

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 valid OMB control number. The OMB control number for this project is 0915-xxxx. Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, 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.

## Nurse Faculty Loan Program (NFLP) - Program Specific Data Form

Fiscal Year: <i>(Leave Blank)</i>	Application Tracking Number: <i>(Leave Blank)</i>
OPSID Number (if applicable):	Applicant Organization:

### A. FEDERAL FUNDS REQUESTED

<ul style="list-style-type: none"> <li>▪ Indicate the total Federal Capital Contribution (FCC) Amount Requested:</li> </ul>	\$
<ul style="list-style-type: none"> <li>▪ Indicate the total Institutional Capital Contribution Amount (1/9 of FCC) Expected:</li> </ul>	\$

### B. NFLP ENROLLEE AND GRADUATE INFORMATION

Type of Institution	Total Continuing Master's NFLP Enrollees		Total Continuing Doctoral NFLP Enrollees		Total New Master's Students Requesting NFLP Support		Total New Doctoral Students Requesting NFLP Support		Total Number of NFLP GRADUATES (7/01/xxxx – 6/30/xxxx)		Total Number of NFLP Students DROPPED (7/01/xxxx – 6/30/xxxx)	
	FT	PT	FT	PT	FT	PT	FT	PT	MASTER'S	DOCTORAL	MASTER'S	DOCTORAL
Public (In-State)												
Public (Out-of-State)												
Private												
<b>TOTALS:</b>												

### C. PROGRAM INFORMATION *(Provide information for each degree level program that prepares nurse faculty.)*

Program Level (Master's and/or Doctoral)	Length of Program in Months	Number of Credit Hours to Complete the Program	Distance Learning Offered? (Yes/No)

### D. ACCREDITATION

Name of Accrediting Body <i>(ACNM, CCNE, COA, and/or NLNAC)</i> :	Expiration Date(s):	Date of Next Site Visit:
	_____	_____
	(Month/Year)	(Month/Year)

### E. TUITION & FEES *(Provide tuition/fees for the current Academic Year)*

DATA ELEMENT <i>(If tuition, fees, or credit hours vary, specify range)</i>	MASTER'S PROGRAM				DOCTORAL PROGRAM			
	In-State		Out-of-State		In-State		Out-of-State	
	FT	PT	FT	PT	FT	PT	FT	PT
Tuition Per Term: PUBLIC Institution								
Tuition Per Term: PRIVATE Institution								
Fees Per Term/Semester <sup>1</sup>								
# of Terms/Semesters Required per Academic Year <sup>2</sup>								
# of Credit Hours Required for Full-time and Part-time Status								

<sup>1</sup> Include annual and one-time fees (i.e., registration, technology, insurance, and lab).

<sup>2</sup> Applicants should specify if the summer session is required for the academic program. If applicable, specify the number of quarters or trimesters for the academic program

**F. NFLP LOAN FUND BALANCE/UNUSED ACCUMULATION --**

**IMPORTANT NOTE:** The loan fund balance reported is very important. Schools should confer with the appropriate officials at your institution. Please provide the following:

<ul style="list-style-type: none"><li>▪ Provide the projected NFLP loan fund balance from July 1, xxxx through June 30, xxxx.</li></ul>	\$ _____
<ul style="list-style-type: none"><li>▪ If applicable, schools are strongly encouraged to include any projected loan obligations for NFLP students who plan to enroll during the summer session – June, xxxx through August, xxxx.</li></ul>	\$ _____