEBRASKA MED CENTER	OMAHA	NE
24592	UNIV OF NEVADA-RENO	RENO	NV
24595	UNIV OF NORTH DAKOTA	GRAND FORKS	ND
24596	UNIV OF OKLAHOMA HEALTH SCI CTR	OKLAHOMA CITY	OK
24598	UNIV OF PENNSYLVANIA	PHILADELPHIA	PA
24599	UNIV OF PITTSBURGH	PITTSBURGH	PA
24601	UNIV OF ROCHESTER	ROCHESTER	NY
24604	UNIV OF SOUTH DAKOTA	SIOUX FALLS	SD
24605	UNIV OF SOUTH FLORIDA	TAMPA	FL
24606	UNIV OF SOUTHERN CALIFORNIA	LOS ANGELES	CA
24607	UNIV OF TENNESSEE HEALTH SCI CTR	MEMPHIS	TN
24610	UNIV OF TEXAS S.W. MEDICAL CTR	DALLAS	TX
24608	UNIV OF TEXAS-HEALTH SCI CTR	SAN ANTONIO	TX
24609	UNIV OF TEXAS-HEALTH SCI CTR	HOUSTON	TX
24611	UNIV OF TEXAS-MED BRANCH	GALVESTON	TX
24612	UNIV OF UTAH	SALT LAKE CITY	UT
24613	UNIV OF VERMONT	BURLINGTON	VT
24614	UNIV OF VIRGINIA	CHARLOTTESVILLE	VA
24616	UNIV OF WISCONSIN	MADISON	WI
24840	UNIVERSIDAD CENTRAL DEL CARIBE	BAYAMON	PR
24617	VANDERBILT UNIV	NASHVILLE	TN
24618	VIRGINIA COMMONWEALTH UNIV-MCV	RICHMOND	VA
24620	WASHINGTON UNIV	ST LOUIS	MO
24621	WAYNE STATE UNIV	DETROIT	MI
24622	WEST VIRGINIA UNIV	MORGANTOWN	WV
24623	WRIGHT STATE UNIV	DAYTON	OH
24624	YALE UNIV	NEW HAVEN	CT

## Optometry (OPT)

24691	ILLINOIS COLLEGE OF OPTOMETRY	CHICAGO	IL
24692	INDIANA UNIV-BLOOMINGTON	BLOOMINGTON	IN
24835	INTER AMERICAN UNIV OF PUERTO RICO	SAN JUAN	PR
24693	NEW ENGLAND COLLEGE OF OPTOMETRY	BOSTON	MA
24923	NORTHEASTERN STATE UNIV	TAHLEQUAH	OK
24966	NOVA SOUTHEASTERN UNIVERSITY	NORTH MIAMI BEACH	FL
24694	OHIO STATE UNIVERSITY	COLUMBUS	OH
24695	PACIFIC UNIVERSITY	FOREST GROVE	OR
24696	PENNSYLVANIA COLLEGE OF OPTOMETRY	PHILADELPHIA	PA
24697	SOUTHERN CALIF CLG OF OPTOMETRY	FULLERTON	CA
24699	SUNY STATE COLLEGE OF OPTOMETRY	NEW YORK	NY
24700	UNIV OF ALABAMA - BIRMINGHAM	BIRMINGHAM	AL

## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID	SCHOOL NAME	CITY	STATE
-----	-----	-----	-----
<b>Osteopathy (OST)</b>			
24505	CHICAGO COLLEGE OF OST MED	DOWNERS GROVE	IL
24827	CLG OF OST MEDICINE OF THE PACIFIC	POMONA	CA
24525	KIRKSVILLE CLG OF OST MED	KIRKSVILLE	MO
14011	LAKE ERIE	ERIE	PA
24539	MICHIGAN STATE UNIV	EAST LANSING	MI
24626	NEW YORK INST TECH	OLD WESTBURY	NY
24837	NOVA SOUTHEASTERN UNIVERSITY	NORTH MIAMI BEACH	FL
24628	OHIO UNIV ATHENS BRANCH	ATHENS	OH
24629	OKLAHOMA CLG OF OST MED & SURGERY	TULSA	OK
24630	PHILADELPHIA COLLEGE OF OST MED	PHILADELPHIA	PA
24841	TEXAS COLLEGE OF OST MED	FORT WORTH	TX
24540	UMDNJ - NJ OST MED	NEWARK	NJ
24524	UNIV OF HEALTH SCIENCES	KANSAS CITY	MO
24829	UNIV OF NEW ENGLAND	BIDDEFORD	ME
24508	UNIV OF OST. MED & HEALTH SCIENCES	DES MOINES	IA
24631	WEST VIRGINIA SCH OF OST MED	LEWISBURG	WV
<b>Pharmacy (PHA)</b>			
14009	CHICAGO COLLEGE OF PHARMACY	DOWNERS GROVE	IL
24709	DUQUESNE UNIVERSITY	PITTSBURGH	PA
24714	MASSACHUSETTS CLG OF PHARMACY	BOSTON	MA
24716	MERCER UNIVERSITY	ATLANTA	GA
24959	NOVA SOUTHEASTERN UNIVERSITY	NORTH MIAMI BEACH	FL
24720	OHIO NORTHERN UNIV	ADA	OH
24723	PHILADELPHIA CLG OF PHARM SCI	PHILADELPHIA	PA
24732	TEMPLE UNIVERSITY	PHILADELPHIA	PA
14006	THE UNIVERSITY OF COLORADO, HSCTR.	BOULDER	CO
24743	UNIV OF ILLINOIS-CHICAGO	CHICAGO	IL
24753	UNIV OF NEBRASKA MED CENTER	OMAHA	NE
24757	UNIV OF PITTSBURGH	PITTSBURGH	PA
24761	UNIV OF SOUTHERN CALIFORNIA	LOS ANGELES	CA
24907	UNIV OF THE PACIFIC	STOCKTON	CA
24754	UNIVERSITY OF NEW MEXICO	ALBUQUERQUE	NM
24770	VIRGINIA COMMONWEALTH UNIV	RICHMOND	VA
<b>Podiatry (POD)</b>			
24949	BARRY UNIVERSITY-PODIATRIC MED	MIAMI SHORES	FL
24775	CALIFORNIA CLG OF POD MED	SAN FRANCISCO	CA
24776	DR. WILLIAM M. SCHOLL CLG POD MED	CHICAGO	IL
24777	NEW YORK CLG OF PODIATRIC MED	NEW YORK	NY



## APPENDIX C

## HEAL INSTITUTIONAL ELIGIBILITY LIST

SCHOOL ID	SCHOOL NAME	CITY	STATE
-----	-----	----	-----
24778	OHIO COLLEGE OF PODIATRIC MED	CLEVELAND	OH
24779	PENNSYLVANIA CLG OF PODIATRIC MED	PHILADELPHIA	PA
24913	UNIV OF OST. MED & HEALTH SCIENCES	DES MOINES	IA
Public Health (PUB)			
24844	BOSTON UNIVERSITY	BOSTON	MA
24906	HARVARD UNIVERSITY	BOSTON	MA
24808	JOHNS HOPKINS UNIVERSITY	BALTIMORE	MD
24969	THE GEORGE WASHINGTON UNIVERSITY	WASHINGTON	DC
24818	UNIV OF ILLINOIS-CHICAGO	CHICAGO	IL
24804	UNIV OF PITTSBURGH	PITTSBURGH	PA
24813	UNIV OF TEXAS-HEALTH SCI CTR	HOUSTON	TX
Veterinary Medicine (VET)			
24780	AUBURN UNIVERSITY	AUBURN	AL
24781	COLORADO STATE UNIV	FORT COLLINS	CO
24786	CORNELL UNIV (N.Y. STATE COLLEGE)	ITHACA	NY
24782	IOWA STATE UNIV OF SCI & TECH	AMES	IA
24785	MICHIGAN STATE UNIV	EAST LANSING	MI
24820	MISSISSIPPI STATE UNIV	MISSISSIPPI STATE	MS
24836	NORTH CAROLINA STATE UNIV	RALEIGH	NC
24787	OHIO STATE UNIVERSITY	COLUMBUS	OH
24788	OKLAHOMA STATE UNIV	STILLWATER	OK
24790	TEXAS A & M UNIVERSITY	COLLEGE STATION	TX
24834	TUFTS UNIVERSITY	BOSTON	MA
24791	TUSKEGEE UNIVERSITY	TUSKEGEE	AL
24796	UNIV OF MINNESOTA	MINNEAPOLIS	MN
24798	UNIV OF PENNSYLVANIA	PHILADELPHIA	PA
24931	UNIV OF WISCONSIN	MADISON	WI

# APPENDIX D

25 Sep 94

HEAL LOAN PROCESSING SYSTEM  
ACCEPTANCE TRANSACTION PROCESSING REPORT  
APPLICATIONS RECEIVED FROM ABC BANK (811111)  
DISSCHED = A5001 BATCH NUMBER 001

---

SOCIAL SECURITY NUMBER	NAME	---DISBURSEMENT---		
		DATE	PRINCIPAL	LOAN NUMBER
111-11-1111	LINCOLN, ABRAHAM	10/07/94	\$9,000	199500000001
222-22-2222	CLAIRE, SINCLAIR	11/02/94	\$6,903	199500000003
333-33-3333	JONES, GRACE	09/30/94	\$2,800	199400000004

---

# APPENDIX D

25 Sep 94

HEAL LOAN PROCESSING SYSTEM  
ERROR TRANSACTION PROCESSING REPORT  
APPLICATIONS RECEIVED FROM ABC BANK (811111)  
DISSCHED = A5005 BATCH NUMBER 009

---

-DISBURSEMENT---

SOCIAL SECURITY NUMBER	NAME	DATE	PRINCIPAL	ERROR MESSAGE NUMBERS	APPLICATION ITEM # FOR ERROR 1	APPLICATION ITEM # FOR ERROR 2
111-11-1111	LINCOLN, ABRAHAM	10/07/94	\$19,000	1,2	11	7D
222-22-2222	CLAIRE, SINCLAIR	11/02/94	\$3,683	29,30		
333-33-3333	JONES, GRACE	09/30/94	\$12,860	100,19		

---

# APPENDIX D

25 Sep 94

HEAL LOAN PROCESSING SYSTEM  
TRANSACTION PROCESSING REPORT  
APPLICATIONS RECEIVED FROM ABC BANK (811111)  
DISSCHED = A5001 BATCH NUMBER 001

## SUMMARY TRANSACTION REPORT

---

NUMBER OF APPLICATIONS RECEIVED	=	11
NUMBER OF APPLICATIONS PASSING EDIT (INSURED)	=	10
PRINCIPAL AMOUNT INSURED BY HEAL	=	\$45,790.00
INSURANCE PREMIUMS OF INSURED LOANS	=	\$ 2,747.40
NUMBER OF APPLICATIONS FAILING EDIT (NON-INSURED)	=	1
PRINCIPAL AMOUNT NOT INSURED BY HEAL	=	\$12,300
INSURANCE PREMIUMS OF NON-INSURED LOANS	=	\$ 984.00

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE CONTACT YOUR HEAL REPRESENTATIVE AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AT (301) 443-1540.

YOUR HEAL REPRESENTATIVE(S): ANNA GATLING AND LAURA BAILEY  
PLEASE REFER TO THE DISSCHED NUMBER AND BATCH NUMBER DISPLAYED IN THE REPORT  
HEADER ON ALL CORRESPONDENCE WITH OUR OFFICE, THANK YOU.

---

# APPENDIX D

25 Sep 94

HEAL LOAN PROCESSING SYSTEM  
ACCEPTANCE TRANSACTION PROCESSING REPORT  
MANIFESTS RECEIVED FROM ABC BANK (811111)  
DISSCHED = A5001 BATCH NUMBER 001

---DISBURSEMENT---

SOCIAL SECURITY NUMBER	NAME	DATE	PRINCIPAL	LOAN NUMBER
111-11-1111	LINCOLN, ABRAHAM	10/07/94	\$9,000	199500000001
222-22-2222	CLAIRE, SINCLAIR	11/02/94	\$6,903	199500000003
333-33-3333	JONES, GRACE	09/30/94	\$2,800	199400000004

# APPENDIX D

25 Sep 94

HEAL LOAN PROCESSING SYSTEM  
ERROR TRANSACTION PROCESSING REPORT  
MANIFESTS RECEIVED FROM ABC BANK (811111)  
DISSCHED = A5009 BATCH NUMBER 005

---

--DISBURSEMENT--

SOCIAL SECURITY NUMBER	NAME	DATE	PRINCIPAL	ERROR MESSAGE NUMBERS	MANIFEST ITEM # FOR ERROR 1	MANIFEST ITEM # FOR ERROR 2
111-11-1111	LINCOLN, ABRAHAM	10/07/94	\$9,000	1,2	1E	4B
222-22-2222	CLAIRE, SINCLAIR	11/02/94	\$6,903	11,103		
333-33-3333	JONES, GRACE	09/30/94	\$2,800	13,14		

---

# APPENDIX D

25 Sep 94

**HEAL LOAN PROCESSING SYSTEM  
TRANSACTION PROCESSING REPORT  
MANIFESTS RECEIVED FROM ABC BANK (811111)  
DISSCHED = A5001 BATCH NUMBER 001**

**SUMMARY TRANSACTION REPORT**

---

NUMBER OF DISBURSEMENTS RECEIVED	=	11
NUMBER OF DISBURSEMENTS PASSING EDIT (INSURED)	=	10
PRINCIPAL AMOUNT INSURED BY HEAL	-	\$45,790.00
INSURANCE PREMIUMS OF INSURED LOANS	-	\$ 2,747.40
NUMBER OF DISBURSEMENTS FAILING EDIT (NON-INSURED) =		I
PRINCIPAL AMOUNT NOT INSURED BY HEAL	=	\$12,300
INSURANCE PREMIUMS OF NON-INSURED LOANS	=	\$ 984.00

IF YOU HAVE ANY QUESTIONS OR PROBLEMS, PLEASE CONTACT YOUR HEAL REPRESENTATIVE AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES AT (301) 443-1540.

YOUR HEAL REPRESENTATIVE(S): ANNA GATLING AND LAURA BAILEY  
PLEASE REFER TO THE DISSCHED NUMBER AND BATCH NUMBER DISPLAYED IN THE REPORT  
HEADER ON ALL CORRESPONDENCE WITH OUR OFFICE, THANK YOU.

---

# APPENDIX E

## ACADEMIC YEAR PRORATED LOAN AMOUNT CEILINGS

Discipline	Allopathy, Osteopathy, Dentistry, Veterinary Medicine, Optometry, Podiatry		Public Health, Pharmacy, Chiropractic, Health Administration, Clinical Psychology	
	\$20,000 Academic Year Maximum		\$12,500 Academic Year Maximum	
	Number of Months	Eligibility (\$)	Number of Months	Eligibility (\$)
	12	26,667	12	16,667
	11	24,444	11	15,278
	10	22,222	10	13,889
	9	20,000	9	12,500
	8	20,000	8	12,500
	7	15,556	7	9,722
	6	13,333	6	8,333
	5	11,111	5	6,944
	4	8,889	4	5,556
	3	6,667	3	4,167
	2	4,444	2	2,778
	1	2,222	1	1,389

Examples: Length of Academic Year	Maximum Amount	Examples: Length of Academic Year	Maximum Amount
9 months, 16 days (286 days)	\$22,222	4 months, 16 days (136 days)	\$6,944
8 months, 10 days (250 days)	\$20,000	8 months, 15 days (255 days)	\$12,500
6 months, 15 days (195 days)	\$13,333	5 months, 5 days (155 days)	\$6,944



## APPENDIX F

### HEAL CUSTOMER TAPE SPECIFICATIONS FOR HEAL LOAN APPLICATION DATA (new)

FIELD DESCRIPTION	ITEM NO.	COLUMNS	LEN	TYPE	HEAL FIELD NAMES
Name of Borrower (Last, First MI)	1	1 - 30	30	A	NAME
Filler		31 - 52	22		
Permanent Home Address *	3	53 - 92	40	A/N	ADDR
City *	3	94 - 118	25	A	CITY
State	3	120 - 121	2	A	STATE
Zip Code *	3	123 - 127	5	N	ZIP
Date of Birth (YYMMDD)	5	129 - 134	6	N	DOB
Filler		135-161	27		
Social Security Number (No dashes)	2	162 - 170	9	N	SSN
U.S. Citizenship ("Y" or leave blank)	7a	172 - 172	1	A	CITIZENSHIP
U.S. National ("Y" or leave blank)	7b	174 - 174	1	A	NATIONAL
Permanent Resident ("Y" or leave blank)	7c	176 - 176	1	A	PERMANENT RES
Other ("Y" or leave blank)	7d	178 - 178	1	A	OTHER
Country of Citizenship (used only if Permanent Resident is "Y")	8	180 - 204	25	A	COUNTRY
Registration Number (used only if Permanent Resident is "Y")	8	206 - 214	9	A/N	I94 AUTH
Filler		215-219	5		
Selective Service Registration ("Y" or "N") *	9	220 - 220	1	A	SEL.SER
Loan Amount Requested (whole dollars)	11	222 - 226	5	N	AMT REQ
Loan Period (Possible Values = A1,A2, A3, A4, B1, B2, B3, C1, or C2)	22	228 - 229	2	A/N	
Filler		230 - 241	12		
Course of Study	10	242 - 244	3	A	DISCIPLINE
Cosigner for Loan ("Y" or blank)	12	246 - 246	1	A	COSIGNER
Total Indebtedness (whole dollars)	14	248 - 253	6	N	OTHER DEBTS
Delinquent on Federal Loans ("Y" or "N") *	15a	255 - 255	1	A	DELINQUENT

\* Required data but not part of data editing criteria

## APPENDIX F

### HEAL CUSTOMER TAPE SPECIFICATIONS FOR HEAL LOAN APPLICATION DATA (new)

<u>FIELD DESCRIPTION</u>	<u>ITEM NO.</u>	<u>COLUMNS</u>	<u>LEN</u>	<u>TYPE</u>	<u>HEAL FIELD NAMES</u>
Defaulted on any Loans ("Y" or "N")	15b	257 - 257	1	A	DEFAULT
HEAL School ID Number	19	259 - 263	5	N	SID
Anticipated Graduation Date (YYMMDD)	20	265 - 270	6	N	AGRDTE
Academic Year - From (YYMMDD)	21	272 - 277	6	N	AYFROM
Academic Year - To (YYMMDD)	21	279 - 284	6	N	AYTO
Total cost of Education (For Current Loan Period - whole dollars)	23	286 - 290	5	N	TUITION FEES
Estimated Total Financial Resources (For Current Loan Period - whole dollars)	24	292 - 296	5	N	FINANCE.ASST
Total Unmet Need (whole dollars)	25	298 - 302	5	N	NET COST
Amount Approved By School (whole dollars)	26	304 - 308	5	N	MAX.AMT.APPR
Amount Approved By Lender (whole dollars)	31	310 - 314	5	N	AMT APPROVED
Lender ID Number	30	316 - 321	6	N	LID
Filler		322 - 324	3		
First Disbursement Amount (whole dollars)	27a 1st	325 - 329	5	N	DISAMT1
Date of First Disbursement for each loan (YYMMDD)	27b 1st	331 - 336	6	N	TRANDATE1
Insurance Premium - (For First Disbursement - No dollar sign & No decimal point, Do include cents, i.e. '12345' for \$123.45)	32	338 - 343	6	N	DISPRE1
Loan ID (YYYYBB#####) - "YYYY" is the 4 position government fiscal year that the loan is originated in; "BB" is the block number for Lenders authorized to assign the Loan ID.	N/A	345 - 356	12	A/N	LOAN ID
Filler		357 - 370	14		

# APPENDIX F

## HEAL CUSTOMER TAPE SPECIFICATIONS FOR HEAL LOAN APPLICATION DATA (new)

Tape Definition: DCB=(RECFM=FB,LRECL=370,BLKSIZE=3700)

Tape Density (preapproved): 1600 or 6250 b.p.i. or 3480 cartridge, NON-LABELLED Tape **or** Ascii file on high density 3 1/2" IBM-formatted floppy disk

Tape Format (preapproved):

**ANY CHANGES TO THE LENDER TAPE FORMAT SPECIFICATIONS MUST BE APPROVED BY THE HEAL BRANCH PRIOR TO TAPE SUBMISSION**

Multiple File Tape Submitters: Applications on **first** file of tape; 2nd/3rd disbursements on **second** file of tape. Single File Tape Submitters: Applications on **first** file of tape; 2nd/3rd disbursements on **first** file of another tape..

SEE EDIT CRITERIA FOR ADDITIONAL INFORMATION

# APPENDIX F

## HEAL CUSTOMER TAPE SPECIFICATIONS FOR DISBURSEMENT DATA (NEW)

<u>FIELD DESCRIPTION</u>	<u>ITEM NO.</u>	<u>COLUMNS</u>	<u>LEN</u>	<u>TYPE</u>	<u>HEAL FIELD NAMES</u>
Lender ID Number	1	1 - 6	6	N	LID
Social Security Number (No dashes)	3	8 - 16	9	N	SSN
Loan ID (YYYYBB#####) - "YYYY" is the 4 position government fiscal year that the loan is originated in; "BB" is the block number for Lenders authorized to assign the Loan ID.	N/A	18 - 29	12	A/N	LOAN ID
Sequence Number 1 = First Disbursement 2 = Second Disbursement 3 = Third Disbursement	1E	31 - 31	1	N	SEQ.NO
Name of Borrower (Last, First MI)	2	33 - 62	30	A	NAME
Date of First Disbursement for each loan (YYMMDD)	4A	64 - 69	6	N	LOAN DATE
Date of This Disbursement (YYMMDD)	4B	71 - 76	6	N	TRANDATE1 or TRANDATE2 or TRANDATE3
Amount of This Disbursement (whole dollars)	5	78 - 82	5	N	DISAMT1 or DISAMT2 or DISAMT3
Insurance Premium - (No dollar sign & No decimal point, Do include cents, i.e., '12345' for \$123.45)	6	84 - 89	6	N	DISPRE1 or DISPRE2 or DISPRE3
Filler		90 - 100	11		

Tape Definition: DCB=(RECFM=FB,LRECL=100,BLKSIZE=1000)

Tape Density (preapproved): 1600 or 6250 b.p.i. or 3480 cartridge , NON-LABELLED Tape or ASCII file on high density  
3 1/2" IBM-formatted floppy disk

Tape Format (preapproved):

**ANY CHANGES TO THE LENDER TAPE FORMAT SPECIFICATIONS MUST BE APPROVED BY THE HEAL BRANCH  
PRIOR TO TAPE SUBMISSION.**

Multiple File Tape Submitters: Applications on **first** file of tape; 2nd/3rd disbursements on **second** file of tape.

Single File Tape Submitters: Applications on **first** of tape; 2nd/3rd disbursements on **first** file of another tape..

SEE EDIT CRITERIA FOR ADDITIONAL INFORMATION

A

# HEALTH EDUCATION ASSISTANCE LOAN

## APPLICATION

Title VII, Part A, Subpart 1,  
Public Health Service Act (  
42 U.S.C. 292.292p)

DEPARTMENT OF HEALTH AND HUMAN  
SERVICES PUBLIC HEALTH SERVICE  
HEALTH RESOURCES AND SERVICES ADMINISTRATION  
Bureau of Health Professions  
Rockville, Maryland 20857

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan or commits any other illegal action in connection with a HEAL loan is subject to a fine or imprisonment under Federal statute

FOR THIS USE ONLY

**SECTION I—TO BE COMPLETED BY APPLICANT (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)**

1. NAME (Last) (First) (M.I.)		2. SOCIAL SECURITY ACCOUNT NUMBER (SSN)
3. PERMANENT (HOME) ADDRESS (Number) (Street) (Apartment number)		4. LOCAL ADDRESS (Number) (Street) (Apartment number)
City (State) (Zip Code)		City (State) (Zip Code)
Telephone (Area Code—Number) ( ) ( )		Telephone (Area Code—Number) ( ) ( )
5. DATE OF BIRTH (Month / Day / Year)	6. DRIVER'S LICENSE NUMBER (State)	

7. CITIZENSHIP STATUS (Check only ONE box—See instructions)

(a) U.S. Citizen

(b) U.S. National

(c) U.S. Permanent Resident (If box to 7(c) is checked, answer question 8)

(d) Other (If checked, provide name of country of citizenship)

8. PERMANENT RESIDENT  
If you are a permanent resident, you must attach a copy of your I-151 or I-551 ("green card") and enter your country of citizenship and your registration number.  
Country: \_\_\_\_\_  
Registration Number: A \_\_\_\_\_

9. SELECTIVE SERVICE SYSTEM AUTOMATIC REGISTRATION Check box if you give Selective Service permission to register you. <input type="checkbox"/> YES <input type="checkbox"/> NO (See instructions)	10. MAJOR COURSE OF STUDY REQUESTED (See instructions) _____	11. LOAN AMOUNT REQUESTED (in whole dollars) \$ _____
		12. DO YOU HAVE A COSIGNER? <input type="checkbox"/> Yes <input type="checkbox"/> No

13. References You must provide two separate references with different U.S. addresses. The first reference should be a parent or legal guardian (if living). Both references must be completed fully.

Name	1. _____	2. _____
Permanent Address	_____	_____
City, State, ZIP code	_____	_____
Telephone (Area Code / Number)	( ) _____	( ) _____
Relationship to Borrower	_____	_____

14. What is the total principal amount borrowed for all HEAL loans received (Excluding this loan request)? \$ _____ AMOUNT	15a. ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)? A CREDIT PROFILE WILL VERIFY IF DELINQUENT PAYMENTS HAVE OCCURRED ON A FEDERAL DEBT. (1) <input type="checkbox"/> NO (2) <input type="checkbox"/> YES (If "YES," please explain on a separate page, referencing the item number.)
	15b. HAVE YOU EVER DEFAULTED OR ARE YOU NOW IN DEFAULT ON ANY LOAN (COMMERCIAL, EDUCATIONAL, ETC.) OR OTHER OBLIGATIONS? (See instructions) (1) <input type="checkbox"/> NO (2) <input type="checkbox"/> YES (If "YES," please explain on a separate page, referencing the item number.)

16. If my school participates in electronic funds transfer (EFT), I authorize the school to transfer the loan proceeds received by EFT to my student account.  
 YES  NO

17. SIGNATURE OF APPLICANT (To be signed below)

**WARNING: THIS IS A LOAN. — FAILURE TO REPAY WILL RESULT IN SEVERE CONSEQUENCES.**

I have read, understand, and agree to the terms of the "Borrower's Rights" statement, "Borrower's Responsibilities" statement, and "Borrower's Certification" statement printed on the back of this application. I also authorize the lender, or any subsequent holder of the application, to check my credit history, both now and throughout the period of my HEAL loan, to answer questions about the lender's credit experience with me, and to share any information received about me with any subsequent holder of my Federal Health Education Assistance Loan.

SIGNATURE OF APPLICANT	DATE
------------------------	------

**SECTION II—TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION (READ INSTRUCTIONS BEFORE COMPLETING)**

18 NAME OF EDUCATIONAL INSTITUTION	ADDRESS	TELEPHONE NUMBER (Area Code - Number)
_____	_____	( )
_____	City _____	
_____	State _____	
Zip Code _____		

19 SCHOOL CODE	20 ANTICIPATED DATE OF GRADUATION (Month/Day/Year)	21 ACADEMIC YEAR From: (Month/Day/Year) To: (Month/Day/Year)	22 PERIOD OF LOAN (Circle the Type and No. of loan periods this will cover)
_____	_____	_____	a Quarter 1 2 3 4 b Trimester 1 2 3 c Semester 1 2

23 ESTIMATED TOTAL COSTS OF EDUCATION FOR LOAN PERIOD \$ _____	27a REQUESTED INSTALLMENT AMOUNT(S) 1ST: \$ _____ 2ND: \$ _____ 3RD: \$ _____	27b REQUESTED INSTALLMENT DATE(S) (Month / Day / Year) 1ST: _____ 2ND: _____ 3RD: _____
24 ESTIMATED TOTAL FINANCIAL RESOURCES AND OTHER FINANCIAL ASSISTANCE \$ _____		
25 TOTAL UNMET NEED (Item 23 minus Item 24) \$ _____		
26 LOAN AMOUNT APPROVED \$ _____		

**28 EDUCATIONAL INSTITUTION'S CERTIFICATION**

I, the Authorizing Official, certify that the information contained in this application is true, complete, and correct. I have verified, to the best of my ability, the information provided by the student, including, but not limited to, citizenship status and Social Security Account Number. I further certify that the student applicant named above meets the eligibility requirements listed in the HEAL statute and Section 60.5 of the HEAL Regulations. I have read, understand, and agree to the terms of the "Educational Institution's Certification". Further, I have no reason to believe that the applicant named above, may not be willing to repay the Federal HEAL loan.

NAME OF AUTHORIZED OFFICIAL (Print or Type)	TITLE
_____	_____
SIGNATURE OF AUTHORIZED OFFICIAL	DATE
_____	_____

**SECTION III—TO BE COMPLETED BY THE LENDING INSTITUTION (READ INSTRUCTIONS BEFORE COMPLETING)**

29 NAME OF LENDING INSTITUTION	TELEPHONE (Area Code - Number)
_____	( )
ADDRESS	30 LENDER CODE
_____	_____
CITY	31. TOTAL AMOUNT LENDER APPROVES
_____	\$ _____
STATE	32 INSURANCE PREMIUM AMOUNT FOR THE FIRST INSTALLMENT ONLY
ZIP CODE	\$ _____

**STOP—LENDER MUST REVIEW ENTIRE APPLICATION FOR ACCURACY AND COMPLETENESS BEFORE PROCESSING!**

**33. LENDING INSTITUTION'S CERTIFICATION**

I, the Authorizing official, certify that I have complied with all statutes, regulations, and contracts with the Secretary concerning the Federal HEAL program. I further certify that the applicant has been determined to be creditworthy, as described in Section 60.33 of the HEAL regulations. I have read, understand, and agree to the terms of the "Lending Institution's Certification" statement.

NAME OF AUTHORIZED LENDING OFFICIAL (Print or Type)	TITLE
_____	_____
SIGNATURE OF AUTHORIZED LENDING OFFICIAL	DATE
_____	_____