

**FINANCIAL DATA**

<p><b>1. Federal Agency and Organization Element to Which Report is Submitted</b></p>	<p><b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b></p>	<p><b>3a. DUNS #</b></p>	<p><b>4. Reporting Period End Date</b></p>
<p><b>Health Resources and Services Administration (HRSA)</b></p>	<p>Grant #: Submission Tracking #: OPSID:</p>	<p><b>3b. EIN</b></p>	<p><b>06/30/2012</b></p>

**PAGE 1A - STUDENT BORROWER DATA SECTION**

<p><b>Student/Graduate Data</b></p>	<p><b>Cumulative (Includes current year)</b></p>	<p><b>Current Year (7/1/2011-6/30/2012)</b></p>
<p>1A-1. Number of Loans for the Allopathic Medicine discipline</p>		
<p>1A-2. Total Dollar Amount of Loans Awarded for the Allopathic Medicine discipline</p>		
<p>1A-3. Total Full-Time Enrollment for the Allopathic Medicine discipline for the academic year (both non-PCL and PCL recipients)</p>		
<p>1A-4a. Total Number of Defaulted Loans (HSPL - Allopathic Medicine and PCL -Allopathic Medicine)</p>		
<p>1A-4b. Of the total number of defaulted loans above in question 1A-4a, how many are PCLs?</p>		
<p>1A-4c. Of the total number of defaulted loans above in question 1A-4a, how many are HPSLs?</p>		
<p>1A-5. Total Original Defaulted Principal Loaned for the Allopathic Medicine discipline</p>		
<p>1A-6a. Total Number of Students (PCL recipients and non-recipients) who dropped out of the Allopathic Medicine discipline</p>		
<p>1A-6b. Of the number above, how many of them were PCL student borrowers</p>		
<p>1A-7. Total Number of Service Defaulted Borrowers for the Allopathic Medicine discipline (Individuals not number of loans)</p>		<p><a href="#">(Number of borrowers by year)</a></p>
<p>1A-8a. Total Number of HPSL and PCL Borrowers for the Allopathic Medicine discipline</p>	<p>(Shows both HPSL and PCL allopathic)</p>	<p>Pre-populated from 1A-8b</p>

	recipients)	
1A-8b. Of the total number of borrowers above in question 1A-8a, how many are PCL borrowers with service requirements?		(Number of new PCL recipients)
1A-8c. Of the number of PCL borrowers for the Allopathic Medicine discipline above in 1A-8b, number of Active and Non Retired/Defaulted Borrowers		
1A-9. Total Number of PCL students including those who graduated during the reporting period for the Allopathic Medicine discipline		<a href="#">(Age and Gender details)</a>
1A-10. Total Graduates (PCL-Allopathic Medicine Only)		
1A-11. Number of PCL loan students including those who graduated during this reporting period that indicate an intention to serve in a medically underserved community.		
1A-12. Number of PCL students and graduates during this reporting period from rural backgrounds.		

<b>Current Year Graduate Special Data</b>	<b>Number of Graduates</b>
1A-13. Total number of full time Underrepresented Minority (URM) graduates during the current reporting period at your school.	
1A-14. Total number of full time PCL graduates during the current reporting period who indicate an intention to work in rural areas.	

<b>Prior Years Graduate Special Data</b>	<b>Number of Graduates</b>
1A-15a. Total Number of PCL - Allopathic Medicine Loan Recipients who graduated in academic year 2007-2008.	
1A-15b. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time PCL - Allopathic Medicine Graduates in academic year 2007-2008 serving in Medically Underserved Communities	
1A-15c. Of the Total Graduates reported in question 1A-15a, the Number of	

Full-Time PCL - Allopathic Medicine Graduates in academic year 2007-2008 serving in Primary Care	
1A-15d. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time PCL-Allopathic Medicine Graduates in academic year 2007-2008 serving in a Rural Area.	

Student/Graduate Data	Academic Year		Cumulative from 1993 to AY 2007 - 2008
	2006 - 2007	2007 - 2008	
1A-16. Total Graduates (Allopathic Medicine Only)			
1A-17. Of the number above, the number of Graduates in Primary Care Residencies & Practice			
1A-18. Percentage of Graduates in Primary Health Care			
1A-19. Percentage Change from Prior Year			

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<b>FINANCIAL DATA</b>
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<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>BUREAU OF HEALTH PROFESSIONS</b>  <b>Annual Operating Report</b>  <b>Page 1b - Student Race/Ethnicity Data Section</b>	<b>FOR HRSA USE ONLY</b>			
	Institution			Program
				<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				<b>07/01/2011 - 06/30/2012</b>

**1. Hispanic or Latino Students**

Did your BHPf funded program have students of "Hispanic or Latino ethnicity" between 7/1/2011 and 6/30/2012?

Hispanic or Latino Students by Race	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
A. American Indian or Alaska Native					
B. Asian - All (including underrepresented)					
B1. Asian - underrepresented, if Known					
C. Black or African American					
D. Native Hawaiian or Other Pacific Islander					
E. White					
F. <i>More than one race</i> <i>(Race combinations)</i>					
TOTAL (A + B + C + D + E + F)					
Hispanic or Latino Students All Races	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate	Recipients Other Than New Who Graduated	Total Recipients (B+C+D)

			Graduate (C)	(D)	
G. All races					

**2. Non-Hispanic or Non-Latino Students**

Did your BHPr funded program have students of "Non-Hispanic or Non-Latino ethnicity" between 7/1/2011 and 6/30/2012?

Non-Hispanic or Non-Latino Students by Race

Enrollment of Discipline

(A)

New Student Recipients

(B)

Recipients Other Than New Who Did Not Graduate

(C)

Recipients Other Than New Who Graduated

(D)

Total

Recipients

(B+C+D)

A. American Indian or Alaska Native

B. Asian - All (including underrepresented)

B1. Asian - underrepresented, if known

C. Black or African American

D. Native Hawaiian or Other Pacific Islander

E. White

F. More than one race  
[\(Race combinations\)](#)

TOTAL (A + B + C + D + E + F)

Non-Hispanic or Non-Latino Students All Races  
Enrollment of Discipline  
(A)  
New Student Recipients  
(B)  
Recipients Other Than New Who Did Not Graduate  
(C)  
Recipients Other Than New Who Graduated  
(D)  
Total  
Recipients  
(B+C+D)

G. All races

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<p><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b></p> <p><b>BUREAU OF HEALTH PROFESSIONS</b></p> <p><b>Annual Operating Report</b></p> <p><b>Page 2 - PROGRAMS ACCOUNT SECTION</b></p>	<b>FOR HRSA USE ONLY</b>			
	Institution			Program
				<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				<b>07/01/2011 - 06/30/2012</b>

<b>Program Accounts</b>		<b>Cumulative (includes current year)</b>	<b>Current Year</b>
A.	FEDERAL FUNDS AWARDED		
B.	CASH BALANCE - START OF REPORT PERIOD		
C.	CASH RECEIPTS		
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		
11.	Cash Receipts Total (sum of C.1 through C.10)		
D.	CASH DISBURSEMENTS		

	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		
	15.	Cash Disbursements Total (sum of D.1 through D.14)		
E.	CASH BALANCE - END OF REPORT PERIOD (CASH BALANCE START OF REPORT PERIOD + CASH RECEIPTS - CASH DISBURSEMENTS)			

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<b>FINANCIAL DATA</b>		
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>	<b>FOR HRSA USE ONLY</b>	
	Institution	Program
		<b>PCL - Allopathic</b>

<b>Health Resources and Services Administration</b>  <b>BUREAU OF HEALTH PROFESSIONS</b>				<b>Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				07/01/2011 - 06/30/2012

Program Accounts (Continued)		Cumulative (includes current year)			Current Year		
F.	LOAN CANCELLATIONS TO BORROWERS	Number of Borrowers	Principal	Interest	Number of Borrowers	Principal	Interest
	1. Professional Practice						
	a. HP Practice- Shortage (10%)						
	b. HP Practice-Rural Shortage (15%)						
	c. Total (Sum of 1.a and 1.b)						
	2. Nursing Employment						
	a. Nursing Employment (10%)						
	b. Nursing Employment (15%)						
	c. Nursing Employment (20%)						
	d. Nursing Employment (15%) on or after 03/23/2010						
	e. Nursing Employment (20%) on or after 03/23/2010						



<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>BUREAU OF HEALTH PROFESSIONS</b>  <b>Annual Operating Report</b>  <b>Page 4 - EXCESS CASH WORKSHEET</b>	FOR HRSA USE ONLY			
	Institution			Program
				<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				<b>07/01/2011 - 06/30/2012</b>
A.	General Ledger Cash Balance as of 6/30/2011			
B.	Actual Collections for 7/1/2011 - 6/30/2012			
	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 7/1/2011 - 6/30/2012			
D.	Institutional Contribution for 7/1/2011 - 6/30/2012			
E.	Projected Collections for 7/1/2012 - 6/30/2013			
	1.	Principal		
	2.	Interest		
	3.	Investment Income and Penalty Charges		
F.	Projected Funds Available as of 6/30/2013 (A + B + C + D + E)			
G.	Actual Expenditures for 7/1/2011 - 6/30/2012			
	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 7/1/2012 - 6/30/2013			

1.	Loans to Students	
2.	Costs (Collection, Litigation and Credit Bureau)	
I.	Projected Expenditures as of 6/30/2013 (G + H)	
J.	Projected Cash Balance as of 6/30/2013 (F - I)	
K.	Less Projected Expenditures for 7/1/2013 - 6/30/2015	
L.	Excess Cash (J - K)	
M.	General Ledger Ending Cash Balance as of 6/30/2012	

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<b>DEPARTMENT OF HEALTH  AND HUMAN SERVICES  Health Resources and Services  Administration</b>  <b>BUREAU OF HEALTH  PROFESSIONS</b>  <b>Annual Operating Report</b>  <b>Page 5 - PROGRAMS ACCOUNT  SECTION (Continued)</b>	<b>FOR HRSA USE ONLY</b>			
	Institution			Program
				<b>PCL - Allopathic  Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				<b>07/01/2011 -  06/30/2012</b>

<b>Program Accounts (Continued)</b>
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H.	FROM WORKSHEET CALCULATIONS
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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	
I. 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?	
	a. Period of last audit	
	b. Date audit submitted to Regional Audit Agency	

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<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>BUREAU OF HEALTH PROFESSIONS</b>  <b>Annual Operating Report</b>  <b>Page 6a - BORROWER ACCOUNTS WORKSHEET</b>	<b>FOR HRSA USE ONLY</b>			
	Institution			Program
				<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				<b>07/01/2011 - 06/30/2012</b>

**Borrower Accounts**  
**Number of Borrowers**  
**(1)**

**Principal Loaned**

**(2)**

**Principal Repaid**

**(3)**

1.

FULLY RETIRED

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

Total (sum of 1.A through 1.F) G.

CURRENT 2.

Student Status A.

Grace Period B.

Deferment Status C.

Postponement/Cancellation D.

Repayment - Not Past Due E.

Past Due 1-119 Days F.

Total (sum of 2.A through 2.F) G.

IN BANKRUPTCY 3.

Pending Discharge/Wage Earners Agreement A.

IN DEFAULT 4.

120 Days and Over A.

FORBEARANCE 5.

Forbearance A.

TOTAL

**FINANCIAL DATA**

<p><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration</b></p> <p><b>BUREAU OF HEALTH PROFESSIONS</b></p> <p><b>Annual Operating Report</b></p> <p><b>Page 6b - BORROWER ACCOUNTS WORKSHEET</b></p>	<b>FOR HRSA USE ONLY</b>			
	Institution			Program
				<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	OPSID	Grant Number	Reporting Period
				<b>07/01/2011 - 06/30/2012</b>
<b>PRINCIPAL CANCELED</b>				
<b>Borrower Accounts</b>	<b>Employment/ Prof Pract (4)</b>	<b>Death/ Disability (5)</b>	<b>Principal Delinquent (6)</b>	
<p>1. FULLY RETIRED</p> <p>    A. Repayment/Prof Pract/Cancel</p> <p>    B. Cancellation/Death</p> <p>    C. Cancellation/Disability</p> <p>    D. Discharged in Bankruptcy</p> <p>    E. HHS Approved Write-off</p> <p>    F. Uncollectible per P.L. 100-607</p> <p>    G. Total (sum of 1.A through 1.F)</p> <p>2. CURRENT</p> <p>    A. Student Status</p> <p>    B. Grace Period</p> <p>    C. Deferment Status</p> <p>    D. Postponement/Cancellation</p> <p>    E. Repayment - Not Past Due</p>				

- F. Past Due 1-119 Days
- G. Total (sum of 2.A through 2.F)
- 3. IN BANKRUPTCY
  - A. Pending Discharge/Wage Earners Agreement
- 4. IN DEFAULT
  - A. 120 Days and Over
- 5. FORBEARANCE
  - A. Forbearance
- TOTAL

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	Institution			Program
				<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	OPSI D	Grant Number	Reporting Period
				<b>07/01/2011 - 06/30/20112</b>
<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>

1. FULLY RETIRED				
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			
G.	Total (sum of 1.A through 1.F)			
2. CURRENT				
A.	Student Status			
B.	Grace Period			
C.	Deferment Status			
D.	Postponement/Cancellation			
E.	Repayment - Not Past Due			
F.	Past Due 1-119 Days			
G.	Total (sum of 2.A through 2.F)			
3. IN BANKRUPTCY				
A.	Pending Discharge/Wage Earners Agreement			
4. IN DEFAULT				
A.	120 Days and Over			
5. Forbearance				
A.	Forbearance			
TOTAL				

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<b>COMMENTS AND CERTIFICATION</b>
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<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>Health Resources and Services Administration</b>  <b>BUREAU OF HEALTH PROFESSIONS</b>	FOR HRSA USE ONLY		
	Institution		Program
			<b>PCL - Allopathic Medicine</b>
	Submission Tracking Number	Grant Number	Reporting Period
			<b>07/01/2011 - 06/30/2012</b>
1. Facility (Name and complete address, including ZIP code)			
2. Contact Information	Primary Point Of Contact		
	Alternate Point Of Contact		
Certification: I certify to the best of my knowledge and belief that this Annual Operating report is true and correct.			
Typed or Printed Name and Title		Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official		Date Report Submitted	

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