

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
Bureau of Clinician Recruitment and Service  
Division of Applications and Awards

FACULTY LOAN REPAYMENT PROGRAM (FLRP)

**PUBLIC BURDEN STATEMENT:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0150. Public reporting burden for the applicant for this collection of information is estimated to average 1 hour 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. This burden is for Section I, IIA, and the contract. 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.

All Materials Submitted Become the Property of the Federal  
Government and Shall Not Be Returned.

Fiscal Year 2010 Application

All fields marked with \* are required.

1. \*Professional Health Discipline

Discipline:

2. Your Full Name:

\* Last Name:

\* First Name:

Middle Initial:

Title:

Suffix:

3. Address

\* Street Address:

\* City:

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\* State:

\* Zip Code:

4. \* E-mail Address:

5. Telephone Numbers

a. Home:

b. Other (cell, office):

6. Citizenship/Gender:

(Proof of U.S. Citizenship or U.S. national status must be submitted with the application. This may consist of a copy of your birth certificate that states your U.S. Citizenship, the ID page of your U.S. passport, or a certificate of citizenship or naturalization.)

a. \* Are you a citizen or national of the United States?

Yes  No

b. \* Place of birth

City:

State:

Country, if not U.S.A.

c. Indicate Month, Day and Year of Birth:

d. Sex

Male  Female

7. Ethnicity/Race (Completion of this question is voluntary.)

Ethnicity (Mark only one)

Hispanic or Latino  Not Hispanic or Latino

Race (Mark all that apply)

American Indian or Alaska Native  Pacific Islander

Native Hawaiian  Asian

Black or African American  White

8. \* Has your school certified you as having a Disadvantaged Background? (If yes, documentation must be provided by either your undergraduate or graduate school.)

Yes  No

9. a. \*Do you have an existing service obligation?

Includes any outstanding contractual obligation for health professional service to the Federal Government (e.g., an active or reserve military obligation or NHSC Loan Repayment Program) or a State or other entity (e.g., State loan repayment program).

Yes  No

- b. \* If yes, when will the service obligation be complete?
10. \* Are you enrolled as a full-time graduate or undergraduate student in the final year of a course of study? (Physicians/Dentists in residency training should also complete this section.)
- Yes  No
- \* Discipline: (drop down menu)
- \* Expected date of graduation: (drop down menu)
11. \* Name of the professional school from which you received or will receive your professional degree/certificate.
- School name:
- City:
- State:
12. a. \* In what year did you begin your work for this professional degree?
- b. \* In what year did you receive this professional degree?
- c. \* Type of degree/certificate obtained.
13. \* Health professions school where you have contracted for employment (primary duties must include teaching in a classroom).
- School name:
- City:
- State:
- Title:
- Employed  Full-time  Part-time
14. \* Total number of years teaching:
15. \* Do you have a judgment lien against you arising from a Federal or non-Federal debt?
- Yes  No
16. Are you debarred or suspended from any covered transactions by the Federal Government?
- Yes  No



Information Bulletin.

The signed printout of your online Application Form **MUST** be mailed along with all application forms and supporting documentation to:

**Faculty Loan Repayment Program  
Division of Applications and Awards  
5600 Fishers Lane, Room 8-37  
Rockville, MD 20857**

Applications mailed after the deadline will not be considered for award.

If our review shows deficiencies or missing information you will be advised via e-mail. It is each applicant's responsibility to inform the FLRP of any changes to your application including, but not limited to changes in work site, qualifying loan(s) information, contact information and e-mail address.

SUBMISSION OF THIS APPLICATION DOES **NOT** GUARANTEE FUNDING.