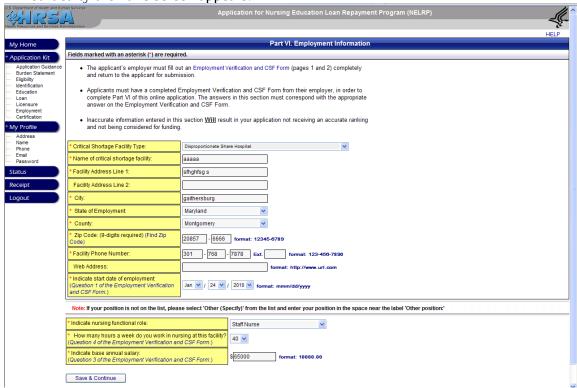
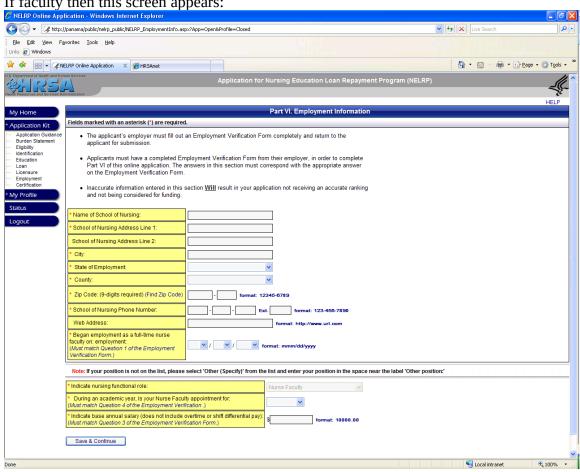


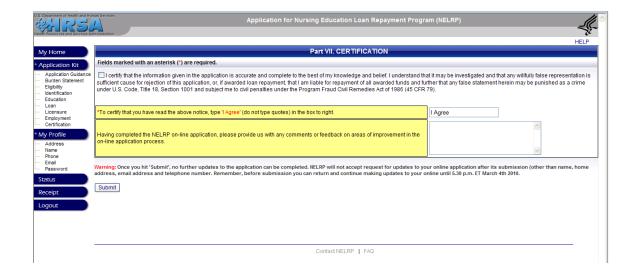
		HELP		
•	Part IV. Loan Information			
	Fields marked with an asterisk (*) are required. * Name of Current Lending Institution. Answer must match questions.	stion So on the		
ince t	corresponding Loan Information and Verification Form:	and the second s		
	* Main Phone:	Ext format: 123-456-7890		
	* Fax:	- Ext. format: 123-456-7890		
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		HELP		
		V. Licensure Information		
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е Т	he NELRP requires that all participants be either licensed in the sta	ite in which they are employed, OR that the state in which they are employed participates in the Nurse Licensure Compact. <u>License</u> ent Verification Form. On the following Line, click 'Yes' if you satisfy this requirement. If 'No', you are not eligible for the NELRP.		
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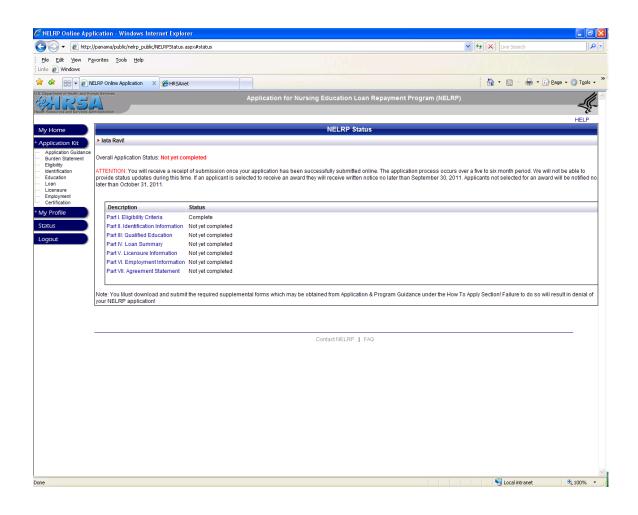
If Not faculty then this screen appears:

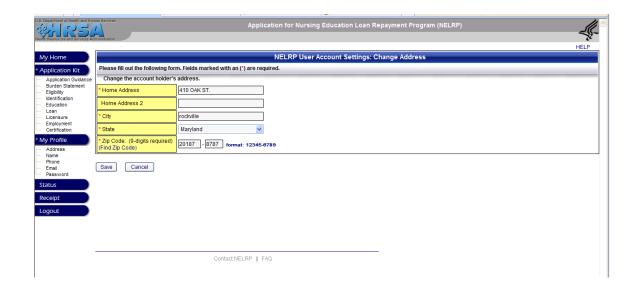


If faculty then this screen appears:









U.S. Department of Health and Hur Health Resources and Services Ad	man Services	Application for Nursing Education Loan Repayment Program (NELRP)	Æ
My Home		NELRP User Account Settings: Change User Name	HELP
+ Application Kit		m. Fields marked with an (*) are required.	
Application Guidance Burden Statement Eligibility	Change the account holder's * Salutation:	Ms. V	
Identification Education	* First Name	babu	
Loan Licensure	Middle Name		
Employment Certification	* Last Name	arun	
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U.S. Department of Health and Hur	nan Services	Application for Nursing Education Loan Repayment Program (NELRP)	
Health Resources and Services Ad	eministration		₹ }~
My Home		NELRP User Account Settings: Change Phone Numbers	TELF
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Application Guidance Burden Statement Eligibility	Change account holder's ph * Preferred Phone:	301 - 555 - 5656 format: 123-456-7890	
Identification Education	Daytime Phone:	Ext. format: 123-456-7890	
Licensure Employment			
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Receipt			
Logout			
		Contact NELRP FAQ	
U.S. Department of Health and Hur	nan Services	Application for Nursing Education Loan Repayment Program (NELRP)	//
Health Resources and Services Ad	ministration		45-
My Home		NELRP User Account Settings: Change Email	HELP
+ Application Kit	Fields marked with an asterisk	x (*) are required.	
Application Guidance Burden Statement	* Current Email Address:	pravi12@hrsa.gov Email Verification	
Eligibility Identification Education	* New Email Address:		
Loan Licensure	* Confirm Email:		
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