



Indian Health Service Loan Repayment Program

# APPLICATION HANDBOOK

How to Apply



Apply Here *for*  
Financial Freedom

This booklet describes the Indian Health Service Loan Repayment Program (IHSLRP) and explains the application process. Application forms are included. If any changes should occur in the LRP program before contracts become effective, prospective participants will be provided with revisions to this booklet prior to the conclusion of any loan repayment agreements. Please write or call the IHSLRP if you have any questions about the program or the application process.

The information in this handbook is subject to change without notice. Please refer to [www.loanrepayment.ih.gov](http://www.loanrepayment.ih.gov) for the most up-to-date information.



*Dear Colleague,*

Thank you for your interest in the Indian Health Service Loan Repayment Program (IHSLRP).

A career with Indian Health Service (IHS) is an opportunity for professional and personal fulfillment — a chance to experience the rewards of working with an appreciative, underserved population while living in some of the most beautiful areas of the country. The costs of a health professional education are high, but IHSLRP can give you the financial freedom to pursue the future you've envisioned for yourself: a career with purpose and a sense of mission, helping people who truly need you, and doing it all with adventure in your life. It's no wonder that health professionals consider the Loan Repayment Program (LRP) to be one of the most significant benefits offered by IHS.

On behalf of the Indian Health Service, thank you for your interest in serving American Indian and Alaska Native people.

A handwritten signature in black ink that reads "Robert E. Pittman". The signature is written in a cursive, flowing style.

Robert E. Pittman, R.Ph., M.P.H.

*Rear Admiral, USPHS*

*Assistant Surgeon General*

*Director, Division of Health Professions Support*

## Privacy Act Notice

### General

This information is provided to you in accordance with the Privacy Act of 1974 (Public Law (P.L.) 93-579), as you are supplying us with information for inclusion in a system of records.

### Authority

Section 108 of the Indian Health Care Improvement Act (P.L. 94-437), as amended by the Indian Health Care Amendments of 1992 (P.L. 102-573).

### Program Administration

The Loan Repayment Program is administered at the Indian Health Service (IHS), Office of Public Health Support, Division of Health Professions Support. The IHS is one of 11 agencies of the US Department of Health and Human Services (HHS).

### Purpose and Uses

The purpose of the IHSLRP is to obtain health professionals to meet the staffing needs of the IHS in Indian health programs.

The information you supply will be used to evaluate your eligibility for participation in the LRP. Your application and related data are included in a file to be used within HHS for record-keeping and participant management while you are in the program. The information may also be disclosed in accordance with the Privacy Act and IHS Privacy Act Systems of Records 09-17-0002, disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office, and pursuant to court order. Your name (if awarded), the professional school you attend or have attended, and the date of graduation may be made available to health professions associations and to groups who have responsibility for coordinating educational loan repayment funds paid to individuals from federal and other sources, and to individuals and organizations deemed qualified by the Secretary of the US Department of Health and Human Services to carry out such research.

### Effects of Nondisclosure

Under the Debt Collection Act, you are required to disclose your Social Security number (SSN) if you are awarded loan repayment. If you do not disclose your SSN, your application will be considered incomplete.

### Discrimination Prohibited

Title VI of the Civil Rights Act of 1964, as amended, provides that no person in the United States (US) shall, because of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the US shall, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance.

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# The IHS Loan Repayment Program

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## The IHS Loan Repayment Program

### Are You Eligible?

All health professions are eligible to apply to the LRP. However, the professions that are actually funded change each year depending on Indian health program staffing needs. Please refer to [www.loanrepayment.ihs.gov](http://www.loanrepayment.ihs.gov) for the current year's priority list.

Applicants for the LRP must be health or allied health professionals who:

- Are US citizens;
- Are committed to practice at an IHS or other Indian health program priority site;
- Sign a contract to practice at an Indian health program priority site;
- Can begin service on or before September 30 for two continuous years of full-time clinical practice;
- Have a degree in a health profession\*<sup>†</sup>; and,
- Have a valid state license to practice in a health profession.

\* Health professions eligible to apply: allopathic medicine and osteopathic medicine (various specialties as needed), podiatric medicine, physician assistant, nursing, public health nursing, dentistry, optometry, pharmacy, psychology, social work, environmental health, engineering, an allied health profession, or other health professions as determined by need.

### What Is an Indian Health Program?

For LRP purposes, the term "Indian health program" is defined in the Indian Health Care Improvement Act (IHCA) Public Law 94-437, as any health program or facility funded in whole or in part by IHS for the benefit of American Indians and Alaska Natives (AI/AN). These health programs or facilities must be administered directly by IHS, by any Indian Tribe or any Tribal or Indian organization contracted under The Indian Self-Determination Act, the Buy Indian Act, or by an Urban Indian organization pursuant to Title V of the IHCA.

### How Are Participants Selected?

IHS has created a ranking system to distribute LRP awards with the utmost fairness. As the goal of the program is to fill staff vacancies in Indian health programs, the ranking system gives highest consideration to program staffing needs and shortages of specific health profession disciplines. Once the need is assessed, each site is ranked accordingly. Please refer to [www.loanrepayment.ihs.gov](http://www.loanrepayment.ihs.gov) for the latest priority list.

Consistent with this priority, considerations in ranking applicants include:

- American Indian/Alaska Native — IHS gives priority to applications made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian Tribes, Tribal or Indian organizations.
- Current Service — Current LRP recipients requesting contract extensions are given priority over new awards.

When all other factors are equal between applicants, additional equal-weight factors are applied. Applicants who meet more of the following factors than other applicants will be selected:

- Current employment in an IHS, Tribal or Urban program.
- Date of availability for service (first come, first served).
- Date the application was received by the LRP.

*Applicants will be accepted into the LRP according to the above priorities as long as funds remain available during the fiscal year.*

### Award Distribution

Each year, funds appropriated for the LRP are distributed among the health professions depending on health program staffing needs.







## Qualifying Loans and LRP Payments



## Qualifying Loans and LRP Payments

Please refer to the Federal Register Notice for the current fiscal year for any updates or changes to the benefits of the program.

### Qualifying Loans

The LRP repays qualifying health professions education loans as follows:

- Up to \$20,000 per year for participants signing a two-year service contract.
- Twenty percent of the federal income tax liability on the award and additional FICA taxes, with payment made directly to the IRS.
- Only the health professions education portion of consolidated loans (health professions educational loans combined with non-health professions education loans). Applicant must provide copies of final statements from the original lending institution at the time of the loan consolidation to determine the portion eligible for repayment.
- Qualifying loans are limited to government (federal, state, local) and commercial loans used to pay for health professions schools.
- LRP pays directly to the participant the principal, interest, and related expenses (including tuition, fees, books, lab expenses and reasonable living expenses) incurred for qualifying health professions educational loans.

Verification of the purposes for which the loan was obtained is required for some loans. A number of federal program loans don't require verification since they already meet statutory requirements. These include:

- Health Education Assistance Loan (HEAL) Program
- Guaranteed Student Loan (GSL) Program
- Perkins Loan, formerly National Direct Student Loan (NDSL) Program
- Health Professions Student Loan (HPSL) Program
- Supplemental Loans for Students (SLS)
- Parent Loans for Undergraduate Students (PLUS) Loans

All other loans require lender verification, including loans from undergraduate and graduate health professions schools.

### Verification of Total Debt from Qualified Loans

When you are selected for participation in the LRP, copies of your financial information Section 3 of the application are used to verify total debt from your qualified education loans. Loan repayments will begin once the contract has been signed by you and by the Secretary of HHS or the Secretary's IHS delegate, as provided in Section D of the LRP Contract.

### Payments

Letters of acceptance are sent on the last day of each month. If you are already employed by IHS or another Indian health program, LRP payments will begin within 120 days from the date the Secretary's delegate signs the contract. For new LRP recipients who are not currently serving at an IHS facility, your payments begin 120 days from your entry on duty date (same as contract date).

### LRP Payment Examples

#### Example A

*Participant with two-year service contract, \$90,000 in qualified education loans*

The LRP paid \$20,000 per year, which includes a payment of 20 percent of the income tax liability (\$4,000 per year) made directly to the IRS. The LRP also withheld the recipient's portion of the FICA tax (\$1,836) from the award amount, and paid the employer's portion of the FICA tax (\$1,836). Total award to the participant over two years: \$36,328. The participant applied for a contract extension for additional repayment funds.

#### Example B

*Participant with two-year service contract, \$30,000 in qualified education loans*

The LRP paid \$15,000 per year, which includes a payment of 20 percent of the income tax liability (\$3,000 per year) made directly to the IRS. The LRP also withheld the recipient's portion of the FICA tax (\$1,377) from the award amount, and paid the employer's portion of the FICA tax (\$1,377). Total award to the participant over two years: \$27,246.

#### Example C

*Participant with consolidated education loan*

A \$12,000 loan for nonprofessional undergraduate education was consolidated with an \$18,000 loan for medical education for a total loan balance of \$30,000. Only the \$18,000 loan for medical education was eligible for repayment. The participant received \$18,000 (less applicable taxes), which covered the eligible portion of the consolidated loan.

### **Delinquency on the Repayment of Any Federal Debt**

If you are delinquent on the repayment of any federal debt, you must provide documentation from your lender that you have either negotiated a repayment schedule or that your federal debt is paid in full. Your LRP payments could be garnished to satisfy delinquent debt if you don't negotiate a repayment schedule. Examples of federal debt include:

- Delinquent federal income taxes
- Audit allowances
- Federally guaranteed (or insured) loans
- Federal-direct loans
- Other miscellaneous federal administrative debts

### **Loans Not Eligible for Repayment**

Certain financial or service debts incurred under federal and state programs are not eligible for repayment under the LRP. Examples of these types of debts include, but are not necessarily limited to, the following:

- Physicians Shortage Area Scholarship Program
- Public Health Service and National Health Service Corps Scholarship Training Program
- IHS (P.L. 94-437, Section 104) Health Professions Scholarship Program
- Public Health Service, National Health Service Corps Scholarship Program
- Armed Forces (Air Force, Army, Marines or Navy) Health Professions Scholarship Programs
- Loans which may be repaid either in cash or by obligated service (in deference to health professions loan programs and to prevent conflicting obligations)
- Any loan that requires a service obligation

Also ineligible for repayment are:

- Loans from other than approved government and commercial sources (e.g., loans obtained from private organizations, friends and relatives).
- Loans or portions of loans obtained in pursuit of a different health profession from the one in which you are hired for the program. For example, if you obtain a professional degree in nutrition and nursing and come to work at IHS as a registered nurse, only the loans obtained in pursuit of the nursing education are eligible for repayment, while those obtained for the nutrition training are not.





# IHS Loan Repayment Service Obligation





## IHS Loan Repayment Service Obligation

### Service

LRP participants must serve their two-year contracted period in an IHS-approved site. IHS annually ranks all Indian health program sites in order of priority by position, with priority given to sites with the greatest vacancy rates and need. Please refer to [www.loanrepayment.ihs.gov](http://www.loanrepayment.ihs.gov) for the most recent priority listing.

### Matching to a Site

Your selection for participation in the LRP is contingent on you receiving an offer of employment at an approved LRP site and agreeing to begin service there before the end of the fiscal year. Your discipline-specific Public Health Professions (PHP) recruiter will work with you to explore employment opportunities at IHS priority sites.

### Employment Options

LRP participants are employed for their service periods under several personnel systems:

- Salaried appointments as commissioned officers in the Commissioned Corps of the US Public Health Service
- General schedule (GS) employees in the federal Civil Service personnel system of IHS
- Employee of a Tribal program conducted under an Indian Self Determination Act (P.L. 93-638) contract (Tribal hire)
- Employee of an Urban Indian program assisted under Title V of the IHCA
- Employee of a Buy Indian contract

Section 4 of this booklet contains full information on the Commissioned Corps and the federal Civil Service personnel systems, as required by law, so you can make an informed decision as to which service (if applicable) you would prefer if accepted into the program. An affidavit is included for you to sign, stating that you've been provided with and have read this information on the two personnel systems used by IHS, and that you understand the differences between the two.

You must maintain a satisfactory level of employee performance at your approved site. Failure to meet these standards can result in termination of employment and therefore cause a breach of your LRP contract.







## How to Apply



## How to Apply

### About LRP Application Forms

This booklet contains a complete set of LRP application forms. If you need additional forms or booklets, or have any questions, please contact the program at:

Indian Health Service  
Loan Repayment Program  
801 Thompson Avenue, Suite 120  
Rockville, MD 20852

P: (301) 443-3396

F: (301) 443-4815

[www.loanrepayment.ihs.gov](http://www.loanrepayment.ihs.gov)

8:00 am-5:00 pm (EST), Monday through Friday (except federal holidays)

### Application and Award Deadlines

*Applications are accepted all year, but are processed for consideration from January through September 30 each award year, or until all funds are exhausted. The application deadline is the Friday of the second full week of each month. Successful applicants must begin their service period no later than September 30 of the fiscal year in which you're accepted into the LRP.*

### How to Reapply If You Are Not Selected

You will be notified by mail by October 31 if you are not selected for an LRP award. If you wish to reapply in the next LRP award cycle, you are required to notify LRP in writing. Your application will be kept on file and considered for all funding cycles.

### How to Complete the Application

This section takes you step-by-step through the LRP application. When you are finished, please review your application carefully before submitting. The checklist provided will assist you in preparing your application, and you should submit it along with your application. LRP applications must be complete and include all required support documentation. Incomplete applications are not eligible for consideration.

The application is composed of five sections:

Section 1: General Applicant Information

Section 2: Educational and Professional Background

Section 3: Financial Information

Section 4: Comparison of Benefits Between Commissioned Corps and Civil Service (*Including Affidavit*)

Section 5: Sample LRP Contract (an official contract will be sent to you if you're chosen for an award)

*Please pay special attention to the Section 3 forms which request details of all qualified loans you want considered for repayment. If you have more than one loan, complete a separate form for each individual loan. Make copies of a blank form if you need more forms than are provided. It is important that you submit all of these forms along with your application, as no additional forms will be accepted once an award is approved.*

Complete all sections of the application and review the information carefully before submitting. Mail the original forms, including the completed checklist, and any required documentation to:

Indian Health Service  
Division of Health Professions Support  
Loan Repayment Program  
801 Thompson Avenue, Suite 120  
Rockville, MD 20852

Please retain a copy of the entire application for your personal records. You will be notified by letter if you are approved for participation in the IHSLRP, and an official contract will be sent to you.

### Using the Checklist

The checklist is included to assist you in preparing your application and to ensure that it is complete. Check off each item as you complete it and gather the documentation required. Return the completed checklist along with your completed application.



## Section 1: How to Complete the General Applicant Information Section

The first section of the application covers general applicant information, including personal data, education information and details of existing service obligations.

### Line 1 — Name

Provide your full legal name — last name first, then first name and, if applicable, middle name.

### Line 2 — Social Security Number (SSN)

Enter your SSN on line 2. If you don't provide it on your application and you are later selected for an IHSLRP award, you will be **required** at that time to provide your SSN for purposes of payroll and payment to you of IHSLRP benefits. This is a condition of your award.

### Lines 3 and 4 — Home Address, Home Telephone and Email

Provide your full address, including apartment number if applicable, on line 3. Enter your home phone number, including area code, and your primary email address on line 4.

### Lines 5 and 6 — Work/School Address and Telephone/Email

Provide your address at work or school, if applicable, on line 5. Be sure to include any apartment, room or mail stop numbers. On line 6, enter your work or school phone number, and your work/school email address if you have one and it's different from your primary email address. If you do not have a work or school address, skip line 5 and 6 and go to line 7.

### Line 7 — Date of Birth

Provide your date of birth here (mm/dd/yyyy).

### Line 8 — Employment at IHS

If you are currently employed with IHS, check the YES box and go to line 8a. If you are not currently employed with IHS, check the NO box and go to line 8b.

Line 8a — If you are employed with IHS and checked YES, this line requests details of your IHS employment. Check the appropriate box if you are in the USPHS Commissioned Corps or a federal civil service employee. Provide your entry date (the date you started work with IHS) and the site or location where you are employed.

If you're currently employed with IHS, provide employment verification documentation, as applicable:

- IHS employment documentation (a letter from your employer stating dates of employment, full- or part-time, job title, site name and entry-on-duty date)
- Tribal employment documentation (a letter on Tribal letterhead stating dates of employment, full- or part-time, job title, site name and hire date)
- Commissioned Corps orders

- Standard Form 50B (SF-50B). SF-50B, also known as SF-50, is the Notification of Personnel Action. If you have ever been employed with the federal government, this form documents your service.

Line 8b — If you are not employed with IHS and have checked NO, this line determines if you are employed in a program conducted or assisted under certain federal laws and acts. Contact your human resources department for assistance in determining the status of your program.

- Check the first choice if you are employed in a program conducted under a contract entered into under the Indian Self-Determination and Education Assistance Act (P.L. 93-638 as amended).
- Check the second choice if you are employed in a program assisted under Title V of the Indian Health Care Improvement Act (IHCA, 25 U.S.C. 1601)
- Check the third choice if you are employed with a Buy Indian Act Organization (25 U.S.C. 47)

If none of these choices describes your employment, skip this line and go on to line 9.

### Line 9 — American Indian/Alaska Native

IHS gives priority to applications made by American Indians and Alaska Natives who are members of a federally recognized Tribe. Submit a copy of an approved Bureau of Indian Affairs (BIA) Certification Form 4432 with your application.

You must use BIA Certification: Form 4432, as follows:

**American Indian:** Category A — Members of Federally Recognized Tribes, Bands or Communities

**Alaska Native:** Category D — Alaska Native

### Line 10 — IHS Scholarship Recipient

IHS gives priority to applications made by former IHS Scholarship recipients. Please submit a copy of your completion letter with your application.

### Line 11 — Existing Service Obligation

This line requests information on any existing service obligations you might have. A service obligation is defined as required employment for a period of time. If you have an existing service obligation as defined here, check YES and go to line 11a. If you do not have an existing service obligation, check NO and go to line 12.

Line 11a — If you checked YES, provide details of your existing service obligation, including the program name and address, the name and telephone number of a contact person and the terms of your obligation. You are asked if you are in default of the obligation — check the appropriate YES or NO box. Finally, enter the date you will complete or existing service obligation.

**Line 12 — Availability Date**

On this line, enter the date you will be available to begin work under the IHSLRP. You must begin your service period no later than September 30 of the fiscal year in which you're accepted into the LRP.

**Section 2: How to Complete the Educational and Professional Background Section**

This section is to be completed by *graduates only*, and details your educational and practice experience, if applicable. Information covered includes training and graduate programs, practice experience and licensing. If any line does not apply to you, write "NA" (for "not applicable") on that line and go on to the next line.

**Line 1 — Professional School**

Provide the name of the professional school from which you graduated and the school's full address. Enter the year you graduated or will graduate, and the degree you obtained.

**Line 2 — Residency/Graduate Program Information**

If you have completed a residency or graduate program, check the YES box and go to line 2a. If you have not completed a residency or graduate program, check the NO box and go to line 3.

Line 2a — This line requests specific information about your residency or graduate program. Provide the year you completed or will complete your residency, school or graduate program, the name of the residency, school or graduate program, the address, and the residency/program director's name and phone number.

Line 2b — *For physicians only*, enter your specialty. Check the appropriate box if you are board certified or board eligible. If you are board certified, enter the year you will be re-certified. List your sub-specialty if you have one.

**Line 3 — Professional Training Locations**

This line requests information about your professional training locations. List each one separately. Provide program name and address, and the name and telephone number for the program director. *If this does not apply to you*, write "NA" on the line and go to line 4.

**Line 4 — Practice Experience**

Provide the details of your professional practice experience for the past five years. *If this does not apply to you*, write "NA" on the line and go to line 5.

As you describe your practice experience, include the following information:

- Location(s) where you've practiced
- The nature of the population served
- Number of specialties in the practice
- Any hospital affiliations
- Allocation of clinical practice time to these specialties: FP/GP, INT, OB/GYN, PED, PSYCH, ER

If you need more space to provide full information for line 4, please use a continuation sheet. At the top of the page, write *Section 2, Line 4, Practice Experience, Continued*, along with your name and SSN. Attach the sheet to your application.

**Line 5 — Last Work Site (If IHS, Tribal or Urban)**

For the last site where you worked, provide your job title, the name of the site director or other official, the site address and telephone number of the director or official. *If this does not apply to you*, write "NA" on the line and go to line 7.

**Line 6 — Practice Time Allocation**

On this line, enter the current percent of your practice time that is office-based and hospital/clinic-based, and/or spent in administration and teaching. *If this does not apply to you*, write "NA" on the line and go to line 7.

**Line 7 — Professional References Information**

Provide a minimum of three professional references, including name, position or title, address and telephone number. This information will be kept confidential.

**Section 3: How to Complete the Financial Information Section**

This section requests details of qualified loans you want considered for the LRP. *If you have more than one qualified loan, complete Section 3 forms for each individual loan.* Submit copies of loan and payment documentation (current statements) that have the following identifying information: SSN, name and address.

**Line 1 — Lending Institution/Program**

Provide the name and address of the lending institution or the federal or state program from which you have obtained the loan that you wish to be considered for repayment.

**Line 2 — Date of Loan**

Enter the date the loan was originated (mm/dd/yyyy).

**Line 3 — Original Loan Amount**

Enter the *original amount* of your loan. This is not the current balance (see line 4).

**Line 4 — Current Loan Balance**

Enter the current balance of your loan and the date of the balance.

**Line 5 — Payment Amount**

Enter the amount of your regular loan payment.

**Line 6 — Deferment of Loan**

If your loan is in deferment, check the YES box and enter the date the deferment ends.

**Line 7 — Loan Annual Percentage Rate (APR)**

Enter the annual percentage rate (APR) of your loan.

**Consolidation of Undergraduate and Graduate Educational Loans**

IHSLRP pays for education costs for only one health professions degree. If you have consolidated your graduate and undergraduate loans into one loan, LRP will make a determination of what portion of the consolidated loan will be repaid for successful applicants. ***Attach a copy of the loan documents for the health professions loan*** that was consolidated into the new loan, ***along with a copy of your current statement*** that includes your SSN, your name and address.

**Line 8 — Certification by Applicant**

This line asks you to sign to certify the accuracy of the information you are providing in Section 3 of the application. Sign your full name ***in ink*** and enter the date.

**Line 9 — Certification by Lender**

This line asks your lender to sign to certify the accuracy of the information provided in Section 3 of the application.

**Section 4: A Review of the Comparison of Benefits Between Commissioned Corps and Civil Service (Including Affidavit)**

In accordance with Public Law 100-713, Section 108(c)(1), which requires that the Indian Health Service (IHS) provide information on both the Commissioned Corps and Civil Service personnel systems, we ask that you read the attached information. The information will assist you in making an informed decision as you consider employment with the IHS.

**After you have reviewed the personnel systems information, please sign, date and return the affidavit as part of your completed application.**

**Section 5: About the Sample Contract**

This section is a sample Loan Repayment Program Contract. You will receive an official copy to sign and return if you are selected for an award. When you sign the contract, you will be agreeing to a service obligation to provide full-time clinical service in an Indian health program for two years for new recipients, or one year for extensions. Please read the sample contract thoroughly so that you fully understand all provisions. If you have any questions regarding the contract, call the LRP office at (301) 443-3396.





Department of Health and Human Services  
Public Health Service  
Indian Health Service Loan Repayment Program

***Application for the Indian Health Service Loan Repayment Program***

**Section 1: General Applicant Information**

**Estimated Average Burden Time to Complete the Application Form:**

Public reporting burden for this collection of information is estimated to vary from 60 to 120 minutes per response with an average of 90 minutes 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. 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.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Indian Health Service, Reports Clearance Officer, Attn: PRA (0917-0014), 12300 Twinbrook Parkway, Suite 450, Rockville, MD, 20852. *Do not mail completed forms to the above address.*

**Mail completed applications to: IHSLRP, 801 Thompson Avenue, Suite 120, Rockville, MD 20852**

*(Only complete applications will be considered.)*

**PERSONAL INFORMATION**

**1. Name** \_\_\_\_\_  
Last First Middle

**2. Social Security Number** \_\_\_\_\_

*(Applicants may choose to provide their SSN on a voluntary basis. Should you be awarded an IHSLRP award, you will be required at that time to provide your SSN for purposes of payroll and payment to you of IHSLRP benefits as a condition of your award.)*

**3. Home Address** \_\_\_\_\_  
Number Street Apt. #

\_\_\_\_\_  
City State ZIP Code

**4. Home Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**5. Work/School Address** \_\_\_\_\_  
Number Street Apt. or Room #

\_\_\_\_\_  
City State ZIP Code

**6. Work/School Telephone** \_\_\_\_\_ **Email (if applicable)** \_\_\_\_\_

**7. Date of Birth (mm/dd/yyyy)** \_\_\_\_\_

## Section 1 (continued)

**8. Are you currently employed with IHS?**  Yes  No

**8a. If YES:**

*Please submit employment verification with application*

Current IHS employment is with  Commissioned Corps  Civil Service

Entry Date \_\_\_\_\_ Site/Location \_\_\_\_\_

**8b. If NO:**

Is your current employment with: *(If you check any, you must submit employment verification with your application)*

- A program conducted under a contract entered into under the Indian Self-Determination Act
- A program assisted under Title V of the Indian Health Care Improvement Act
- A Buy Indian Act Organization

**9. Are you an American Indian or Alaska Native?**  Yes  No

*(If YES, please submit BIA Form 4432 with your application)*

**10. Are you an IHS Scholarship recipient?**  Yes  No

*(If YES, please submit a copy of your completion letter with your application)*

**11. Do you have an existing service obligation?**  Yes  No

*(For the definition of existing service obligations, see the LRP handbook "How to Apply for your Financial Freedom," Section 1, page 16, instructions for Line 11.)*

**11a. If YES:**

Name of Program \_\_\_\_\_

Address of Program \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Terms of the Obligation \_\_\_\_\_

Are you in Default of the Obligation?  Yes  No

Date of Completion \_\_\_\_\_

**12. Date you will be available to begin practice under the IHSLRP** \_\_\_\_\_

## Section 2: Educational and Professional Background

*(Educational and Professional Background for Graduates Only)*

**1. Name of Professional School** \_\_\_\_\_

School Address \_\_\_\_\_  
Number Street Apt. or Room #

Graduate year and degree obtained \_\_\_\_\_

**2. Have you completed a residency or graduate program?**  Yes  No  
*(MD, DO, DDS, PedNP, PA, etc.)*

**2a. Year residency or program was/will be completed** \_\_\_\_\_

Residency or Program Name \_\_\_\_\_

Address \_\_\_\_\_

Director of Residency/Program \_\_\_\_\_  
Name Phone

**2b. Specialty** *(for physicians only)* \_\_\_\_\_

Board Certified  Board Eligible

Year re-certified *(if applicable)* \_\_\_\_\_

Sub-specialty *(if applicable)* \_\_\_\_\_

**3. If applicable, please list all professional training location(s) separately.**

a. Program Name \_\_\_\_\_

Address \_\_\_\_\_

Program Director's Name \_\_\_\_\_ Phone \_\_\_\_\_

b. Program Name \_\_\_\_\_

Address \_\_\_\_\_

Program Director's Name \_\_\_\_\_ Phone \_\_\_\_\_

c. Program Name \_\_\_\_\_

Address \_\_\_\_\_

Program Director's Name \_\_\_\_\_ Phone \_\_\_\_\_

**4. If applicable, describe your practice experience over the last 5 years.**

*(Include location, nature of population served, number of specialties in the practice, hospital affiliations and allocation of clinical practice time to FP/GP, INT, OB/GYN, PED, PSYCH, ER. If you need more space, please use continuation sheet, type your name and SSN at the top of each page, and attach to your application.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 2 (continued)

### 5. For the last site at which you worked:

Name of Site Director or Official \_\_\_\_\_

Your Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**6. Practice Time Allocation:** Office-based \_\_\_\_\_ Hospital/clinic-based \_\_\_\_\_ Administration \_\_\_\_\_ Teaching \_\_\_\_\_

### 7. Professional References (confidential)

Name	Position or Title	Address	Phone Number

### 8. Certification by Applicant

*I certify that the information given in this application is accurate 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 a 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 US Code, Title 18 Section 1001.*

\_\_\_\_\_  
Signature (sign your full name in ink)

\_\_\_\_\_  
Date

SSN \_\_\_\_\_

### Section 3: Financial Information

**Important:** As an applicant, you are applying for loan repayment with the Department of Health and Human Services (DHHS), Indian Health Service Loan Repayment Program (IHSLRP) provided for in Public Law 100-713. It is important to submit your financial information promptly to the IHSLRP.

Please complete the following information for each educational loan you submit to the IHSLRP. Include loan and payment documentation with your application.

**1. Name of lending institution and/or federal or state program** \_\_\_\_\_

Address \_\_\_\_\_

**2. Date of Loan** (mm/dd/yyyy) \_\_\_\_\_

**3. Original Amount of Loan \$** \_\_\_\_\_

**4. Current Balance \$** \_\_\_\_\_ **Date of Balance** \_\_\_\_\_

**5. Payment Amount \$** \_\_\_\_\_

**6. Is loan in deferment?**  Yes  No

IF YES, date deferment ends \_\_\_\_\_

**7. Annual percentage rate (APR) of loan** \_\_\_\_\_ %

***For consolidation of undergraduate and graduate educational loans***

If you have consolidated your loans for undergraduate and graduate costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan. The IHSLRP pays for education costs for only one health professions degree, and a determination will be made of the proportion of the consolidated loan that will be paid for successful applicants.

*Warning:* Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a federal official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under federal statute. I have read this statement and understand its contents.

**8. Certification by Applicant**

I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Secretary of DHHS for repayment of the educational loans I have listed in Section 3.

I attest that my health educational loans were incurred solely for the purpose of paying for the costs of my education and reasonable living expenses while attending college/university, and for obtaining a degree in medicine, dentistry, nursing, optometry, pharmacy, podiatry, mental health or allied health profession.

\_\_\_\_\_  
Signature (sign your full name in ink)

\_\_\_\_\_  
Date

**9. Lender Verification**

I understand to the best of my knowledge that the loan identified above is a legally enforceable commercial, state or government educational loan and its purpose was to pay for the borrower’s cost of completing a degree in medicine, dentistry, nursing, optometry, pharmacy, podiatry, mental health or allied health profession.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Section 4: Comparison of Benefits Between Commissioned Corps and Civil Service *(Including Affidavit)*

We ask that you read the following information on the two personnel systems used by the IHS: The Commissioned Corps and the Civil Service. IHS is required to provide you with this information, in accordance with Public Law 100-713, Section 108(c)(1), to assist you in making an informed decision as you consider employment with the IHS. After you have reviewed the personnel systems information, please sign, date and return the affidavit to the IHS Loan Repayment Program as part of your completed application.

BENEFITS	COMMISSIONED CORPS	CIVIL SERVICE
<b>A. Moving Expenses</b>	<p><i>Call to active duty:</i> Pays to move officer's family and household goods, within certain weight limits, from current residence to duty station.</p> <p><i>On duty:</i> Pays to move officer's family and household goods, within certain weight limits, from duty station to duty station.</p> <p><i>On separation or retirement:</i> Pays to move officer's family and household goods, within certain weight limits, from duty station to home of record or the place from which called to duty, whichever is farther, or equivalent distance.</p>	<p><i>Call to active duty:</i> Pays to move physician's family and household goods, within certain weight limits, from current residence to duty station. Other professions must consult human resources office in the IHS area where you are hired.</p> <p><i>On duty:</i> Pays to move an employee's family and household goods, within certain weight limits, from duty station to duty station.</p> <p><i>On separation or retirement:</i> Provides no assistance in moving from final duty station to next place of residence.</p>
<b>B. Vacation Allowances</b>	<p>An officer earns 30 days of annual leave per year (2-1/2 days per month) from the time he/she enters on duty. A total of 60 days may be carried from year to year and may be reimbursed on the officer's separation or retirement.</p>	<p>A civil servant earns 13 working days of annual leave per year (4 hours per pay period, 26 pay periods per year for the first 3 years). From the fourth year through the 15th, he/she earns 6 hours of annual leave per pay period (20 working days per year). From the beginning of the 16th year until retirement, 8 hours of annual leave accrues per pay period, (26 working days per year). A total of 30 days (240 hours) of annual leave may be carried over from year to year and will be reimbursed on separation or retirement.</p>

Section 4 (continued)

BENEFITS	COMMISSIONED CORPS	CIVIL SERVICE
<p><b>C. Sick Leave</b></p>	<p>No formal rate of accrual. Sick leave may be granted when the officer is in need of medical services or is incapacitated for the performance of duties by sickness, injury, or pregnancy and confinement. The leave granting authority or other responsible official may require a medical certificate for every period of sick leave in excess of 3 days, or for a lesser period when determined necessary.</p>	<p>Sick leave is accrued at the rate of 4 hours per pay period for the length of employment. There is no maximum carry over limit.</p>
<p><b>D. Retirement</b></p>	<p>The Commissioned Corps retirement system is structured on the basis of a 30-year career. Pay increases based on length of service continue throughout an officer’s career. Maximum retired pay is based on 30 years of service (75 percent of basic pay). With approval, an officer may retire after completing 20, but less than 30, years of active service. To be eligible for consideration for such retirement, the officer must have 20 years of creditable service. The Commissioned Corps retirement system is noncontributory.</p>	<p>The Civil Service retirement system is a three-tiered contributory comprehensive program allowing Civil Service employees to control a large portion of their retirement savings. The program consists of a base retirement annuity, social security benefits, and a government matching savings program which allows employees to invest the savings money in government securities, the bond market and/or the common stock market.</p>
<p><b>E. Health Insurance</b></p>	<p><i>Officer:</i> US Public Health Service (PHS) officers are entitled to health care from any Uniformed Service Medical Treatment Facility (MTF). Health care services may be supplemented by other resources in accordance with Uniformed Service policies and procedures.</p> <p><i>Dependents:</i> Dependents are entitled to health care from a MTF on a space-available basis. TRICARE is the name for the Department of Defense triple option health care program. Dependents’ dental care can be provided by voluntary enrollment in the Active Duty Family Member Dental Plan.</p>	<p>Choice of medical and dental plans from traditional fee-for-service plans to prepaid HMOs. Employee payments and benefits vary with the plan chosen. Benefits are provided to employees and dependents on a cost sharing basis.</p>

## Section 4 (continued)

BENEFITS	COMMISSIONED CORPS	CIVIL SERVICE
<b>F. Tax Benefits</b>	The basic allowance for quarters, variable housing allowance, and subsistence allowance are nontaxable. All other pay is taxable.	All pay is taxable.
<b>G. Military Benefits</b>	Two years of active duty in the Commissioned Corps satisfies a person's Selective Service obligation.	Civil Service makes no provision here.
<b>H. Air Transportation</b>	Officers are eligible to fly on military aircraft within the US and overseas (foreign travel) on a "space available" basis. Their families may fly overseas only, on the same basis.	Civil Service makes no provision here.
<b>I. Personal Amenities</b>	Officers and dependents may use the commissary, post exchange, transient officer quarters and other facilities at military bases.	Civil Service makes no provision here.
<b>J. Medical License</b>	Must have a full and unrestricted license in a state.	Must have a full and unrestricted license in a state.
<b>K. Impact of Loan Repayment Program on Salary</b>	Participation in the LRP has no impact on pay.	Participation in the LRP will reduce or eliminate the Physicians Comparability Allowance. Physicians should discuss this with their area recruiters.*

\* If you are currently receiving a Physician's Comparability Allowance (PCA) bonus, your participation in the IHSLRP may reduce or eliminate your eligibility to receive the PCA bonus. The PCA bonus is only available to Civil Service employees. For further information, please contact the IHSLRP.

I certify that I have read the information regarding the Civil Service and Commissioned Corps Personnel Systems and understand that I must select one to be employed by the Indian Health Service.

Name (please print)

Signature

Date



## Section 5: Sample LRP Contract

This section is a sample Loan Repayment Program Contract. You will receive an official copy to sign and return if you are selected for an award. When you sign the contract, you will be agreeing to a service obligation to provide full-time clinical service in an Indian health program for one year for each year of loan repayment. Please read this sample contract thoroughly so that you fully understand all provisions. If you have any questions regarding the contract, call the LRP office at (301) 443-3396.

### Loan Repayment Program — Sample Contract

Section 108 of the Indian Health Care Improvement Act (Public L. 94-437), as amended, authorizes the Secretary of Health and Human Services (Secretary), acting through the Indian Health Service (IHS), to establish the Indian Health Service Loan Repayment Program (IHSLRP) under which Federal, State, and commercial loans for physicians and other health professionals may be repaid at a rate not to exceed \$20,000 per year. In return for such loan repayment, participants must agree to provide full-time clinical service in an Indian health program for a period of obligated service equal to one year for each year of loan repayment. Section 108 requires participants to submit with their applications a written contract to accept repayment of educational loans and to serve for the applicable period of obligated service in an Indian health program. The Secretary shall sign only those contracts submitted by participants who are selected for the program.

### Section A — Obligations of the Secretary

Subject to the availability of funds appropriated by Congress for the IHS and the IHSLRP, the Secretary agrees to:

1. Make payments to the participant for each year of service of the lesser of up to \$20,000 or the total amount of the participant's eligible health professions educational loans divided by the number of years of obligated service.
 

Loans eligible for repayment consist of loan costs identified by the promissory note indicating the principal, interest, and related expenses on Federal, State, and commercial loans received by the participant for tuition expenses; all other reasonable educational expenses, incurred by the participant; and reasonable living expenses as determined by the Secretary.
2. To accept the participant into the IHS or place the participant with a tribe, tribal or Indian organization provided that the participant meets all appropriate employment qualifications.
3. To make loan repayments for each year of obligated service no later than the end of the fiscal year (September 30, \_\_\_\_ ) in which the participant completes such year of obligated service. All contracts are for whole years [for example: 2 whole years and no fraction or part of a year(s)].
4. Pay, on behalf of the participant an amount not less than 20 percent and not more than 39 percent of the participant's total amount of loan repayments, to the Internal Revenue Service for all or part of the increased tax liability.

5. To defer performance of a participant's period of obligated service if the participant:
  - a. Receives a degree from a school of medicine, osteopathy, dentistry, optometry, podiatry, pharmacy, nursing, psychology, public health, social work, or other health profession, and
  - b. Requests a deferment of this period to complete internship, residency, or other advanced clinical training. The period of deferment may not exceed:
    - (1) three years for participants receiving a degree from schools of medicine, osteopathy or dentistry, or
    - (2) one year for participants receiving a degree from schools of optometry, podiatry, pharmacy, nursing, psychology, public health, social work, or other health professions. The Secretary may, however, extend this period of deferment if the Secretary determines that the extension is consistent with the needs of the IHS.

### Section B — Obligation of the Participant

If selected, the participant agrees:

1. To accept loan repayment provided by the Secretary under Section A of this contract and to apply such payments only to outstanding eligible health professions educational loans.
2. To serve in accordance with this Section for 2 years;
- \*3. Participant's health profession \_\_\_\_\_

#### \* Must be completed by participant.

4. In the case of a participant described in Section 108(b) (1)(A)(B)(i)(ii), (i.e., In the final year of a course of study or in an approved graduate training program):
  - a. To maintain enrollment in a course of study or training, to maintain an acceptable level of academic standing.
5. To serve for a time period (hereinafter referred to as the "period of obligated service") equal to 2 years or such longer period as the participant may agree to serve in the full-time clinical practice of the participant's profession in an Indian health program to which the participant may be assigned by the Secretary.
6. To accept assignment, as determined by the Secretary, for the participant's full period of obligated service in a Loan Repayment priority site designated for the participant's profession or specialty by the IHS.
7. To have a current and unrestricted license or certificate, as necessary for the participant's profession, to practice the participant's health profession in a State within the United States prior to commencing obligated service and maintain that license or certificate throughout the period of obligated service.
8. To commence obligated service in accordance with this contract prior to September 30, \_\_\_\_, and continue uninterrupted service for the duration of the participant's

service obligation period except as provided in Section G of this contract or unless participant's service obligation is deferred by the Secretary pursuant to Section A(5) of this contract.

9. To comply with the provisions of Title 42, Code of Federal Register, Part 36, Subpart J, when adopted. Should any provision of Subpart J be inconsistent with this contract, the regulatory provision will be controlling.
10. Participants serving a contract extension under Section E — Contract Extension have served at least a 2-year time "period of obligated service" prescribed in Section 108(f)(1)(B)(iii) of the Indian Health Care Improvement Act (Public Law 94-437) as amended by the Indian Health Care Amendments of 1992 (Public Law 102-573).
11. All IHS Loan Repayment Program (IHSLRP) Participants must forward in writing any change of address, financial institution, or employment status within 30 days to the following address:

**Indian Health Service Loan Repayment Program  
801 Thompson Avenue, Suite 120  
Rockville, MD 20852**

12. Any Participant who is terminated or resigns from their place of Employment must submit in writing the reason for their non-employment within 30 days or will be placed into Default and debt collection proceedings will be initiated.

### Section C — Contract

The effective date of the contract is calculated from the date it is signed by the Secretary or his/her delegate, or the IHS tribal, tribal/urban, or "Buy-Indian" health center entry-on-duty date, whichever is more recent. If already on duty with the IHS or other Indian health program, calculate from the date of contract; if contract is signed prior to reporting to duty, calculate from the entry-on-duty date.

### Section D — Payments

Payments will begin within 120 days from the date the contract becomes effective (*calculated from the date the contract is signed by the Secretary or his/her delegate, or the IHS, tribal/urban organization, or "Buy-Indian" health center entry-on-duty date, whichever is more recent. If already on duty with the IHS or other Indian health program, calculate from the date of contract; if contract is signed prior to reporting to duty, calculate from the entry-on-duty date*). Contract extensions will be paid 120 days from initial anniversary date. (See Section E.)

### Section E — Contract Extension

1. Participants may, in accordance with procedures established by the Secretary, request an extension of this contract.
2. Subject to the availability of funds appropriated by the Congress of the United States for the IHS and the IHSLRP, the Secretary may approve requests for extension of this contract if:

- a. The participant remains eligible for participation in the IHSLRP, and
- b. The total period of obligated service does not exceed that number of years that it will take to repay the total amount of the individual's outstanding eligible health professions educational loans up to \$20,000 per year under the terms and conditions of this contract.

Individuals extending a contract initially approved prior to FY 2000 are eligible to receive the total amount of the individual's outstanding health professions educational loans up to \$30,000 per year under the terms and conditions of this contract.

3. Participants will be allowed to submit additional Section III financial information not covered under their initial verification of debt, as long as the debt to be considered meets the provisions in the subject section entitled, "For Consolidation of Undergraduate and Graduate Educational Loans", and complies with subsection (2)(b) of this section.

Once the Secretary or his/her authorized representative approves a contract extension, the period of obligated service thereunder shall be calculated beginning the first day after which the participant's initial period of obligated service is completed, if completed the same fiscal year in which the contract extension is approved and if the participant remains on duty after completion of his/her initial period of obligated service. However, when program funds are exhausted, the Secretary will not sign and approve contract extension requests and no credit will be given for the time served after the completion of the initial obligated service. Loan Repayment participants are therefore encouraged to make their contract extension requests as early as possible, preferably 9 months prior to the completion of their initial period of obligated service.

- \*\*4. To serve in accordance with Section E — Contract Extension for a period of 1 year.

**(This provision applies only to those LRP participants who have completed their 2-year period of obligated service.)**

5. All requests for a Contract Extension must include a payment history from your lending institution(s) indicating that maximum payments from the IHSLRP were applied to your eligible outstanding debt since your acceptance into the IHSLRP.

**\*\* Must be initialed by participant if applying for a Contract Extension.)**

**Section F — Breach of Loan Repayment Contract, Damages**

1. If a participant who has entered into a written contract with the Secretary and who —
  - a. Is enrolled in the final year of a course of study and who —
    - (1) fails to maintain an acceptable level of academic standing in the educational institution in which the participant is enrolled;
    - (2) voluntarily terminates such enrollment; or
    - (3) is dismissed from such educational institution before completion of such course of study; or
    - (4) fails to apply loan repayments to his/her health professions educational loans; or
2. If, for any reason not specified in paragraph (1), an applicant breaches his/her written contract by failing either to begin, or complete, the participant's period of obligated service in accordance with Section 108(f), the United States shall be entitled to recover from the participant an amount to be determined in accordance with the following formula:

**A =  $3Z[(t-s)/t]$  in which:**

- a. **"A"** is the amount the United States is entitled to recover;
  - b. **"Z"** is the sum of the amounts paid under this Section to, or on behalf of, the participant and the interest on such amounts which would be payable if, at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States;
  - c. **"t"** is the total number of months in the participant's period of obligated service in accordance with Section 108(f); and
  - d. **"s"** is the number of months of such period served by such participant in accordance with this section.
3. Any amount of damages which the United States is entitled to receive under this contract shall be subject to the United States within the one-year period beginning on the date of the breach or such longer period beginning on such date as shall be specified by the Secretary, and may include all collection costs including any litigation costs. Amounts not paid within the one-year period shall be subject to collection through deductions in Medicare payments pursuant to Section 1892 of the Social Security Act.
  4. Unsatisfactory performance by the applicant resulting in the termination of the participant's employment during the participant's period of obligated service shall be considered a breach of this contract.

**Section G — Creditability of Graduate Training Toward Period of Obligated Service**

1. No credit of time for internship, residency, or other advanced clinical training will be counted toward satisfying the period of obligated service incurred under this contract.

**Section H — Cancellation, Suspension, Waiver, and Release of Obligation**

1. Any service or payment obligation incurred by the participant under this contract will be cancelled upon the participant's death.
2. The Secretary may waive or suspend, in whole or in part, the participant's service obligation incurred under this contract if compliance by the applicant is impossible or would involve extreme hardship to the individual and if enforcement of such obligation with respect to the participant would be unconscionable.
3. The Secretary may waive, in whole or in part, the rights of the United States to recover amounts under this Section in any case of extreme hardship, as determined by the Secretary.
4. Any obligation of a participant under the Loan Repayment Program for payment of damages may be released by a discharge in bankruptcy under Title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the date that payment of such damages is required and only if the bankruptcy court finds that non-discharge of the obligation would be unconscionable.
5. All Waiver requests to the IHSLRP must be made in writing. Any IHSLRP Waiver approval, denial, or decision will be made to the Applicant in writing within 30 days of the Waiver Committee's decision.

