





**OFFICE OF INTRAMURAL TRAINING & EDUCATION • 2 CENTER DRIVE • BUILDING 2, SECOND FLOOR • BETHESDA, MD 20892-0240 • 301 496 2427**The NIH is dedicated to building a diverse community in its training and employment programs.

October 25, 2011

Patricia KM Wagner, PhD
Director of Admissions & Registrar
Office of Intramural Training & Education
National Institutes of Health
2 Center Drive: Building 2 / Room 2E06
Bethesda, Maryland 20852-0234

Ms. Julie Wise NIH PRA Desk Office Office of Information and Regulatory Affairs/OMB

Dear Ms. Wise,

The NIH Office of Intramural Training & Education (OITE) wishes to submit an addendum to the current OMB Clearance 0925-0299, expiration date March 31, 2014. This submission was recently approved for use by the OITE for the various training programs and opportunities to prospective intramural trainees.

http://www.reginfo.gov/public/do/PRAViewICR?ref nbr=201102-0925-005

During the 2011 approval process, the OITE combined three previous approvals into one:

- 0925-0299 NIH Intramural Research Training Award, Program Application
- 0925-0438 Undergraduate Scholarship Program (retired)
- 0925-0501 Graduate Student Training Program Application (retired)

An unfortunate consequence of the merge was the accidental omission of key forms used by the Undergraduate Scholarship Program (UGSP):

- UGSP Undergraduate Institution Certification
- UGSP Academic Enrollment Certification and Service Obligation Deferment Request

The UGSP Undergraduate Institution Certification form is used by the UGSP to determine a prospective scholar's eligibility into the program. This form is completed by the university financial office to confirm the cost of education, sources of financial support, and assessment of exceptional financial need status; critical elements for admission consideration into the UGSP program. The UGSP estimates the submission of 300 forms, equating to 75.0 burden hours annually (see tables provided below).

The UGSP Academic Enrollment Certification and Service Obligation Deferment Request is used by current UGSP Scholars to defer the service obligation associated with the program. The UGSP estimates the submission of 130 forms, equating to 32.5 burden hours annually (see tables provided below).

Overall, the inclusion of these two forms will increase the burden hours for the 0925-0299 collection from 46,147.5 hours to 46,255.0 hours, overall difference of 107.5 hours. And an

annualized cost to respondents from \$1,533,335.00 to \$1,535,285.05, overall difference of \$1,950.05. These forms are currently not being used by UGSP though are needed for the Fall 2012 application cycle which has already begun.

Enclosed you will find copies of the Undergraduate Institution Certification form and Academic Enrollment Certification and Service Obligation Deferment Request form. Should you have any questions or concerns regarding this request, please contact me at your earliest convenience.

Best regards,

Patricia KM Wagner, PhD

Director of Admissions & Registrar Graduate Partnerships Program

Office of Intramural Training & Education

National Institutes of Health

Department of Health & Human Services 2 Center Drive: Building 2 / Room 2E06

Bethesda, Maryland 20892-0234

Cell: 240-476-3619 Fax: 301-594-9606

Email: wagnerpa@od.nih.gov Web: https://www.training.nih.gov/ OMB Clearance 0925-0299
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NIH Office of Intramural Training & Education
https://www.training.nih.gov

The following table displays the estimated hour burden for each form included in this project.

A12 – 1 I	Estimates of Ho			. ,
	Estimated Number of	Estimated Number of Responses Annually Per	Average Burden Hours Per	Estimated Total Annual Burden
Program	Respondents	Respondent	Response	Hours
Summer Internship Program in Biomedical Research (SIP)	8,500	1	0.75	6,375.0
Biomedical Engineering Summer Internship Program (BESIP)	100	1	0.75	75.0
Post-baccalaureate Intramural Research Training Award	2,300	1	0.75	1,725.0
NIH Academy	550	1	0.75	412.5
Community College Summer Enrichment Program (CCSEP) Technical Intramural Research	125	1	0.75	93.8
Training Award	140	1	0.75	105.0
Graduate Partnerships Program (GPP)	600	1	0.75	450.0
Post-Doctorate Fellowship Program	2,050	1	0.75	1,537.5
National Graduate Student Research Festival (NGSRF)	825	1	0.75	618.8
Undergraduate Scholarship Program (UGSP)	300	1	0.75	225.0
Alumni Database	1,900	1	0.75	1,425.0
Recommendations for All Programs	35,705	1	0.25	8,926.3
Supplemental Documents for Application	14,540	1	0.75	10,905.0
Feedback Questions	53,095	1	0.25	13,273.8
Totals (Original Submission)	120,730			46,147.5
UGSP – Certificate of Eligibility	300	1	0.25	75.0
UGSP – Deferment Form	130	1	0.25	32.5
Totals Additions)	430			107.5
Totals (Original + Additions)	121,160			46,255.0

The following table indicates the annualized cost to respondents. Hourly wage rates for trainees are based on the 2010 NIH IRTA/Visiting Fellow Trainee Stipends. See <a href="http://www1.od.nih.gov/oma/manualchapters/person/2300-320-7/">http://www1.od.nih.gov/oma/manualchapters/person/2300-320-7/</a>.

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A12 – 2 Anı	nualized Cost to	Respondent	S	
Type of Respondent	Estimated Number of Respondents	Estimated Total Annual Burden Hours	Hourly Wage Based on NIH Stipend	Respondent Cost
Summer Internship Program in				
Biomedical Research (SIP)	8,500	0.75	\$12.50	\$79,688.00
Biomedical Engineering Summer Internship Program (BESIP)	100	0.75	\$12.50	\$938.00
Post-baccalaureate Intramural		00	Ψ.2.00	φσσσ.σσ
Research Training Award	2,300	0.75	\$14.17	\$24,438.00
NIH Academy	550	0.75	\$14.17	\$5,844.00
Community College Summer Enrichment Program (CCSEP)	125	0.75	\$14.17	\$1,328.00
Technical Intramural Research Training Award	140	0.75	\$17.66	\$1,854.00
Graduate Partnerships Program (GPP)	600	0.75	\$14.74	\$6,633.00
Post-Doctorate Fellowship Program	2,050	0.75	\$22.92	\$35,234.00
National Graduate Student Research Festival (NGSRF) Undergraduate Scholarship Program	825	0.75	\$14.74	\$9,120.00
(UGSP)	300	0.75	\$14.17	\$3,188.00
Alumni Database	1,900	0.75	\$20.00	\$28,500.00
Recommendations for All Programs Supplemental Documents for	35,705	0.25	\$50.00	\$446,313.00
Application	14,540	0.75	\$64.00	\$697,920.00
Feedback Questions	53,095	0.25	\$14.49	\$192,337.00
Totals (Original)	120,730		> <	\$1,533,335.00
UGSP – Certificate of Eligibility	300	0.25	\$18.14	\$1,360.50
UGSP – Deferment Form	130	0.25	\$18.14	\$589.55
Totals (Additions)	430		$\geq \leq$	\$1950.05
Totals (Original + Additions)	121,160		> <	\$1,535,285.05

	artment of Health and Human Services
	National Institutes of Health Program (UGSP) – Undergraduate Institution Certification
Applicant's Instructions – Please complete Section A.	Undergraduate Institution's Instructions – Please complete Section B and return the
Give this form and one of the return envelopes to the	form in the envelope provided, or mail to National Institutes of Health Undergraduate
financial aid office at the school at which you are	Scholarship Program, 2 Center Drive, Room 2W11A (MSC 0230), Bethesda, Maryland
enrolled or will be enrolled starting September 2011.	20892-0230. If you have any questions, call 301-496-2555 or e-mail <ugsp@nih.gov>.</ugsp@nih.gov>
Section A – The applicant completes this section.	
1. Applicant's Name (last, first, middle)	1a. Other Names Used on Official Documents (last, first, middle)
2. Student Identification Number	
2. Student identification Number	
3. Assigned UGSP Application Number	
,	
	nformation about my academic, financial, service, and other pertinent information to
	am (UGSP) and to other authorized Government officials. This release is valid for six-
months after completion of UGSP requirements.	
Signature (Sign your full name in ink)	Date
,	
Section B – To be completed by Academic Institution Final  1. Enrollment Status	nciai Aid Office
-Do you expect that this student will be enrolled full-time for	the 2012-2013 academic year? □yes □ no
-If current enrolled, is this student currently in good standing	
	e student for 2012-2013 academic year? (For new students) □yes □ no
-What is the anticipated graduation date for this student?	
	qualify for 'exceptional financial need' (EFN) status as defined by the Secretary,
Department of Health and Human Service? (See page 2 for 3. Addition Sources of Financial Support – The above	4. Calculation of Eligible Tuition, Education and Living Expenses for 2012-2013
named student (Section A) has been awarded the following	
financial aid for 2012-2013 academic year:	tuition, (2) reasonable education expenses, and (3) reasonable living expenses.
,	-Tuition: What is the tuition amount for this student?
\$Student Loans	\$Tuition
\$Institutional Scholarships	-Educational Expenses: What are the average educational expenses for the
\$Non-Institutional Scholarships / Grant	s categories listed below? \$ Books
\$Total Financial Support	\$Books \$Laboratory Fees
rotal i manotal capport	\$Other (specify)
Continuation of this financial aid support (□will □ will not	SOther (specify)
be reduced by the receipt of NIH UGSP funding.	-Living Expenses: What are the average room, board, and transportation expenses?
	\$Room
	\$Board \$Transportation
	ΨΠαιιδροιτατίοι
	\$Total Expenses
5. Certification of Academic Institution Financial Aid Of	
The undersigned institutional representative certifies that, to Certification should include the school's seal or office stamp	to the best of his/her knowledge, the information reported above is accurate. This b.
Name of School	
	Title
Signature	Date
Public reporting for this collection of information is estimated to average 1	Email Address

Public reporting for this collection of information is estimated to average 15 minutes 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

### Instructions for Undergraduate Institution Certification Form NIH 2762-3

Exceptional Financial Need Status Identification of Individuals from Disadvantaged Backgrounds (Scholarship applicants must be from disadvantaged backgrounds)

A student from a disadvantaged background is one who comes from a family with an annual adjusted gross income below a level based on low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, DHHS, for use in all health professions programs.

Qualification of EFN Status. Applicants who qualify as having EFN status must provide the Financial Aid Director of their undergraduate institution total financial information, including: parent's income and spouse's income (if applicable), regardless of the student's taxable status, and must be of EFN, as defined by the Secretary, DHHS, (see above). The Financial Aid Director must certify this information and the institution's certification of an applicant's EFN status must be included with the UGSP application package.

The Secretary, DHHS, will periodically publish these low-income levels in the Federal Register. (Please see the table below for the most recent determination of low-income levels). If family income for the most recent calendar year is less than the income level indicated on the chart below for the appropriate family size, students fulfill the definition of an individual having exceptional financial need (EFN). Students certified as being of EFN are considered to be from disadvantaged backgrounds.

Low-Income Levels—Secretary DHHS

Federal Register, Vol. 76, No. 51 /March 16, 2011 Notices page 14417.

Persons in Family (Includes only dependents listed on Federal income tax forms)	Family Income Level (Adjusted gross income, rounded to the nearest \$100)
1	\$21,780
2	\$29,420
3	\$37,060
4	\$44,700
5	\$52,540
6	\$59,980
7	\$67,620
8	\$75,260
For families with more then 8 persons, add	\$3,820 for each additional person

#### **Privacy Act Notice**

The Privacy Act of 1974 (5 USC 552a) requires that a Federal agency provide the following notification to each individual whom it asks to supply information. This information is contained in the System of Records of the Department of Health and Human Services (DHHS) numbered 09-25- 0165, entitled National Institutes of Health Office of Loan Repayment and Scholarship (OLRS) Records System, HHS/NIH/OD. An update of this system of records was published in the Federal Register on February 8, 2002 (67 Fed. Reg. 6043).

- \* The authority for collection of the requested information is contained in Sections 487A-F and Section 485G of the PHS Act (42USC288-1,2,3,4,5,5a,6; and 42USC287c- 33), and Public Laws 100-607, 101-597, 103-43, 106-310, 106-505, 106-525, and 106-554. The Internal Revenue Code at 26 USC 6109 requires the provision of the Social Security number (SSN) for the receipt of funds.
- \* The principal purposes of information that you, the applicant or participant, furnish are (1) to determine your eligibility for loan repayment or scholarship under Sections 487A-F and Section 485G of the PHS Act, including verification of the existence and purpose of your educational loan(s), and determination of the amount(s) that are eligible for repayment under the NIH Loan Repayment and Scholarship Programs (LRSPs); and (2) to negotiate and verify the transfer of loan repayments, scholarship awards, and tax reimbursements to participants and to the Department of the Treasury (Treasury), Internal Revenue Service (IRS).
- \* The principal purposes of information that you, the lender, furnish are (1) to determine an individual applicant or participant's eligibility for loan repayment under Sections 487A-C, E and F, and Section 485G, of the PHS Act, including verification of the existence and purpose of an individual's educational loan(s), determination of the amount(s) that are eligible for payment under the NIH LRSPs; and (2) to negotiate and verify the transfer of a loan repayment to a participant's loan account.
- \* The principal purposes of the information that you, the undergraduate institution, furnish are (1) to determine an individual applicant

or participant's eligibility for scholarship award under Section 487D of the PHS Act, including verification of the amounts of tuition and qualifying educational expenses, including room and board; and (2) to determine an applicant's disadvantaged background status.

- \* While disclosure of the information is not mandatory, you must provide the information requested to obtain loan repayment and scholarship benefits authorized by Sections 487A-F and Section 485G of the PHS Act.
- \* The information you provide will be made available to Federal employees responsible for administering the NIH LRSPs to determine your eligibility for loan repayment and scholarship awards, as described above.
- \* The information you provide will not be disclosed without your consent to anyone outside of DHHS in a manner that identifies you, except as permitted by the Privacy Act.

## (See Routine Uses 1-17 for Additional Disclosures.)

- \* Certifying on NIH 2674-1, "Applicant Information," authorizes the disclosure of information that confirms you are not under a service obligation, certifying on NIH 2674-4, "Loan Information," authorizes the disclosure of information to the lenders and their authorized collection agents to confirm that your loans are current in their repayment status, and certifying on NIH 2674-10, "Institutional Information," authorizes the disclosure of information to the extramural research institutions and their authorized officials to confirm that you are eligible for the loan repayment program and able to fulfill the two-year service obligation.
- \* Certifying on NIH 2762-1, "Undergraduate Scholarship Applicant Information," NIH 2762-2, "Applicant Information: Recommendation," and NIH 2762-3, "Undergraduate Institution Certification," authorizes the disclosure of information to the undergraduate institution to determine your eligibility for participation in the Undergraduate Scholarship Program, to confirm your eligibility for disadvantaged background status and non-delinquent loan status, and to disclose your educational expenses.

Provision of Your Social Security Number Under Public Law 93-579, Section 7(b), Privacy Act of 1974

- \* Provision of your SSN is required for participation of the LRSPs. This provision is required, as provided in the Internal Revenue Code 26 USC 6109.
- \* Provision of your SSN is needed to verify the financial information provided in your application. Your SSN will be given to the Treasury to disburse Federal funds in connection with the program benefit. Your SSN will be used for identification with the records of the Treasury and DHHS in the event of the loss or theft of repayment checks or scholarship awards or other difficulties arising from this transaction. Your SSN will be given to consumer reporting agencies to obtain a commercial credit report that verifies your ability to repay debts owed to the Federal Government.
- \* Your SSN will be disclosed to the IRS when making loan repayments or scholarship awards and tax reimbursement payments to the IRS for the benefits you receive under the LRSPs. Your SSN will be disclosed to the IRS to obtain a current mailing address if you default on your service obligation, and to other Federal agencies, commercial credit bureaus, or collection agencies to offset or collect delinquent debts.

### Routine Uses as Permitted by the Privacy Act

- \* A Congressional office in response to a written request by the applicant or participant concerning his or her record;
- \* The Department of Justice or to a court in the event of litigation;
- \* The appropriate agency, whether Federal, foreign, State, local, or tribal, in the event that a system of records indicates a violation or potential violation of law;
- \* DHHS contractors for the purpose of processing or refining records, and/or for the purpose of evaluating the programs covered by the system;
- \* Private parties such as present and former employers, references listed on application and associated forms, other references, and educational institutions to determine if an applicant is suitable for participation in the NIH LRSPs;
- \* A consumer reporting agency (credit bureau) to obtain a commercial credit report to establish an individual's creditworthiness; to assess and verify his or her ability to repay debts owed to the Federal Government; and to determine and verify the eligibility of loans submitted for repayment;
- \* Another Federal agency so that the agency can effect a salary offset for debts owed by Federal employees, or so that the agency can effect an authorized administrative offset; or to the IRS to request an individual's current mailing address to locate him or her to collect or compromise debt, or to have a commercial credit report prepared;
- \* Another agency that has asked DHHS to effect a salary or administrative offset to help collect a debt owed to the United States;
- \* The IRS to find out whether the applicant has a delinquent tax account:
- \* The IRS to report as taxable income the written-off portion of a debt owed by an individual to the Federal Government when a debt becomes partly or wholly uncollectible;
- \* Debt collection agents, other Federal agencies, and other third parties who are authorized to collect Federal debts and information necessary to identify a delinquent debtor or defaulting participant;
- \* Any third party that may have information about a delinquent debtor's or defaulting participant's current address;

- \* Other Federal agencies that also provide loan repayment or scholarship at the request of these Federal agencies in conjunction with a matching program conducted by these agencies to detect or curtail fraud and abuse in Federal loan repayment and scholarship programs, and to collect delinquent loans or benefit payments owed to the Federal Government;
- \* The IRS to offset any income tax refunds that may be due to the individual against the debt;
- \* Other Federal agencies, debt collection agents, and other third parties who are authorized to collect a Federal debt to identify an individual who is delinquent in loan benefit payments owed to the Federal Government and the nature of the debt;
- \* Officials or representatives of grantee institutions in connection with the review of a Loan Repayment Program (LRP) application or performance or administration under the terms and conditions of the LRP award; or in connection with problems that might arise in performance or administration of the LRP contract.
- \* Designated school coordinators to determine scholarship support, to inform recipients about their service obligations to NIH, and to verify service deferments for certain Undergraduate Scholarship Program participants; and
- \* DHHS contractors to recruit, screen, and match health professionals for NIH employment in qualified research positions; and to references, medical licensing boards, and NIH officials to evaluate the applicant's professional qualifications, experience, and suitability.

Undergraduate Scholarshin Program (IIGSP)	National Institutes of Health  – Academic Enrollment Certification and Service Obligation Deferment Request	
Applicant's Instructions – Please complete Section A. Give this form and one of the return envelopes to the Registrar's Office at the school at which you are enrolled starting September 2012.	Academic Institution's Instructions – Please complete Section B and return the for in the envelope provided, or mail to National Institutes of Health Undergraduate	ıd
Section A – The applicant completes this section.		
1. Applicant's Name (last, first, middle)	1a. Other Names Used on Official Documents (last, first, middle)	
2. Student Identification Number		
3. NIH Badge Number (completed by UGSP office)		
Check One: ☐ I am enrolled full-time in an accredited Undergraduat	e Program. University Name	
OR		
obligation for the academic period from While I am enrolled full-time in an accredited № ☐ While I am enrolled full-time in an approved GI	EDICAL SCHOOL. RADUATE PROGRAM.	
Scholarship Program (UGSP) and to other authorized G	e information about my academic enrollment to administrators of the NIH Undergraduate	
Solidian ship i regram (Sooi ) and to other authorized o	overnment onicials.	
Signature (Sign your full name in ink)	Date	
Signature (Sign your full name in ink)	Date	
Signature (Sign your full name in ink)  Section B – To be completed by Academic Institution R	Date	am
Signature (Sign your full name in ink)  Section B – To be completed by Academic Institution R  I certify, to the best of my knowledge, that the student nameet all the eligibility requirements on this form.	Date egistrar's Office	
Section B – To be completed by Academic Institution R I certify, to the best of my knowledge, that the student nameet all the eligibility requirements on this form.  Items (1) and (2) of this section must be completed. The lieu of completing this section.  Certification of Academic Institution Registrar's Offithe student:  (1) Is/was enrolled full-time during the academic period (2) Is reasonably expected to complete his/her program	egistrar's Office amed above is/was engaged in the program indicated above, and that the student's program is school may attach it's own enrollment certification report listing the required information  ce  MM-DD-YYYY) to (MM-DD-YYYY)  requirements on (MM-DD-YYYY)	
Section B – To be completed by Academic Institution R I certify, to the best of my knowledge, that the student nameet all the eligibility requirements on this form.  Items (1) and (2) of this section must be completed. The lieu of completing this section.  Certification of Academic Institution Registrar's Offithe student:  (1) Is/was enrolled full-time during the academic period (2) Is reasonably expected to complete his/her program	egistrar's Office amed above is/was engaged in the program indicated above, and that the student's program is school may attach it's own enrollment certification report listing the required information  ce  MM-DD-YYYY) to (MM-DD-YYYY)  requirements on (MM-DD-YYYY)  t, to the best of his/her knowledge, the information reported above is accurate. This	
Section B – To be completed by Academic Institution R I certify, to the best of my knowledge, that the student nameet all the eligibility requirements on this form.  Items (1) and (2) of this section must be completed. The lieu of completing this section.  Certification of Academic Institution Registrar's Offic The student: (1) Is/was enrolled full-time during the academic period (2) Is reasonably expected to complete his/her program.  The undersigned institutional representative certifies that Certification should include the school's seal or official section.	egistrar's Office amed above is/was engaged in the program indicated above, and that the student's program is school may attach it's own enrollment certification report listing the required information  ce  MM-DD-YYYY) to (MM-DD-YYYY)  requirements on (MM-DD-YYYY)  t, to the best of his/her knowledge, the information reported above is accurate. This	
Section B – To be completed by Academic Institution R I certify, to the best of my knowledge, that the student nameet all the eligibility requirements on this form.  Items (1) and (2) of this section must be completed. The lieu of completing this section.  Certification of Academic Institution Registrar's Offic The student: (1) Is/was enrolled full-time during the academic period (2) Is reasonably expected to complete his/her program.  The undersigned institutional representative certifies that Certification should include the school's seal or official section.	egistrar's Office amed above is/was engaged in the program indicated above, and that the student's program is school may attach it's own enrollment certification report listing the required information  ce  (MM-DD-YYYY)	in
Signature (Sign your full name in ink).  Section B – To be completed by Academic Institution R I certify, to the best of my knowledge, that the student meet all the eligibility requirements on this form.  Items (1) and (2) of this section must be completed. The lieu of completing this section.  Certification of Academic Institution Registrar's Offithe student:  (1) Is/was enrolled full-time during the academic period (2) Is reasonably expected to complete his/her program.  The undersigned institutional representative certifies the Certification should include the school's seal or official so	egistrar's Office amed above is/was engaged in the program indicated above, and that the student's program is school may attach it's own enrollment certification report listing the required information  ce  (MM-DD-YYYY)	in

U.S. Department of Health and Human Services

Public reporting for this collection of information is estimated to average 15 minutes 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. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

# **Deferment Request Form - Reverse Side**

A deferment is a period during which I have been approved to postpone my service obligation to the National Institutes of Health (NIH).

### **Deferment Eligibility Criteria:**

I may defer (postpone) my service obligation while I am:

- Enrolled full-time in an accredited MEDICAL SCHOOL.
- Enrolled full-time in GRADUATE SCHOOL (doctoral-level programs only).

Scholars enrolled in an UNDERGRADUATE DEGREE PROGRAM, please note:

■ Submission of this form certifies your continuing undergraduate enrollment. If you fail to submit this form, the Undergraduate Scholarship Program (UGSP) will assume that you have withdrawn from your undergraduate degree program. Withdrawal from college prior to graduation constitutes a breach of you contract with the NIH.

# **Authorized Certifying Official**

■ Registrar or authorized school official or designee.

#### **Privacy Act Notice**

The Privacy Act of 1974 (5 USC 552a) requires that a Federal agency provide the following notification to each individual whom it asks to supply information. This information is contained in the System of Records of the Department of Health and Human Services (DHHS) numbered 09-25- 0165, entitled National Institutes of Health Office of Loan Repayment and Scholarship (OLRS) Records System, HHS/NIH/OD. An update of this system of records was published in the Federal Register on February 8, 2002 (67 Fed. Reg. 6043).

- \* The authority for collection of the requested information is contained in Sections 487A-F and Section 485G of the PHS Act (42USC288-1,2,3,4,5,5a,6; and 42USC287c- 33), and Public Laws 100-607, 101-597, 103-43, 106-310, 106-505, 106-525, and 106-554. The Internal Revenue Code at 26 USC 6109 requires the provision of the Social Security number (SSN) for the receipt of funds.
- \* The principal purposes of information that you, the applicant or participant, furnish are (1) to determine your eligibility for loan repayment or scholarship under Sections 487A-F and Section 485G of the PHS Act, including verification of the existence and purpose of your educational loan(s), and determination of the amount(s) that are eligible for repayment under the NIH Loan Repayment and Scholarship Programs (LRSPs); and (2) to negotiate and verify the transfer of loan repayments, scholarship awards, and tax reimbursements to participants and to the Department of the Treasury (Treasury), Internal Revenue Service (IRS).
- \* The principal purposes of information that you, the lender, furnish are (1) to determine an individual applicant or participant's eligibility for loan repayment under Sections 487A-C, E and F, and Section 485G, of the PHS Act, including verification of the existence and purpose of an individual's educational loan(s), determination of the amount(s) that are eligible for payment under the NIH LRSPs; and (2) to negotiate and verify the transfer of a loan repayment to a participant's loan account.
- \* The principal purposes of the information that you, the undergraduate institution, furnish are (1) to determine an individual applicant or participant's eligibility for scholarship award under Section 487D of the PHS Act, including verification of the amounts of tuition and qualifying educational expenses, including room and board; and (2) to determine an applicant's disadvantaged background status.
- \* While disclosure of the information is not mandatory, you must provide the information requested to obtain loan repayment and scholarship benefits authorized by Sections 487A-F and Section 485G of the PHS Act.
- \* The information you provide will be made available to Federal employees responsible for administering the NIH LRSPs to determine your eligibility for loan repayment and scholarship awards, as described above.
- \* The information you provide will not be disclosed without your consent to anyone outside of DHHS in a manner that identifies you, except as permitted by the Privacy Act.

(See Routine Uses 1-17 for Additional Disclosures.)

- \* Certifying on NIH 2674-1, "Applicant Information," authorizes the disclosure of information that confirms you are not under a service obligation, certifying on NIH 2674-4, "Loan Information," authorizes the disclosure of information to the lenders and their authorized collection agents to confirm that your loans are current in their repayment status, and certifying on NIH 2674-10, "Institutional Information," authorizes the disclosure of information to the extramural research institutions and their authorized officials to confirm that you are eligible for the loan repayment program and able to fulfill the two-year service obligation.
- \* Certifying on NIH 2762-1, "Undergraduate Scholarship Applicant Information," NIH 2762-2, "Applicant Information:

Recommendation," and NIH 2762-3, "Undergraduate Institution Certification," authorizes the disclosure of information to the undergraduate institution to determine your eligibility for participation in the Undergraduate Scholarship Program, to confirm your eligibility for disadvantaged background status and non-delinquent loan status, and to disclose your educational expenses.

Provision of Your Social Security Number Under Public Law 93-579, Section 7(b), Privacy Act of 1974

- \* Provision of your SSN is required for participation of the LRSPs. This provision is required, as provided in the Internal Revenue Code 26 USC 6109.
- \* Provision of your SSN is needed to verify the financial information provided in your application. Your SSN will be given to the Treasury to disburse Federal funds in connection with the program benefit. Your SSN will be used for identification with the records of the Treasury and DHHS in the event of the loss or theft of repayment checks or scholarship awards or other difficulties arising from this transaction. Your SSN will be given to consumer reporting agencies to obtain a commercial credit report that verifies your ability to repay debts owed to the Federal Government.
- \* Your SSN will be disclosed to the IRS when making loan repayments or scholarship awards and tax reimbursement payments to the IRS for the benefits you receive under the LRSPs. Your SSN will be disclosed to the IRS to obtain a current mailing address if you default on your service obligation, and to other Federal agencies, commercial credit bureaus, or collection agencies to offset or collect delinquent debts.

Routine Uses as Permitted by the Privacy Act

- \* A Congressional office in response to a written request by the applicant or participant concerning his or her record;
- \* The Department of Justice or to a court in the event of litigation;
- \* The appropriate agency, whether Federal, foreign, State, local, or tribal, in the event that a system of records indicates a violation or potential violation of law;
- \* DHHS contractors for the purpose of processing or refining records, and/or for the purpose of evaluating the programs covered by the system;
- \* Private parties such as present and former employers, references listed on application and associated forms, other references, and educational institutions to determine if an applicant is suitable for participation in the NIH LRSPs;
- \* A consumer reporting agency (credit bureau) to obtain a commercial credit report to establish an individual's creditworthiness; to assess and verify his or her ability to repay debts owed to the Federal Government; and to determine and verify the eligibility of loans submitted for repayment;
- \* Another Federal agency so that the agency can effect a salary offset for debts owed by Federal employees, or so that the agency can effect an authorized administrative offset; or to the IRS to request an individual's current mailing address to locate him or her to collect or compromise debt, or to have a commercial credit report prepared;
- \* Another agency that has asked DHHS to effect a salary or administrative offset to help collect a debt owed to the United States;
- \* The IRS to find out whether the applicant has a delinquent tax account;
- \* The IRS to report as taxable income the written-off portion of a debt owed by an individual to the Federal Government when a debt becomes partly or wholly uncollectible;
- \* Debt collection agents, other Federal agencies, and other third parties who are authorized to collect Federal debts and information necessary to identify a delinquent debtor or defaulting participant;
- \* Any third party that may have information about a delinquent debtor's or defaulting participant's current address;
- \* Other Federal agencies that also provide loan repayment or scholarship at the request of these Federal agencies in conjunction with a matching program conducted by these agencies to detect or curtail fraud and abuse in Federal loan repayment and scholarship programs, and to collect delinquent loans or benefit payments owed to the Federal Government;
- \* The IRS to offset any income tax refunds that may be due to the individual against the debt;
- \* Other Federal agencies, debt collection agents, and other third parties who are authorized to collect a Federal debt to identify an individual who is delinquent in loan benefit payments owed to the Federal Government and the nature of the debt;
- \* Officials or representatives of grantee institutions in connection with the review of a Loan Repayment Program (LRP) application or performance or administration under the terms and conditions of the LRP award; or in connection with problems that might arise in performance or administration of the LRP contract.
- \* Designated school coordinators to determine scholarship support, to inform recipients about their service obligations to NIH, and to verify service deferments for certain Undergraduate Scholarship Program participants; and
- \* DHHS contractors to recruit, screen, and match health professionals for NIH employment in qualified research positions; and to references, medical licensing boards, and NIH officials to evaluate the applicant's professional qualifications, experience, and suitability.