

Name

1st Address

2nd Address

City, State Zip Code

Program:

**FEDERAL CAPITAL CONTRIBUTION**  
**HEALTH PROFESSIONS STUDENT LOANS, PRIMARY CARE LOANS, LOANS FOR**  
**DISADVANTAGED STUDENTS, AND NURSING STUDENT LOANS - ACTIVE**  
**ANNUAL OPERATING REPORT**  
**FOR THE PERIOD JULY 1, XXXX THROUGH JUNE 30, XXXX**

Please read the instructions before you begin to fill out the report or before calling for assistance.

If this report is to be prepared by someone in another office, please be sure this packet is kept intact for that individual's knowledge and use.

PUBLIC REPORTING BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0044. Public reporting burden for this collection of information is estimated to average 4 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 10-33, Rockville, Maryland 20857.

Worksheet for all **Active** Health Professions Student Loans (HPSL), Primary Care Loans (PCL), Loans for Disadvantaged Students (LDS), and Nursing Student Loans (NSL).

DATE: MM/DD/YY  
 INSTITUTION:  
 SCHOOL:  
 PROGRAM:

OPS NO.

ANNUAL OPERATING REPORT: JULY 1, XXXX - JUNE 30, XXXX  
STUDENT LOAN PROGRAM - ACTIVE  
 STUDENT BORROWER DATA SECTION

Current

1. Number of Student Borrowers..... \_\_\_\_\_
2. Total Dollar Amount of Loans Awarded..... \_\_\_\_\_
3. Total Full-Time Enrollment for Reporting Program Discipline for Academic Year 20XX- 20XX..... \_\_\_\_\_
4. RACE/ETHNICITY OF INDIVIDUALS RECEIVING ASSISTANCE IN 20XX-20XX

**A. NUMBER OF HPSL/PCL/LDS or NSL STUDENTS RECEIVING LOANS**

Race/Ethnicity	Hispanic/Latino	Non-Hispanic/Latino
*Asian - all	<input type="text"/>	<input type="text"/>
*Asian Underrepresented	<input type="text"/>	<input type="text"/>
*Black or African American	<input type="text"/>	<input type="text"/>
* American Indian/Alaskan Native	<input type="text"/>	<input type="text"/>
* Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>
* White	<input type="text"/>	<input type="text"/>
* More than One Race	<input type="text"/>	<input type="text"/>
<b>Total (Calculated Value)</b>	<input type="text"/>	<input type="text"/>

**B. NUMBER OF HPSL/PCL/LDS or NSL TOTAL ENROLLMENT**

	Hispanic/Latino	Non-Hispanic/Latino
<b>*Asian - all</b>	<input type="text"/>	<input type="text"/>
<b>*Asian Underrepresented</b>	<input type="text"/>	<input type="text"/>
<b>*Black or African American</b>	<input type="text"/>	<input type="text"/>
<b>* American Indian/Alaskan Native</b>	<input type="text"/>	<input type="text"/>
<b>* Native Hawaiian or Other Pacific Islander</b>	<input type="text"/>	<input type="text"/>
<b>* White</b>	<input type="text"/>	<input type="text"/>
<b>* More than One Race</b>	<input type="text"/>	<input type="text"/>

**Total (Calculated Value)**

**C. Total Students graduated and total disadvantaged students graduated from your loan program**

**\*Total Graduates**

**\*Disadvantaged Graduates**

Of the number of Disadvantaged Graduates, number who are economically disadvantaged

**QUESTIONS 5 - 8 APPLY ONLY TO PRIMARY CARE LOANS (OSTEOPATHIC AND ALLOPATHIC MEDICINE)**

Current

- 5. Number of PCL Student Borrowers.....
- 6. Total PCL Dollar Amount of Loans Awarded.....
- 7. Defaults on Service Obligations
  - Total Number of Defaulted Borrowers.....
  - Total Original Principal Loaned.....

**8. Participation of Graduates in Primary Health Care (PCL Schools Only):**

	2003-2004	2004-2005	
<b>8A. *Total Full-Time Graduates</b>	<input type="text"/>	<input type="text"/>	
<b>8B. *Number of Full-Time Graduates in Primary Care Residencies and Practice</b>	<input type="text"/>	<input type="text"/>	
<b>8C. Percentage</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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DATE: MM/DD/YY

OPS NO.

INSTITUTION:

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PROGRAM:

ANNUAL OPERATING REPORT: JULY 1, 20XX - JUNE 30, 20XX  
STUDENT LOAN PROGRAM - ACTIVE

PROGRAM ACCOUNTS SECTION

PROGRAM ACCOUNTS	Cumulative	Current Year
<b>A. FEDERAL FUNDS AWARDED</b>		
<b>B. CASH BALANCE - START OF REPORT PERIOD</b>	XXXXXXXX	
<b>C. CASH RECEIPTS</b>		
1. Federal Funds Received/Receivable		
2. Institutional Contributions Deposited		
3. Transferred from Scholarship Fund		
4. Loan Principal Collected		
5. Interest Income Collected on Loans		
6. Penalty Charges Collected on Loans		
7. Investment Income		
8. Institutional Repayments of Bad Debts, Principal		
9. Institutional Repayments of Bad Debts, Interest		
10. Institutional Repayments of Bad Debts, Penalty Charges		
<b>D. CASH DISBURSEMENTS</b>		
1. Loaned to Students		
2. Transferred to Scholarship Fund		
3. Repayments to Federal Government, Principal		
4. Repayments to Federal Government, Interest		
5. Repayments to Federal Government, Other Income		
6. Repayments to Institution, Principal		
7. Repayments to Institution, Interest		
8. Repayments to Institution, Other Income		
9. Collection Agent Costs, Principal		
10. Collection Agent Costs, Interest		
11. Litigation Costs, Principal		
12. Litigation Costs, Interest		
13. Credit Bureau Fees		
14. Other Costs (Overpayments & Underpayments)		
<b>E. CASH BALANCE END OF REPORT PERIOD</b>	XXXXXXXX	





Worksheet for all Active Health Professions Student Loans (HPSL), Primary Care Loans (PCL), Loans for Disadvantaged Students (LDS), and Nursing Student Loans (NSL)\_

DATE: MM/DD/YY OPS NO.
INSTITUTION:
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ANNUAL OPERATING REPORT: JULY 1, 20XX - JUNE 30, 20XX
STUDENT LOAN PROGRAM - ACTIVE
EXCESS CASH WORKSHEET

- A. General Ledger Cash Balance as of 06/30/2006:
B. Actual Collections for 07/01/2006 - 06/30/2007:
1. Principal
2. Interest
3. Investment Income and Penalty Charges
4. Institutional Repayments of Bad Debts (Principal, Interest, & Penalty Charges)
C. Federal Funds Received/Receivable 07/01/2006 - 06/30/2007
D. Institutional Contribution for 07/01/2006 - 06/30/2007
E. Projected Collections for 07/01/2007 - 06/30/2008:
1. Principal
2. Interest
3. Investment Income and Penalty Charges
F. Projected Funds Available as of 06/30/2008 (A + B + C + D + E)
G. Actual Expenditures for 07/01/2006 - 06/30/2007:
1. Loans to Students
2. Costs (Collection, Litigation, Credit Bureau and Other)
3. Repayments to Federal Government and Institution
(Principal, Interest, and Other Income)
H. Projected Expenditures for 07/01/2007 - 06/30/2008:
1. Loans to Students
2. Costs (Collection, Litigation and Credit Bureau)
I. Projected Expenditures as of 06/30/2008 (G + H)
J. Projected Cash Balance as of 06/30/2008 (F - I)
K. Less Projected Expenditures for 07/01/2008 - 06/30/2010
L. Excess Cash (J - K)
M. General Ledger Ending Cash Balance as of 06/30/2007





Worksheet for all Active Health Professions Student Loans (HPSL), Primary Care Loans (PCL), Loans for Disadvantaged Students (LDS), and Nursing Student Loans (NSL)

DATE: MM/DD/YY OPS NO.  
INSTITUTION:  
SCHOOL:  
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ANNUAL OPERATING REPORT: JULY 1, 20XX - JUNE 30, 20XX  
STUDENT LOAN PROGRAM - ACTIVE  
PROGRAM ACCOUNTS SECTION (Continued)

**J. FROM WORKSHEET CALCULATIONS**

1. Default Rate.....  
\_\_\_\_\_ %

**FOR ACTIVE SCHOOLS:**

2. Excess Cash from report page 4 that was or will be returned to PMS.....  
\_\_\_\_\_

3. Excess Cash from report page 4 that was or will be returned to the  
Division of Financial Operations.....  
\_\_\_\_\_

**FOR CLOSING SCHOOLS**

4. Amount of cash determined to be due the Federal Government and remitted separately to the  
Division of Financial Operations.....

XXXXXXXXXX

**K. CHECK LIST/QUESTIONS**

1. What is the total amount of interest that is past due?.....  
\_\_\_\_\_

**AUDITS**

2. Does your institution provide for a biennial audit of the loan and/or scholarship funds  
by a qualified independent auditor?.....

\_\_\_Y\_\_\_N\_\_\_N/A

a. Period of last audit.....  
\_\_\_/\_\_\_ to \_\_\_/\_\_\_

MON YR

MON YR

b. Date audit submitted to Regional Audit Agency.....  
\_\_\_/\_\_\_

MON YR

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DATE: MM/DD/YY

OPS NO.

INSTITUTION:

SCHOOL:

PROGRAM:

STATUS OF ALL BORROWER ACCOUNTS AS OF JUNE 30, 20XX

STUDENT LOAN PROGRAM

BORROWER ACCOUNTS WORKSHEET

BORROWER ACCOUNTS	Number of Borrowers 1	Principal Loaned 2	Principal Repaid 3
<b>1. FULLY RETIRED</b>			
A. Repayment/Prof Pract/Cancel			
B. Cancellation/Death			
C. Cancellation/Disability			
D. Discharged in Bankruptcy			
E. HHS Approved Write-off			
F. Uncollectible per P.L. 100-607			
<b>2. CURRENT</b>			
A. Student Status			
B. Grace Period			
C. Deferment Status			
D. Postponement/Cancellation			
E. Repayment - Not Past Due			
F. Past Due 1-119 Days			
<b>3. IN BANKRUPTCY</b>			
A. Pending Discharge/Wage Earners Agreement			
<b>4. IN DEFAULT</b>			
A. 120 Days and Over			
<b>5. FORBEARANCE</b>			
A. Forbearance			
<b>TOTAL</b>			

Worksheet for all Active Health Professions Student Loans (HPSL), Primary Care Loans (PCL),  
Loans for Disadvantaged Students (LDS), and Nursing Student Loans (NSL)

DATE: MM/DD/YY OPS NO.

INSTITUTION:

SCHOOL:

PROGRAM:

STATUS OF ALL BORROWER ACCOUNTS AS OF JUNE 30, 20XX  
STUDENT LOAN PROGRAM  
BORROWER ACCOUNTS WORKSHEET

BORROWER ACCOUNTS	PRINCIPAL CANCELED		Principal Delinquent 6
	Employment/ Prof Pract 4	Death/ Disability 5	
<b>1. FULLY RETIRED</b>			
A. Repayment/Prof Pract/Cancel			
B. Cancellation/Death			
C. Cancellation/Disability			
D. Discharged in Bankruptcy			
E. HHS Approved Write-off			
F. Uncollectible per P.L. 100-607			
<b>2. CURRENT</b>			
A. Student Status			
B. Grace Period			
C. Deferment Status			
D. Postponement/Cancellation			
E. Repayment - Not Past Due			
F. Past Due 1-119 Days			
<b>3. IN BANKRUPTCY</b>			
A. Pending Discharge/Wage Earners Agreement			
<b>4. IN DEFAULT</b>			
A. 120 Days and Over			
<b>5. FORBEARANCE</b>			
A. Forbearance			
<b>TOTAL</b>			

Worksheet for all Active Health Professions Student Loans (HPSL), Primary Care Loans (PCL),  
Loans for Disadvantaged Students (LDS), and Nursing Student Loans (NSL)

DATE: MM/DD/YY                      OPS NO.  
 INSTITUTION:  
 SCHOOL:  
 PROGRAM:

STATUS OF ALL BORROWER ACCOUNTS AS OF JUNE 30, 20XX  
STUDENT LOAN PROGRAM  
 BORROWER ACCOUNTS WORKSHEET

<b>BORROWER ACCOUNTS</b>	<b>Principal Uncollectible Not Past Due 7</b>	<b>Principal Outstanding but Not Due 8</b>	<b>Principal Written Off 9</b>	<b>Capitalized Interest 10</b>
<b>1. FULLY RETIRED</b>				
A. Repayment/Prof Pract/Cancel				
B. Cancellation/Death				
C. Cancellation/Disability				
D. Discharged in Bankruptcy				
E. HHS Approved Write-off				
F. Uncollectible per P.L. 100-607				
<b>2. CURRENT</b>				
A. Student Status				
B. Grace Period				
C. Deferment Status				
D. Postponement/ Cancellation				
E. Repayment - Not Past Due				
F. Past Due 1-119 Days				
<b>3. IN BANKRUPTCY</b>				
A. Pending Discharge/Wage Earners Agreement				
<b>4. IN DEFAULT</b>				
A. 120 Days and Over				
<b>5. FORBEARANCE</b>				
A. Forbearance				
<b>TOTAL</b>				