

HRSA NELRP Home Page

<http://bhpr.hrsa.gov/nursing/loanrepay.htm>



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

Address  http://panama/loginnew.aspx



Application for Nursing Education Loan Repayment Program (NELRP)



[HELP](#)

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, Maryland 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 States 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?
- If 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?
- If you have already registered as a applicant for the 2008 NSP, do you wish to continue with your application?

Select

Registration Screen, Part 1

Address http://panama/public/Nelrp_public/NELRPRegister.aspx



Application for Nursing Education Loan Repayment Program (NELRP)

[HELP](#)

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
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

Overview of Registration Process

Registration within HRSA NELRP is a two step process:

1. 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:	<input type="text" value="Ms."/>
* First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
* Last Name:	<input type="text"/>
* Social Security Number: (Privacy Act)	<input type="text"/> - <input type="text"/> - <input type="text"/> format: 123-45-6789

Registration Screen, Part 2

* Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	format: mmm/dd/yyyy
* City of Birth:	<input type="text"/>	
State of Birth:	<input type="text"/>	
* Country of Birth:	<input type="text"/>	
<hr/>		
* Home Address:	<input type="text"/>	
Home Address 2:	<input type="text"/>	
* City:	<input type="text"/>	
State:	<input type="text"/>	
* Zip Code: (9-digits required) (Find Zip Code)	<input type="text"/> - <input type="text"/>	format: 12345-6789
* Preferred Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>	format: 123-456-7890
Daytime Phone:	<input type="text"/> - <input type="text"/> - <input type="text"/>	Ext. <input type="text"/> format: 123-456-7890
* Email Address:	<input type="text"/>	
* Please confirm your email address:	<input type="text"/>	Email Verification
<hr/>		
Account Security		
* Security Question:	<input type="text"/>	
* Security Answer:	<input type="text"/>	
<hr/>		
Account Information		
* User Name:	<input type="text"/>	User Name Requirements
* Password:	<input type="text"/>	Password Requirements
* Confirm Password:	<input type="text"/>	

Save and Continue

Welcome Page

Address  http://panama/public/nelrp_public/MyNELRP.aspx?Begin=True

U.S. Department of Health and Human Services



Application for Nursing Education Loan Repayment Program (NELRP)



HELP

My Home

My NELRP

+ Application Kit

Welcome Susan Brooking!

+ My Profile

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

Status

Messages from Program

Logout

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.

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.
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 \(http://www.adobe.com/products/acrobat/readstep2.html\)](http://www.adobe.com/products/acrobat/readstep2.html)



- ▶ [Learn More About NELRP](#)
- ▶ [Review NELRP Application Guidance](#)

Eligibility and Ineligibility Notice

Address http://panama/public/nelrp_public/NELRPAppElig.aspx?App=Open&Profile=Closed

U.S. Department of Health and Human Services



Application for Nursing Education Loan Repayment Program (NELRP)

HELP

My Home

+ Application Kit

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

+ My Profile

Status

Logout

Part I. Application Eligibility Criteria

Before submitting an application for the NELRP, please answer the following questions. Fields marked with an asterisk (*) are required.

*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 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 Green Card.

* What is your citizenship status?
 U.S. Citizen
 U.S. National
 Permanent Legal Resident
 Not a U.S. Citizen, National or Resident

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 your employer.

* Do you currently have an existing service obligation that will not be completely satisfied on or before Sunday, March 09, 2008 ? Yes No
[Show me an example](#)

* Do you have a judgment lien against your property arising from a Federal Debt? Yes No

* Are you currently in default on any Federal Debt? Yes No

Do you work for a Non-Profit facility? Yes No

Save and Continue

Address http://panama/public/nelrp_public/NELRP_Ineligibility.aspx?Action=RN

U.S. Department of Health and Human Services



Application for Nursing Education Loan Repayment Program (NELRP)

My Home

+ Application Kit

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

+ My Profile

Status

Logout

Application Ineligibility Notice

Based on the answers you have submitted within the online application you are not eligible for the Nursing Education Loan Repayment Program.

You may [click here](#) to review the eligibility requirements.

If you feel you have reached this page in error, please click on your web browsers "back" button to resubmit your answers.

Follow the links below to learn more about NELRP eligibility.

- ▶ [Information for eligibility](#)

Identification

Address  http://panama/public/nelrp_public/NELRPApp1.aspx?App=Open&Profile=Closed

U.S. Department of Health and Human Services



Health Resources and Services Administration

Application for Nursing Education Loan Repayment

My Home

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) Not Hispanic or Latino 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



My Home

+ Application Kit

- Application Guidance
- Burden Statement
- Eligibility
- Identification
- Education**
- Loan
- Licensure
- Employment
- Required

Part III. Qualified Education

This is a summary of the schools you have saved in your online application.

2 school(s) listed [Add School](#)

Name of School	City	State	Starting Date	Date School Ended	Degree Type		
Univ Of Arkansas	Little Rock	AR	Feb-1963	Apr-1965	OTH	Edit	Delete
Univ Of Virginia Sch Of Nursing	Charlottesville	VA	Jan-2002	Jul-2004	DNS	Edit	Delete

Save & Continue

Add School

Note: The school dates must coincide with the applicant's original loan date(s) for the loans to be eligible for repayment.

The Catholic Univ of America WASHINGTON, DC

[Click here if you transferred from this school.](#)

[Click here if you attended this school only for one or several nursing prerequisite\(s\).](#)

* On what date did you begin your education at the School identified above?

Jan / 2000 format: mmm/yyyy

* On what date did you end your education at the School identified above?

Dec / 2004 format: mmm/yyyy

On what date did you obtain your degree or diploma?

/ format: mmm/yyyy

* Type of highest nursing degree or diploma received:

Bachelor of Science in Nursing

School Comments:

Loan



HELP

My Home

+ Application Kit

- Application Guidance
- Burden Statement
- Eligibility
- Identification
- Education
- Loan**
- Licensure
- Employment
- Required
- Supplemental Forms
- Certification

+ My Profile

- Address
- Name
- Phone
- Email
- Password

Status

Part IV. Qualifying Loans

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

- The Name of each Lender (or holder) for each education loan.
- The most current balance of each loan, principal and interest, determined as accurately as possible.

For each lender (or holder) listed under Part IV you must download, complete, and mail to the NELRP a Loan Information and Verification Form.

[Add Loan](#)

Institution Name	Loan Amount	Phone	Ext	Fax	Ext	Date Entered		
Bank of America	\$25,000.00	(301) 123-3434	1234	(301) 123-1234		12/13/2006	Edit	Delete
Chevy Chase	\$455,444.00	(234) 231-2342				12/13/2006	Edit	Delete
Total	\$480,444.00							

Loan Institution:

Main Phone: - - **Ext.** **format: 123-456-7890**

Fax: - - **Ext.** **format: 123-456-7890**

Loan Amount: \$ **format: 10000.00**

Licensure

Application for Nursing Education Loan Repayment Program (NELRP)

HELP

My Home

V. Licensure Information

Fields marked with an asterisk (*) are required.

The NELRP requires that all participants be either licensed in the state in which they are employed, OR that the state in which they are employed participates in the [Nurse Licensure Compact](#). On the following Line, click 'Yes' if you satisfy this requirement. If 'No', you are not eligible for the NELRP.

* Are you licensed in the state in which you are employed? Yes No

* Indicate the state in which you are permanently licensed. Maryland

* What is the expiration date of your nursing license? Dec / 01 / 2007 format: mmm/dd/yyyy

* Do you have licensure restrictions? Yes No

* Are you currently renewing your license? Yes No

Save & Continue

+ Application Kit

- Application Guidance
- Burden Statement
- Eligibility
- Identification
- Education
- Loan
- Licensure**
- Employment
- Required
- Supplemental Forms
- Certification

+ My Profile

- Address
- Name
- Phone
- Email
- Password

Status

Employment

My Home

Part VI. Employment Information

+ Application Kit

- Application Guidance
- Burden Statement
- Eligibility
- Identification
- Education
- Loan
- Licensure
- Employment**
- Required
- Supplemental Forms
- Certification

+ My Profile

- Address
- Name
- Phone
- Email
- Password

Status

Logout

Fields marked with an asterisk (*) are required.

* Type of Health Care Facility:	<input type="text" value="Ambulatory Surgical Center"/>
* Name of critical shortage facility:	<input type="text"/>
* Facility Address Line 1:	<input type="text" value="111 Test Area"/>
Facility Address Line 2:	<input type="text"/>
* City:	<input type="text"/>
* State of Employment:	<input type="text" value="Maryland"/>
* County:	<input type="text" value="Allegany"/>
* Zip Code: (9-digits required) (Find Zip Code)	<input type="text" value="11111"/> - <input type="text" value="1111"/> format: 12345-6789
* Facility Phone Number:	<input type="text" value="111"/> - <input type="text" value="111"/> - <input type="text" value="1111"/> Ext. <input type="text"/> format: 123-456-7890
Web Address:	<input type="text"/>
* Indicate start date of employment:	<input type="text" value="Mar"/> / <input type="text" value="09"/> / <input type="text" value="2007"/> format: mmm/dd/yyyy

Note: If your position is not on the list, please select 'Other (Specify)' from the list and enter your position in the space near the label 'Other'.

* Indicate nursing functional role:	<input type="text" value="Acute Care Nurse Practitioner"/>
* How many hours a week do you work in nursing?	<input type="text" value="9"/>
* Indicate gross annual salary: (Needed to evaluate financial need.)	<input type="text" value="\$11111"/> format: 10000.00

Save & Continue

Certification

Address  http://panama/public/nelrp_public/NELRPAppAgree.aspx

U.S. Department of Health and Human Services



Health Resources and Services Administration

Application for Nursing Education Loan Repayment Program (NELRP)



HELP

My Home

+ Application Kit

- Application Guidance
- Burden Statement
- Eligibility
- Identification
- Education
- Loan
- Licensure
- Employment
- Certification**
- Required
- Supplemental Forms

+ My Profile

Status

Logout

Part VII. CERTIFICATION

Fields marked with an asterisk (*) are required.

I certify that the information given in the 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 crime 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).

*To certify that you have read the above notice, type 'I Agree' (do not type quotes) in the box to right.

I Agree

Having completed the NELRP application, please provide us with any comments or feedback on areas of improvement in the on-line application process.

jib - do the comments work?

YOU MUST DOWNLOAD AND SUBMIT THE REQUIRED SUPPLEMENTAL FORMS WHICH MAY BE OBTAINED FROM THE FORMS BUTTON IN THE LEFT NAVIGATION BAR! FAILURE TO DO SO WILL RESULT IN A DENIAL OF YOUR NELRP APPLICATION!

[Download the required supplemental forms](#)

[Save and Continue](#)

[Contact NELRP](#) | [FAQ](#)

Required Supplemental Forms

Address  http://panama/public/nelrp_public/Nelrp_Forms.aspx

U.S. Department of Health and Human Services



Application for Nursing Education Loan Repayment Program (NELRP)



HELP

Part VIII. Required Supplemental Forms

Please download the necessary documents.

Forms at this link have an O.M.B. expiration date of November 30, 2007 and must not be used during the FY 2008 application cycle. Applicants who submit the expired forms during future application cycles could be deemed ineligible by the NELRP.

The Required Supplemental Forms can no longer be downloaded.

◆ [Click here to view All Required Supplemental Forms](#)

Mail Your Required Supplemental Forms and Required Supporting Documentation To:

Division of Nursing
Nursing Education Loan Repayment Program
c/o FocalPoint Consulting Group
1025 Vermont Avenue, NW Suite 1000
Washington, DC 20005

Direct Questions and Inquiries to: callcenter@hrsa.gov or Toll Free: 1-877-464-4772
Office Hours: 9:00 A.M. to 5:30 P.M., E.T. Monday through Friday, except Federal Holidays

FOR ADDITIONAL INFORMATION: Web Address: <http://bhpr.hrsa.gov/nursing/loanrepay.htm>
All Documents Must Be Submitted on White 8 ½ x 11 Paper.
Faxed or Copied Completed Forms, Site Letters, and Professional Group Letters Will Not Be Accepted.
Only Original Required Forms, Site Letters, and Professional Group Letters Will Be Accepted.

[Contact NELRP](#) | [FAQ](#)

My Profile

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

U.S. Department of Health and Human Services



Health Resources and Services Administration

Application for Nursing Education Loan Repayment Program (NELRP)

My Home

+ Application Kit

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

+ My Profile

- Address
- Name
- Phone
- Email
- Password

Status

NELRP User Account Settings: Change Address

Please fill out the following form. Fields marked with an "*" are required.

Change the account holder's address.

* Home Address	<input type="text"/>
Home Address 2	<input type="text"/>
* City	<input type="text" value="Laurel"/>
* State	<input type="text" value="Maryland"/>
* Zip Code: (9-digits required) (Find Zip Code)	<input type="text" value="20723"/> - <input type="text" value="1234"/> format: 12345-6789

Save

Cancel

Status



My Home

NELRP Status

+ Application Kit

▶ Julie Baitty!

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

Overall Application Status: **Received, Under Review**

+ My Profile

Status

Receipt

Logout

Description	Status
Part I. Eligibility Criteria	Complete
Part II. Identification Information	Complete
Part III: Qualified Education	Complete
Part IV. Loan Summary	Complete
Part V. Licensure Information	Complete
Part VI. Employment Information	Complete
Part VII. Agreement Statement	Complete

Receipt



[My Home](#)

+ [Application Kit](#)

- [Application Guidance](#)
- [Burden Statement](#)
- [Eligibility](#)
- [Identification](#)
- [Education](#)
- [Loan](#)
- [Licensure](#)
- [Employment](#)
- [Required](#)
- [Supplemental Forms](#)
- [Certification](#)

+ [My Profile](#)

[Status](#)

[Receipt](#)

[Logout](#)

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

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

First Name: Julie

Last Name: Baitty

SSN: ***.**-7777

User Name: baittytest

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

 [Print this page](#)