## HRSA NELRP Home Page

U.S. Department of Health and Human Services Health Resources and Services Administration



Home Questions? Order Publications

SEARCH

**GRANTS** 

FIND HELP

SERVICE DELIVERY

DATA

**HEALTH SYSTEM CONCERNS** 

**ABOUT HRSA** 

### **Nursing Education Loan Repayment Program**

Overview

Application Guidance

Frequently Asked Questions

- The 2007 on-line application deadline was 5 pm ET March 9, 2007.
- All applicants who submitted a complete application (including forms and documentation) will be notified, in writing, whether or not they were selected to receive a NELRP award, by October 31, 2007.
- New for 2008: Applicants must be employed at a non-profit critical shortage facility to be eligible
- Sign up to be notified by e-mail when the 2008 application is available.

### About Nursing Education Loan Repayment

NELRP is a competitive program that repays 60 percent of the qualifying loan balance of registered nurses selected for funding in exchange for 2 years of service at a critical shortage facility. Participants may be eligible to work a third year and receive an additional 25 percent of the qualifying loan balance.

Authorized by Section 846 of the Public Health Service Act, as amended, the purpose of the NELRP is to assist in the recruitment and retention of professional nurses dedicated to providing health care to underserved populations.

If you are selected to participate in the NELRP, you enter into a contract with the U.S. Government. There are serious consequences for breaching this contract. Please read the 2007 application guidance carefully before deciding to apply to the NELRP in 2008.

You may be eligible to apply if you meet all of the following requirements by the next application due date:

- Have received a baccalaureate or associate degree in nursing (or an equivalent degree), a diploma in nursing or a graduate degree in nursing from an
  accredited school of nursing in a State
- . Have outstanding qualifying loans obtained for nursing education leading to a degree or diploma in nursing as specified above
- · Have completed the nursing education program for which the loan balance applies
- Are a U.S. citizen, U.S. national or a lawful permanent resident of the U.S.
- . Are employed full time (32 hours or more per week) at a critical shortage facility
- Are employed at a non-profit facility (effective October 1, 2007)
- Have a current permanent unrestricted license as an RN in the State in which you intends to practice or be authorized to practice in that State pursuant
  to the Nurse Licensure Compact (not a U.S. Government Web site) and
- Have submitted a complete NELRP Application, a signed NELRP Contract, supplemental forms and all required documentation by the NELRP application deadline

### You are not eligible to apply if you:

 Have a judgment lien against your property for a debt owed to the United States. Such individual is precluded from receiving Federal funds (including NELRP funds), until the judgment lien has been paid in full

## Home Page

### Application for Nursing Education Loan Repayment Program (NELRP)



4FLP

#### PUBLIC BURDEN STATEMENT

OMB:0915-0140 Expiration Date:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The OMB control number for this project is 0915-0140. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 14-33, Rockville, Marvland 20857.

This site is maintained by the U.S. Government. It is protected by various provisions of Title 18, U.S. Code. Violations of Title 18 are subject to criminal prosecution in federal court. For site security purposes and to ensure that this service remains available to all users, we employ software programs to monitor traffic, to identify unauthorized attempts to upload or change information, or otherwise cause damage. In the event of authorized law enforcement investigations, and pursuant to any required legal process, information from these sources may be used to help identify an individual.

WARNING: Any person who knowingly makes a false statement or a misrepresentation on this application shall be subject to a fine or to imprisonment of not more than 5 years, or both, under provision of the United Stated criminal code. I have read this statement and understand its contents.

Refresh

- © Do you wish to apply for the 2008 Nursing Education Loan Repayment Program (NELRP) for the First Time?
- Of you have already registered as a applicant for the 2008 NELRP, do you wish to continue with your application?
- Do you wish to apply for the 2008 Nursing Scholarship Program (NSP) for the First Time?
- O If you have already registered as a applicant for the 2008 NSP, do you wish to continue with your application?



### Registration Screen, Part 1

Application in the property of the property

#### Application for Nursing Education Loan Repayment Program (NELRP)



#### Registration

login page | more instructions | registration help

Registration with HRSA is needed only once per application cycle. If you have already registered, please click on the Login Page link provided at the top of the page. If you do not remember your password, use the Forgot Password link provided to have a new password emailed to you.

#### Getting Started

Before you begin the registration process, we request you read the getting started guidelines for New & Previous Applicants. For more detailed information, read the Application Guidance.

#### Prior to starting the online portion of the application you will need the following information on hand:

- 1. Existing users will need their user name and password
- 2. Date, city, state and country of birth
- 3. Social security number
- 4. An active e-mail address
- 5. Qualifying Nursing Education: school name(s), school city and state, date(s) attended and graduation date(s)
- 6. Qualifying Nursing Loans: the name, phone, fax number of each lender (or holder) for each education loan and the most current balance of each loan, principal and interest, determined as accurately as possible
- 7. Nursing Licensure Information: license number, state licensed, license expiration date and restrictions
- Current Employer Information: facility name, address, phone number, health care facility type, profit status and facility web address if available
- Current Employment Information: employment start date, nursing functional role and gross annual salary

#### Overview of Registration Process

Registration within HRSA NELRP is a two step process:

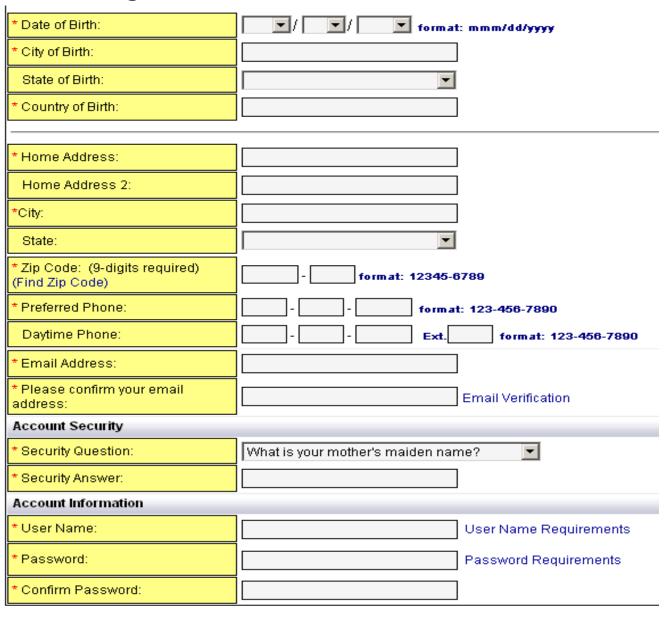
- Create an individual account for yourself. This account should not be shared with any other user.
- 2. Login to the email account used in the registration and follow the link to activate and login to your account.

#### Getting Help

For assistance with HRSA NELRP, contact the HRSA Call Center at 877-Go4-HRSA/877-464-4772; 301-998-7373 or email CallCenter@HRSA.Gov or use the questions/comments link available on each page, HRSA Call Center hours are from 9:00 a.m. to 5:30 p.m. Eastern Time (E.T.), Monday through Friday.

Step 1 of 2: Create a User Account				
NELRP Online Registration				
Please fill out the following form. Fields marked with an asterisk (') are required.				
Personal Information				
* Salutation:	Ms. 🔽			
* First Name:				
Middle Name:				
* Last Name:				
* Social Security Number: (Privacy Act)	- format: 123-45-6789			

## Registration Screen, Part 2



## Welcome Page

Address | http://panama/public/nelrp\_public/MyNELRP.aspx?Begin=True



#### Application for Nursing Education Loan Repayment Program (NELRP)



My Home Application Kit My NELRP

Welcome Susan Brooking!

My Profile Status

Logout

You last Logged in 11/8/2007 4:23:19 PM

Messages from Program

Due to the increased volume of NELRP applicants, program staff will not be able to communicate with you on an individual bases regarding the processing of your application. The NELRP will alert you that your application has been received and under review on the Application Status page. Check the web site for possible updates regarding the status of your application on a regular basis. All applicants who submitted a complete application (including forms and documentation) will be notified, in writing by October 31, 2007, whether or not they were selected to receive a NELRP award.

- Existing users will need their user name and password.
- 2. Date, city, state and country of birth.
- Social security number.
- An active e-mail address.
- 5. Qualifying Nursing Education: school name(s), school city and state, date(s) attended and graduation date(s).
- 6. Qualifying Nursing Loans: the name, phone, fax number of each lender (or holder) for each education loan and the most current balance of each loan, principal and interest, determined as accurately as possible.
- 7. Nursing Licensure Information: license number, state licensed, license expiration date and restrictions.
- 8. Current Employer Information: facility name, address, phone number, health care facility type, profit status and facility web address if available.
- 9. Current Employment Information: employment start date, nursing functional role and gross annual salary.

#### Review Application

**Begin Application** 

Once you submit your application, you can only make changes to your profile information so please review your application prior to final submission.

#### Application Status

Application Status

Make sure all required information is provided to ensure that your application is complete.

#### Required Supplemental Forms

Required Supplemental Forms

Make sure all required supplemental forms are properly filled out, signed and mailed in to complete your application process.

If you do not have the latest version of Adobe Reader, please use the link provided to download a free copy.

Download Adobe Acrobat Reader (http://www.adobe.com/products/acrobat/readstep2.html)



- Learn More About NELRP
- Review NELRP Application Guidance

# Eligibility and Ineligibility Notice

Address <equation-block> http://panama/public/nelrp\_public/NELRPAppElig.aspx?App=Open&Profile=Closed

Address (&) http://panama/public/nelrp_pub	lic/
U.S. Department of Health and Human Services  Health Resources and Services Administration	
My Home	

Application for Nursing Education Loan Repayment Program (NELRP)



			HE		
My Home	Part I. Application Eligibility Criteria				
Application Kit	Before submitting an application for the NELRP, please answer the following questions. Fields marked with an asterisk (*) are required.				
Application Guidance Burden Statement Eligibility Identification Loan Licensure Employment Certification Required Supplemental Forms	"Will you be a licensed, Registered Nurse (RN) by Sunday, March 09, 2008 ?	○ Yes ○ No			
	Note: If you were born outside of the United States, submit documentary proof of Green Card.	of your U.S. citizenship, or status as a U.S. National or Lawful Permanent Resident, e.g., a copy of a U.S.	Passport ID or		
	*What is your citizenship status?  O U.S. Citizen O U.S. National O Permanent Legal R O Not a U.S. Citizen, N				
Status	Note: An answer of "No" to the next question regarding the existence of a service	obligation, it must coincide with question number 2 on the Employment Verification Form supplied by	y your employe		
Logout	Do you currently have an existing service obligation that will not be completely satisfied on or before Sunday, March 09, 2008? Show me an example	C Yes C No			
	<sup>1</sup> Do you have a judgment lien against your property arising from a Federal Debt?	C Yes C No			
	*Are you currently in default on any Federal Debt?	C Yes C No			
	Do you work for a Non-Profit facility?	C Yes C No			
	— Application Section ice — Burden Statement — Eligibility You may click here to review the eli — Identification	Application for Nursing Education Loan Repayment Program (NELRP)  pility Notice  ubmitted within the online application you are not eligible for the Nursing Education Loan Repayment Program.  igibility requirements.  age in error, please click on your web browsers "back" button to resubmit your answers.	6		
	Status		6		

# Identification

Address 🎒 http://panama/public/nelrp\_public/NELRPApp1.aspx?App=Open&Profile=Closed



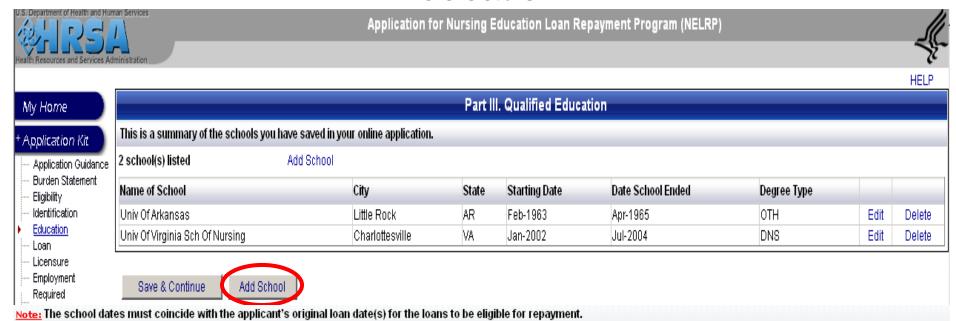
Application for Nursing Education Loan Repayme

My Home			
+ Application Kit			
Application Guidance Burden Statement Englishity Identification			
Los distribution Loan Licensure Employment Certification Required Supplemental Forms			
+ My Profile			
Status			
Logout			

	Part II. Identification Information			
Please fill out the following form. Fields marked with an asterisk (*) are required.				
*Salutation:	Ms. 🔻			
*First Name:	Susan			
Middle Name:				
*Last Name:				
Suffix: (if any)				
* Gender:				
Maiden Name (if applicable)				
* Date of Birth:	Jan ▼/ 01 ▼/ 1938 ▼ format: mmm/dd/yyyy			
City of Birth:	Washington			
State of Birth:	District of Columbia			
Country of Birth:	U.S.A.			
*Social Security Number: (Privacy Act)	- 5566 format: 123-45-6789			
Ethnicity: (completion of this information is voluntary) O Not Hispanic or Latino O Hispanic or Latino				
Race: (completion of this information is voluntary) (Please select all that apply.)				
* Preferred Phone:	111 - 111 - 1111 format: 123-456-7890			
Daytime Phone:	- Ext. format: 123-456-7890			
*Home Address:	11111			
Home Address 2:				
*City:	Rockville			
*State:	Maryland			
*Zip Code: (9-digits required) (Find Zip Code)	11111 - 1111 format: 12345-6789			

Save and Continue

### Education



### The Catholic Univ of America WASHINGTON, DC

Click have if you transferred from this coheal

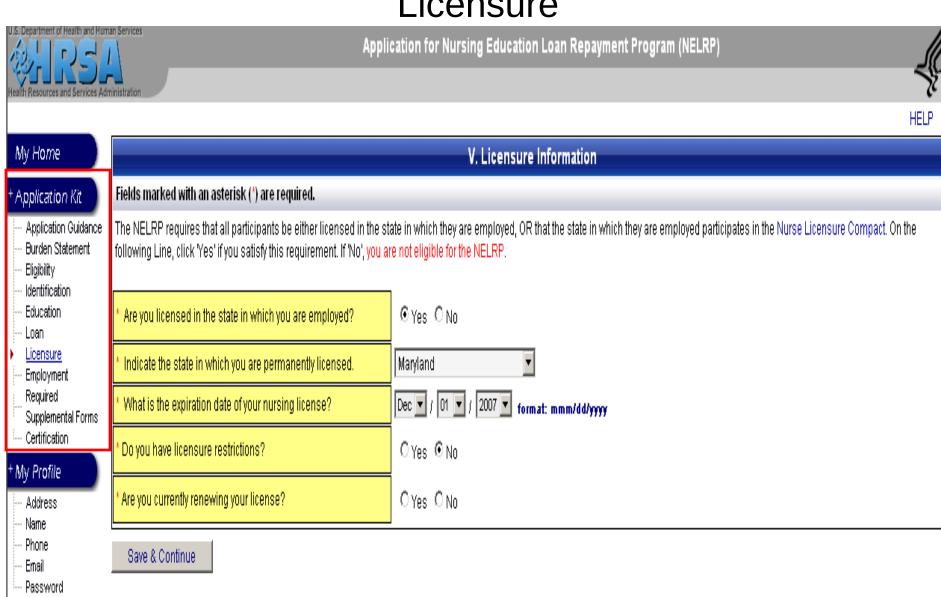
Chek here ii you dansierreu nom ans school.	
$\square$ Click here if you attended this school only for o	ne or several nursing prerequisite(s).
*On what date did you <u>begin</u> your education at the School identified above?	Jan ▼ / 2000 ▼ format: mmm/yyyy
* On what date did you <u>end</u> your education at the School identified above?	Dec ▼ / 2004 ▼ format: mmm/yyyy
On what date did you <u>obtain</u> your degree or diploma?	format: mmm/yyyy
*Type of highest nursing degree or diploma received:	Bachelor of Science in Nursinc▼
School Comments:	<u>A</u>

Loan

lealth Resources and Services A						HELP			
My Home			Pa	rt IV. Qualifyin	g Loans				
Application Kit Application Guidance Burden Statement	Using the Add Loan link below, provide the following for each qualifying education loan (for undergraduate, graduate, and prerequisite nursing loans) that you wish to be considered for repayment under the NELRP								
Eligibility Identification	The Name	of each Lender (or holder	for each education loan						
Education Loan			an, principal and interest, de	termined as accu	ırately as possible.				
Employment Required Supplemental Forms Certification	ployment quired pplemental Forms Add Loan								
+ My Profile	Institution Name	Loan Amount	Phone	Ext	Fax	Ext	Date Entered		
- Address	Bank of America Chevy Chase		.00 (301) 123-3434 .00 (234) 231-2342	1234	(301) 123-1234		12/13/2006 12/13/2006	Edit Edit	Delete Delete
- Name - Phone	Tota								
Email Password Status	Save and Continue Add Loan								
	* Loan Institution:								
	* Main Phone:		- Ext.	for	mat: 123-456-789	90			
	Fax:		- Ext.	for	mat: 123-456-789	90			
	* Loan Amount:	\$	format: 10	000 00					

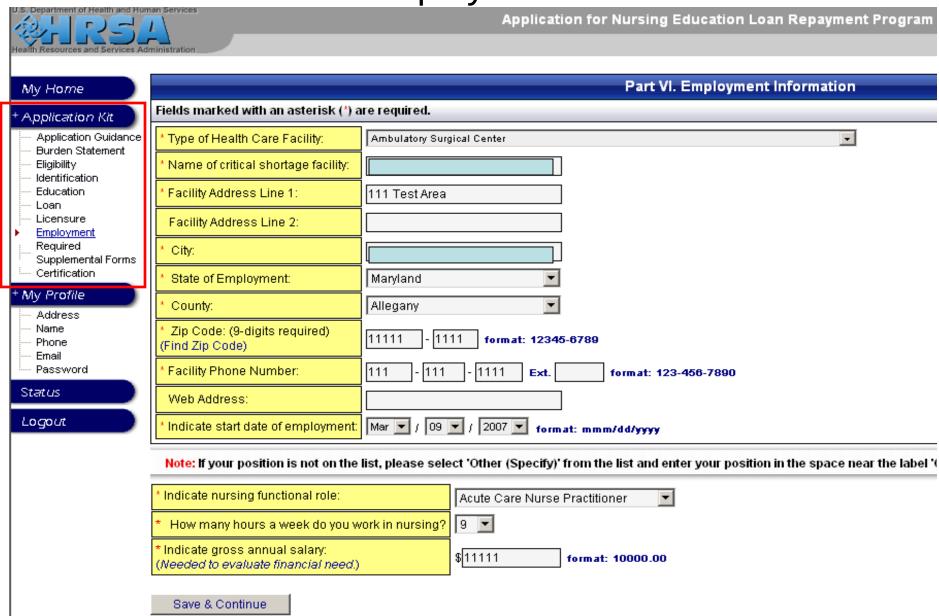
9

### Licensure

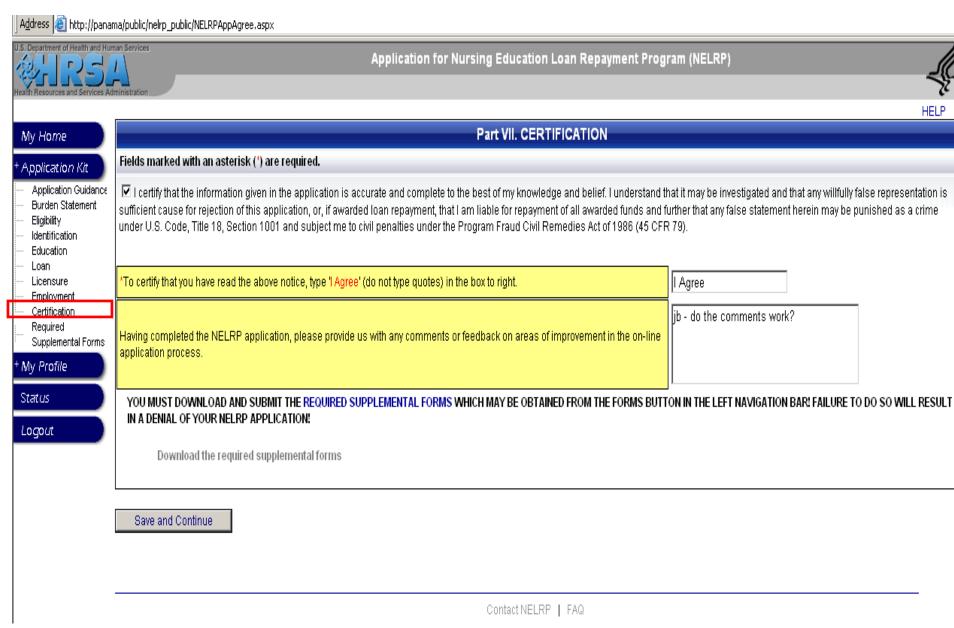


Status

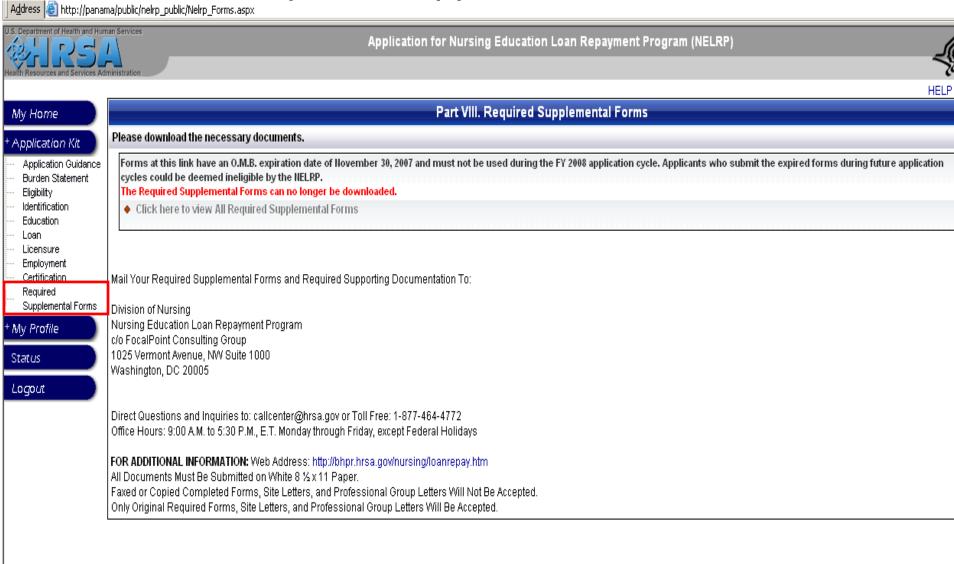
**Employment** 



### Certification



## Required Supplemental Forms

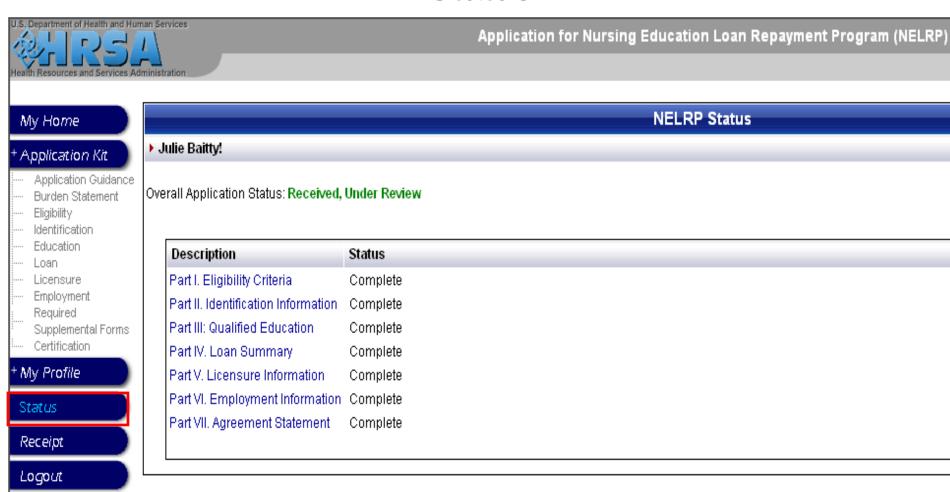


# My Profile

(includes change name, address, phone, email, password)

U.S. Department of Health and Hur Health Resources and Services Ad		Application for Nursing Education Loan Repayment Program (NELRP)
My Home		NELRP User Account Settings: Change Address
+ Application Kit	Please fill out the following for	m. Fields marked with an '*'are required.
- Application Guidance	Change the account holder's	address.
Burden Statement Eligibility	* Home Address	
ldentification Education	Home Address 2	
Loan Licensure	^ City	Laurel
Employment Required Supplomental Forms	* State	Maryland
Supplemental Forms Certification  + My Profile	* Zip Code: (9-digits required) (Find Zip Code)	20723 - 1234 format: 12345-6789
Address Name Phone Email	Save Cancel	
Password Status		

### Status



## Receipt

page for your records, as this notification will serve as proof that your application was submitted.

Remember to log in periodically to check the status of your application.



Application for Nursing Education Loan Repayment Program (NELRP)

**NELRP Receipt of Submission** 

Thank you for your application to the Nursing Education Loan Repayment Program. This page is your confirmation that your application has been received. It is suggested that you print a copy of this

This application is only one part of the application process. All required supplemental forms and required supporting documentation must be completed before your application will be considered.

First Name: Julie

Last Name: Baitty

User Name: baittytest

Application Submission Date: 2/15/2007 1:51:54 PM

SSN: \*\*\*-\*\*-7777



### My Home

### Application Kit

- Application Guidance
- Burden Statement
- Identification
- Education
- Loan
- Licensure
- Required
- Supplemental Forms

Eligibility

Employment

Certification





Print this page

Status

Receipt

Logout

