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**U. S. Department of Health and Human Services**

Public Health Service  
Health Resources and Services Administration  
Bureau of Health Professions  
Division of National Health Service Corps

FORM APPROVED:  
OMB No. 0915-0127  
Expiration Date

Click [here](#) to see the Public Burden Statement

**APPLICATION FOR NATIONAL HEALTH SERVICES CORPS (NHSC)  
LOAN REPAYMENT PROGRAM (LRP)**

The following is the online version of the 2007-2008 National Health Service Corps (NHSC) Loan Repayment Program Application form. Please click on Section I - General Information and complete all requested information. Once you have completed this section in its entirety you will be asked to save your information before moving on to the next section. The system will prevent you from accessing the next section until you have completed the prior section. Once you have completed all sections, you will have the opportunity to review your selections and print the complete form prior to final submission. After carefully reviewing the Application Form, you should submit the form by clicking the "SUBMIT" button on Section II B.

**Please note:** You will not be able to review the screens or form once it has been submitted.

**All required information must be completed for each section.** Please see the Application Information Bulletin for further information and instructions where noted.

**Please note:** This online form is only one part of the complete NHSC Loan Repayment Program Application. In order for your application to be processed, you will also need to provide the forms and supporting documentation outlined in the [Applicant Information Bulletin](#) (see page 17 for a summary of the required documents). The application deadline is March 30, 2007 (postmarked). Additional forms and supporting documentation should be mailed to: National Health Service Corps Loan Repayment Program, c/o. Discovery Logic, 1375 Piccard Drive, Suite 360, Rockville, MD 20850.

For assistance, please call the NHSC Loan Repayment Program Help Desk at 1-800-638-0824.

FORM	STATUS	
	COMPLETED DATE	LAST UPDATED DATE
Section I: <a href="#">General Information</a>	Not Started	
Section II A: Educational And Practice Experiences	Not Started	
Section II B: Certification	Not Started	

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid control number. The OMB control number for this project is 0915-0127.

### **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 currently valid OMB control number. The OMB control number for this project is 0915-0127. Public reporting burden for this collection of information is estimated to average 1.5 hours per response for the applicants and 0.25 hours for the lenders, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

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## SECTION I: GENERAL INFORMATION

All fields marked with \* are required.

<b>1. * Discipline</b>	<input type="text"/> Code <input type="text"/>
<b>2. Your Full Name:</b>	
* Last Name:	<input type="text"/>
* First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Title:	<input type="text"/>
Suffix:	<input type="text"/>
<b>3. Address:</b>	
* Street Address:	<input type="text"/> <input type="text"/> (Do not enter City, State or Zip Code)
* City:	<input type="text"/>
* State:	<input type="text"/>
* Zip Code:	<input type="text"/>
<b>4. * E-mail Address:</b>	<input type="text"/>
<b>5. Telephone Numbers</b>	
a. Home:	<input type="text"/> - <input type="text"/> - <input type="text"/>

b. Daytime:  -  -

6. **\* Social Security Number:**  
(See Privacy Act Statement  
in the [Applicant Information  
Bulletin](#).)

-  -

7. **Proof of Citizenship:**

(You must answer a, b, c and d below. If you were born outside of the United States, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, the Territory of Guam, the Territory of American Samoa or Swains Island, documentary proof of U.S. citizenship or U.S. national status must be submitted with the application. This may consist of a copy of your birth certificate that states your U.S. citizenship, the ID page of your U.S. passport, or a certificate of citizenship or naturalization.)

a. **\* Are you a citizen or national of the United States?**

Yes  No

b. **\* Place of birth**

City:   
State:    
Country, if not U.S.A.

c. **\* Indicate the Month, Day and Year of Birth**

d. **Sex**

Male  Female

8. **Ethnicity/Race (Completion of this question is voluntary)**

a. **Ethnicity** (Mark only one)

Hispanic or Latino  Not Hispanic or Latino

b. **Race** (Mark all that apply)

American Indian or Alaskan Native  Pacific Islander  
 Native Hawaiian  Asian  
 Black or African American  White

9. a. **\* Do you have an existing service obligation?**

Includes any outstanding contractual obligation for health professional service to the Federal Government (e.g., an active or reserve military obligation) or a State or other entity (e.g., State loan repayment program or scholarship program)

Yes  No

**b. \* If yes, when will the service obligation be complete?**

**10. a. \* Have you ever received Federal support under the Loan Repayment Program for First-Year Students of Exceptional Financial Need (EFN)?**  
(See [Applicant Information Bulletin](#).)

Yes  No

If so, please provide documentation from your school with your application.

**b. \* Has your school certified you as having a disadvantaged background?**

Yes  No

If so, please provide documentation from your school with your application.

**11. a. \* Enter Month, Day and Year you will be available to begin practice under the NHSC/LRP.**

**b. \* Already employed at a LRP site.**

Yes  No

Name of the Site:

City:

State:

**Save & Continue**

**You will be automatically logged off the session due to system security controls, if you do not continue to the next section within a 30 minute time period. You will need to successfully (without any errors) click the SAVE & CONTINUE button in order to continue to the next section of the online form.**

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## SECTION II A - EDUCATIONAL AND PRACTICE EXPERIENCES

Your answers to this section should pertain only to the degree or certificate program for which you are applying for a NHSC Loan Repayment Program.

All fields marked with \* are required.

1. **\* Enter the name and location of the institution from which you received or will receive your undergraduate degree. (Complete only if different from institution listed in Question 1a)**

a. Name of school:

b. Location of school:

City:

State:

c. School Code:

2. **a. \* In what year did you begin your work for this professional degree?**

**b. \* In what year did you receive this professional degree?**

**c. \* Type of degree/certificate obtained?**

If selected other, please specify:

Please specify certificate-type:

3. **a. \* What is your specialty?**

**b. \* Are you Board Certified in this Specialty?**  Yes  No

(Question 4-6: For MDs, DOs, and DDS)

4. **Have you completed a residency program?**  Yes  No

5. **Month and year when residency was or will be completed.**

6. **Identify the professional residency program from which you received your training.**

a. Name of the Program

b. City

c. State

7. **a. \* For mental health professionals, are you currently eligible to practice your professional independently without supervision?**

Yes  No

**b. \* If no, when will Supervisory period be completed?**

8. **\* For PAs, NPs and NMs, do you have a national certification to practice?**

Yes  No

9. **a. \* Are you presently holding a permanent license in the State in which you will be serving your NHSC/LRP commitment?**

Yes  No

**b. \* Indicate State(s) in which you are permanently licensed.**

(To select multiple options on **Windows** hold down: **ctrl+click** , on **Mac: Apple key +click**)

**c. \* If not permanently licensed, when do you plan to take examination for licensure?**

**d. \* Do you have licensure restrictions?**

Yes  No

**e. \* If so, please explain briefly**

**Save & Continue**

**You will be automatically logged off the session due to system security controls, if you do not continue to the next section within a 30 minute time period. You will need to successfully (without any errors) click the SAVE & CONTINUE button in order to continue to the next section of the online form.**

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## SECTION II B - CERTIFICATION

The federal Debt Collection Act of 1990 precludes a debtor who has a judgment lien against his / her property arising from a Federal debt from receiving Federal funds until the judgment lien is paid in full or otherwise satisfied.

All fields marked with \* are required.

1. \* Do you have a judgment lien against you arising from a Federal debt?

Yes  No

2. \* Have you defaulted on any federal debt?

Yes  No

3. \* Have you had a Federal debt written off as un collectible?

Yes  No

4. \* Have you defaulted on a service obligation to a Federal, State, or local government entity, or had a Federal service/payment obligation waived?

Yes  No

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).

**IMPORTANT!**

Once you press the "Submit" button, you will not be able to access the form to [revise or change](#) your answers. Please be certain your Application Form is complete before proceeding.

If our review shows deficiencies or missing information you will be advised via E-mail.

If your Application Form is ready, then click on the Submit button below.

**Submit**

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