

Nursing Information System - Windows Internet Explorer
http://panama/

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

Bureau of Clinician Recruitment & Service Information System (BCRSIS)

HELP

WARNING: You are accessing a U.S. Government information system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

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- By using this information system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
 - Any communication or data transiting or stored on this information may be disclosed or used for any lawful Government purpose.

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.

Nursing Education Loan Repayment Program (NELRP) Options: **NOTICE: The NELRP On-Line Application was closed effective March 11, 2010 at 5:00 p.m. ET.**

- NELRP Login
- Do you wish to register for the Nursing Education Loan Repayment Program (NELRP) for the first time?

Nursing Scholarship Program (NSP): **NOTICE: The NSP On-Line Application was closed effective May 06, 2010 at 5:00 p.m. ET.**

- NSP Login
- Do you wish to register for the Nursing Scholarship Program (NSP) for the first time?

Select

[HRSA](#) | [HHS](#) | [Privacy Policy](#) | [Disclaimers](#) | [Accessibility](#) | [Free Acrobat Reader](#) | [Freedom of Information Act](#) | [USA gov](#)

Local intranet 100%

NELRP Online Application - Windows Internet Explorer
http://panama/public/Nelrp_public/NELRPRegister.aspx

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

Application for Nursing Education Loan Repayment Program (NELRP)

PUBLIC BURDEN STATEMENT

OMB:0915-0140
Expiration Date:1-31-2011

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.

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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.

Registration
[login page](#) | [more instructions](#) | [registration help](#)

Registration with HRSA is needed **only once**. Previously registered users, please click on the [Login Page](#). If you do not remember your password, use the [Forgot Password](#) link provided to have a new password emailed to you. If you have any questions, you should contact the HRSA Call Center at 1-800-221-9393.

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](#).

Please Note: Applicants are solely responsible for reading the entire Application and Program Guidance. Applicants will NOT be notified, during the 5-6 months review process, of discrepancies. Applicants will NOT be contacted to correct information provided in his/her application package (consisting of the on-line application and all supporting documents).

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. Home Address
6. Preferred Phone Number
7. Day Time Phone Number
8. Complete the required supplemental forms and appropriate supporting documentation
9. Develop a list of all institutions (colleges and universities) where loans were incurred towards your nursing degree, for those loans being submitted for loan repayment. Include the type of degree received, the school name and address, your attendance start and end dates, and your graduation date if applicable. Copies of your official transcripts will be needed, from each College or University attended for all nursing education coursework directly related to the attainment of the nursing degree(s), if the applicant is seeking repayment for loans incurred at that institution.
10. Copy of Curriculum Vitae (CV) – documents all education dates and training, and accounting for all time periods/employment since the applicant's completion of a qualifying health profession education.

The information collected in the online application will create an initial ranking of an application, with respect to funding preferences. **It is required that information, as documented by the applicant, in the online application match the corresponding information documented on supplemental forms and supporting documentation.** Inaccurate information contained in the online application may result in an application receiving an inaccurate ranking and, subsequently, not being considered for funding.

At anytime while completing the online application and before hitting the SUBMIT button on the final page, an applicant may save his or her information and return at a later time (but, prior to the application deadline), to complete the application. The online application must be submitted by 5:00 P.M. ET, January 13, 2011. Once the online application has been submitted (by hitting the Submit button), no further changes may be made to the online application.

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NELRP will not accept requests for updates to any online application after its submission (other than name and home and/or email address updates); or accept the submission/resubmission of incomplete, rejected or otherwise delayed application materials after the deadline. In addition, the NELRP staff will not complete or fill in any missing or inaccurate information or contact applicants regarding any missing or inaccurate information. It is the applicant's responsibility to submit a complete application package by the application deadline. NOTE: If an application does not match information on supporting documents, an application will be deemed incomplete and ineligible.

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 1-800-221-9393; 301-998-7374 or email CallCenter@HRSA.Gov. 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.

***Please use proper capitalization

* First Name:

Middle Name:

* Last Name:

* Social Security Number: - - format: 123-45-6789
(Privacy Act)

* Date of Birth: / / format: mmm/dd/yyyy

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.

* City of Birth:

State of Birth:

* Country of Birth:

* Home Address:

Home Address 2:

* City:

* State:

* Zip Code: (9-digits required) - - format: 12345-6789

* Preferred Phone: - - format: 123-456-7890

A 10 digit preferred phone number is required.

Daytime Phone: - - Ext. format: 123-456-7890

Provide an Email that you check on a regular basis as this will be one of the primary means of contact by the NELRP.

* Email Address: An email address is required.

* Please confirm your email address: Email Verification An email confirmation is required.

Account Security

* Security Question: What is your mother's maiden name?

* Security Answer: A security answer is required

Account Information

* User Name: User Name Requirements A user name is required.

* Password: Password Requirements A Password is Required

* Confirm Password: A confirmation of your password is required.

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My NELRP
Welcome lata Ravi!
You last Logged in 11/22/2010 7:30:07 AM

Important Messages from the NELRP Program

Applicants are Responsible for Submitting a Complete Application Package

Applications will undergo an initial review to determine the completeness of the application package submitted in response to the January 13th, 2011 deadline. Application packages deemed incomplete (i.e., missing, illegible, inaccurate, or incomplete application materials) will not be reviewed or considered for funding.

It is **STRONGLY RECOMMENDED** that applicants complete the following **prior** to completing the on-line application:

- a. Review the Application and Program Guidance in its entirety;
- b. Complete all required supplemental forms and appropriate supporting documentation
- c. For all loans being submitted with an application, make a list of all institutions (colleges and universities) where loans were incurred towards a nursing degree(s). Include the type of degree(s) received, the name(s) and address(es) of each institution (colleges and universities), the attendance start and end dates, and the graduation date(s), if applicable. Copies of official transcripts are required, from each institution (colleges or Universities) attended for all nursing education coursework directly related to the attainment of the nursing degree(s), if loans are being submitted for the respective institutions (colleges or universities).
- d. Copy of Curriculum Vitae (CV) – documents all education and training, and accounting for all time periods/employment since the applicant's completion of a qualifying health profession education. List all degrees earned (e.g. BS in Biology, Diploma in Nursing, Associate Degree in Nursing, BS in Nursing, MS in Education, MS in Nursing, PhD in Nursing, Etc.)

The information collected in the online application will create an initial ranking of an application, with respect to funding preferences. **It is required that information, as documented by the applicant, in the online application match the corresponding information documented on supplemental forms and supporting documentation. Inaccurate information contained in the online application may result in an application receiving an inaccurate ranking and, subsequently, not being considered for funding.**

At anytime, while completing the online application and before hitting the SUBMIT button on the final page, an applicant may save his or her information and return at a later time (but prior to the application deadline), to complete the application. The online application must be submitted by 5:00 P.M. ET, January 13, 2011. Once the online application has been submitted (by hitting the Submit button), no further changes may be made to the online application.

NELRP will not accept requests for updates to any online application after its submission (other than name, telephone number home and/or email address updates), or accept the submission/resubmission of incomplete, rejected or otherwise delayed application materials after the deadline. In addition, the NELRP staff will not complete or fill in any missing or inaccurate information or contact applicants regarding any missing or inaccurate information. It is the applicant's responsibility to submit a complete application package by the application deadline. NOTE: If an application does not match information on supporting documents, an application will be deemed incomplete and ineligible.

Review Application

After an application is submitted, NELRP will not accept requests for updates to an online application (other than name, telephone number, home and/or email address updates). Request for changes to an applicant's identifying information (name, telephone number, home, and/or email address) should be sent via E-mail to the CallCenter@HRSA.GOV

Application Status

It is the applicant's responsibility to verify that all required information is provided to ensure that his or her on-line application is complete.

- 1. Applicants will receive a receipt of submission once an application has been successfully submitted online.
- 2. The application process occurs over a five to six month period. NELRP will not be able to provide status updates during this time.
- 3. Applicants selected to receive a NELRP award will be notified between July 1 and September 30, 2011. Applicants not selected for an award will be notified no later than October 31, 2011.

Note

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

NELRP External Application - Windows Internet Explorer
 http://panama/public/help_public/NELRPAppIntro.aspx

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Application for Nursing Education Loan Repayment Program (NELRP)

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**Public Health Service
 Health Resources and Services Administration
 Bureau of Clinician Recruitment and Service
 Division of Nursing and Public Health**

APPLICATION FOR NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)

All materials submitted become the property of the Federal Government

PUBLIC BURDEN STATEMENT

OMB:0915-0140
 Expiration Date: 1-31-2011

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WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR A MISREPRESENTATION WITHIN THIS APPLICATION SHALL BE SUBJECT TO A FINE OR IMPRISONMENT OF NOT MORE THAN 5 YEARS, OR BOTH, UNDER PROVISIONS OF THE UNITED STATES CRIMINAL CODE.

Continue

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NELRP Online Application - Windows Internet Explorer
 http://panama/public/help_public/NELRPAppElig.aspx?App=Open&Profile=Closed

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Part I. Application Eligibility Criteria

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

Warning: It is required that the information in your online application match your supplemental forms and supporting documentation. Inaccurate information contained in the online application could result in your application receiving an inaccurate ranking and not being considered for funding. It is **STRONGLY RECOMMENDED** that you complete the required supplemental forms and appropriate supporting documentation before attempting the online application.

*Are you applying for the Nurse Faculty Program? Yes No
 You have stated that you are applying as a Nurse Faculty.

*Will you be a licensed, Registered Nurse (RN) by Wednesday, June 15, 2011? 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.
Note: If you have dual citizenship, but were born outside of the US, you must submit proof of U.S. citizenship.

*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 "Yes or No" to the next question must match 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 Wednesday, June 15, 2011? Yes No
 Show me an example
 (Same as question 2 on the Employment Verification Form)

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

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

Note: Your answer to the next question must match with question 6 on the Employment Verification Form completed by your employer.

*Do you work for a Private Non-Profit or Public/Government Owned Facility/Institution?(Question 6 of the Employment Verification and CSF Form)
 If you work for a For Profit facility, you are NOT eligible for the NELRP programs Yes No

Save and Continue

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NELRP Online Application - Windows Internet Explorer

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

File Edit View Favorites Tools Help

Links Windows

NELRP Online Application x HRSAnet

Part II. Identification Information

Please fill out the following form. Fields marked with an asterisk (*) are required.

*Salutation: [dropdown]

*First Name: [text: Jata] Please use proper capitalization

Middle Name: [text]

*Last Name: [text: Ravi]

Suffix: (if any) [text]

*Gender: [dropdown]

Maiden Name (if applicable) [text]

*Date of Birth: [dropdown: Oct] / [dropdown: 26] / [dropdown: 1980] format: mmm/dd/yyyy

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.

*City of Birth: [text]

State of Birth: [dropdown]

*Country of Birth: [text]

*Social Security Number: (Privacy Act) [text: 111] - [text: 32] - [text: 5555] 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.)

American Indian/Alaskan Native Native Hawaiian or other Pacific Islander

Asian Other

Black /African American White

*Preferred Phone: [text] - [text] - [text] format: 123-456-7890

Daytime Phone: [text] - [text] - [text] Ext. [text] format: 123-456-7890

*Home Address: [text: Fishers lane]

Home Address 2: [text]

*City: [text: Rockville]

*State: [dropdown: Maryland]

*Zip Code: (9-digits required) (Find Zip Code) [text: 20857] - [text: 0001] format: 12345-6789

Save and Continue

Done Local intranet 100%

NELRP Online Application - Windows Internet Explorer

http://panama/public/help_public/NELRPAppSchoolSum.aspx?App=Open&Profile=Closed

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U.S. Department of Health and Human Services

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Part III. Qualified Education

Using the add school link below, list the school(s) which you attended for your basic nurse education and for all other levels of nursing education including prerequisites specifically for nursing education for which you are requesting loan repayment.

No schools Added [Click HERE to add at least one school before continuing with your application](#)

Save & Continue Add School

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Part III. Qualified Education

Fields marked with an asterisk (*) are required.

Select the State of the school(s) which you attended for your basic nurse education and for all other levels of nursing education including prerequisites for nursing education for which you are requesting loan repayment. If during your nursing education you attended a school but did not graduate, for example you transferred to another school or you completed prerequisites for nursing education, include the school and dates attended. If you have completed nursing education beyond your basic RN degree or diploma for which you are seeking loan repayment, add each school with dates and credentials obtained in chronological order.

Note: If currently enrolled in a nursing degree program that will not be completed by Wednesday, June 15, 2011 5:00 PM EST, loan repayment for that degree cannot be requested during the FY 2010 Application Cycle. [Show My Schools](#)

Selected State:

1. Select the state where the school is located:

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Part III. Qualified Education

Fields marked with an asterisk (*) are required.

If the school you attended was not listed in the previous step, please complete the following steps. **If you did not receive a degree** from the school below but transferred to another school to complete your degree or attended to complete prerequisites for nursing education, list the dates attended and select from the check boxes below.

Note: The school dates must coincide with the applicant's original loan date(s) for the loans to be eligible for repayment. Please read the eligibility criteria to ensure proper responses.

Central Arizona Coll COOLIDGE, AZ

Click here if you received a nursing degree or diploma from this school.

Click here if you transferred from this school.

Click here if you attended this school only for nursing prerequisites.

* On what date did you **begin** your education at the School identified above? / / format: mmm/yyyy

* On what date did you **end** your education at the School identified above? / / format: mmm/yyyy

* On what date did you **obtain** your degree or diploma? / / format: mmm/yyyy

* Type of highest nursing degree or diploma received:

School Comments:

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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

- ▶ Applicants must complete a Loan Information and Verification Form (Loan Form) for each lender (or holder) for the nursing education loan(s) they wish to be considered for repayment. An applicant with multiple loans with the same lender (or holder) **must submit** a Loan Information and Verification Form for each loan. This form authorizes your lender(s) or holder(s) to release information about your loan(s) to the NELRP. (If additional forms are needed, please download/print them or photocopy the form).
- ▶ It is required that the information entered in this section match a corresponding Loan Information and Verification Form. Inaccurate information entered in this section could result in your application not receiving an accurate ranking and not being considered for funding.

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	Edit	Delete
xxxxxyyyzzz	\$35,000.00	(401) 676-6565				2/1/2010		
Total	\$35,000.00							

HELP

Part IV. Loan Information

Fields marked with an asterisk (*) are required.

* Name of Current Lending Institution. Answer must match question 6a. on the corresponding Loan Information and Verification Form:

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

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

* Current Loan Balance (Principal + Interest). Answer must match question 12a on the Loan Information and Verification Form: \$ format: 10000.00

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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. License information supplied must correspond to question 5 of the Employment Verification Form. 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? Apr / 04 / 2012 format: mmm/dd/yyyy

* Do you have licensure restrictions? Yes No

Curriculum Vitae (CV)

A current Curriculum Vitae (CV) documenting all education and training, and accounting for all time periods/employment since the applicant's completion of a qualifying health profession education. (1,800 words max, approximately 3 pages).

It is suggested that you complete your CV using a word processing software tool that allows for spell checking, and then copy & paste the completed CV into the text box below. Due to system security controls you have 30 minutes to save this section by clicking the "Save & Continue" button below or you will be automatically logged off the session and any changes will not be saved.

Your CV Must be submitted using the text box below. Mailed or Faxed CV(s) will Not be accepted.

If Not faculty then this screen appears:

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Part VI. Employment Information

Fields marked with an asterisk (*) are required.

- The applicant's employer must fill out an **Employment Verification and CSF Form** (pages 1 and 2) completely and return to the applicant for submission.
- Applicants must have a completed **Employment Verification and CSF Form** from their employer, in order to complete Part VI of this online application. The answers in this section must correspond with the appropriate answer on the **Employment Verification and CSF Form**.
- Inaccurate information entered in this section **Will** result in your application not receiving an accurate ranking and not being considered for funding.

* Critical Shortage Facility Type:	Disproportionate Share Hospital		
* Name of critical shortage facility:	aaaaa		
* Facility Address Line 1:	sfghfsg s		
Facility Address Line 2:			
* City:	galthersburg		
* State of Employment:	Maryland		
* County:	Montgomery		
* Zip Code: (9-digits required) (Find Zip Code)	20857	- 6666	format: 12345-6789
* Facility Phone Number:	301	- 768	- 7878 Ext. format: 123-456-7890
Web Address:	format: http://www.url.com		
* Indicate start date of employment. (Question 1 of the Employment Verification and CSF Form.)	Jan	/ 24	/ 2010 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 position:'

* Indicate nursing functional role:	Staff Nurse
* How many hours a week do you work in nursing at this facility? (Question 4 of the Employment Verification and CSF Form.)	40
* Indicate base annual salary: (Question 3 of the Employment Verification and CSF Form.)	\$55000 format: 10000.00

If faculty then this screen appears:

The screenshot shows the 'Part VI. Employment Information' section of the NELRP application. It includes a list of required fields marked with an asterisk (*). The fields are: Name of School of Nursing, School of Nursing Address Line 1, School of Nursing Address Line 2, City, State of Employment, County, Zip Code (9-digits required), School of Nursing Phone Number, and Web Address. There are also dropdown menus for 'Began employment as a full-time nurse faculty on: employment' and 'Indicate nursing functional role'. A 'Save & Continue' button is at the bottom.

U.S. Department of Health and Human Services
Application for Nursing Education Loan Repayment Program (NELRP)

Part VI. Employment Information

Fields marked with an asterisk (*) are required.

- The applicant's employer must fill out an Employment Verification Form completely and return to the applicant for submission.
- Applicants must have a completed Employment Verification Form from their employer, in order to complete Part VI of this online application. The answers in this section must correspond with the appropriate answer on the Employment Verification Form.
- Inaccurate information entered in this section **will** result in your application not receiving an accurate ranking and not being considered for funding.

* Name of School of Nursing:

* School of Nursing Address Line 1:

School of Nursing Address Line 2:

* City:

* State of Employment:

* County:

* Zip Code (9-digits required) (Find Zip Code): - format: 12345-6789

* School of Nursing Phone Number: - - Ext. format: 123-456-7890

Web Address: format: http://www.url.com

* Began employment as a full-time nurse faculty on: employment. (Must match Question 1 of the Employment Verification Form.) / / format: mm/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 position:'

* Indicate nursing functional role: Nurse Faculty

* During an academic year, is your Nurse Faculty appointment for:

(Must match Question 4 of the Employment Verification .)

* Indicate base annual salary (does not include overtime or shift differential pay). (Must match Question 3 of the Employment Verification Form.) \$ format: 10000.00

The screenshot shows the 'Part VII. CERTIFICATION' section of the NELRP application. It includes a checkbox for 'I certify that the information given in the application is accurate and complete to the best of my knowledge and belief...'. Below this is a text box for 'To certify that you have read the above notice, type 'I Agree' (do not type quotes) in the box to right.' and a 'Submit' button. A warning message is at the bottom.

U.S. Department of Health and Human Services
Application for Nursing Education Loan Repayment Program (NELRP)

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 1996 (45 CFR 79).

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

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

Warning: Once you hit 'Submit', no further updates to the application can be completed. NELRP will not accept request for updates to your online application after its submission (other than name, home address, email address and telephone number. Remember, before submission you can return and continue making updates to your online until 5:30 p.m. ET March 4th 2010.

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NELRP Online Application - Windows Internet Explorer
 http://panama/public/help_public/NELRPStatus.aspx#status

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 Health Resources and Services Administration

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Overall Application Status: **Not yet completed**

ATTENTION: You will receive a receipt of submission once your application has been successfully submitted online. The application process occurs over a five to six month period. We will not be able to provide status updates during this time. If an applicant is selected to receive an award they will receive written notice no later than September 30, 2011. Applicants not selected for an award will be notified no later than October 31, 2011.

Description	Status
Part I. Eligibility Criteria	Complete
Part II. Identification Information	Not yet completed
Part III. Qualified Education	Not yet completed
Part IV. Loan Summary	Not yet completed
Part V. Licensure Information	Not yet completed
Part VI. Employment Information	Not yet completed
Part VII. Agreement Statement	Not yet completed

Note: You Must download and submit the required supplemental forms which may be obtained from Application & Program Guidance under the How To Apply Section! Failure to do so will result in denial of your NELRP application!

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

Change the account holder's address.

* Home Address: 410 OAK ST.
 Home Address 2:
 * City: rockville
 * State: Maryland
 * Zip Code: (9-digits required) (Find Zip Code): 20187 - 8787 format: 12345-6789

Save Cancel

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NELRP User Account Settings: Change User Name

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

Change the account holder's name.

* Salutation:	Ms. ▾
* First Name	babu
Middle Name	
* Last Name	arun
Suffix	

Save Cancel

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NELRP User Account Settings: Change Phone Numbers

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

Change account holder's phone number.

* Preferred Phone:	301 - 555 - 5656	format: 123-456-7890
Daytime Phone:	- - -	Ext. - format: 123-456-7890

Save Cancel

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NELRP User Account Settings: Change Email

Fields marked with an asterisk (*) are required.

* Current Email Address:	prav12@hrsa.gov	Email Verification
* New Email Address:		
* Confirm Email:		

Save Cancel

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NELRP User Account Settings: Change Password

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

* Old Password:

* New Password:

* Confirm New Password:

* Security Question: What make was your first car or bike?

* Security Answer: honda