FINANCIAL DATA

1. Federal Agency and Organization Element to Which Report is Submitted	Idontitying Niimbor /\ccignod	3a. DUNS #	4. Reporting Period End Date
	Grant #: Submission Tracking #: OPSID:	3b. EIN	06/30/2012

PAGE 1A - STUDENT BORROWER DATA SECTION

Student/Graduate Data	Cumulative (Includes current year)	Current Year (7/1/2011- 6/30/2012)
1A-1. Number of Loans for the Dentistry discipline		
1A-2. Total Dollar Amount of Loans Awarded for the Dentistry discipline		
1A-3. Total Full-Time Enrollment for the Dentistry		
discipline for the academic year (both non-LDS and		
LDS recipients)		
1A-4. Total Number of Defaulted Loans for the		
Dentistry discipline		
1A-5. Total Original Defaulted Principal Loaned for the Dentistry discipline		
1A-6a. Total Number of Students who dropped out of		
the Dentistry discipline		
1A-6b. Total Number of Students who dropped out		
of the Dentistry discipline who were LDS borrowers		
1A-7a. Total Number of LDS Borrowers for the		
Dentistry discipline		(First time
		recipients)
1A-7b. Of the number of LDS borrowers for the		
Dentistry discipline above, number of Active and Non		
Retired/Defaulted Borrowers		(A ~ 1 C 1
1A-8. Total Number of LDS students including those who graduated during the reporting period for the		(Age and Gender details)
Dentistry discipline		<u>uctans)</u>
1A-9. Total Graduates (LDS- Dentistry Only)		
1A-10. Number of LDS students including those who		
graduated during this reporting period that indicate an		
intention to serve in a medically underserved		
community.		

1A-11. Number of LDS students including those that graduated during this reporting period that indicate an intention to practice in primary care.	
1A-12. Number of LDS students including those who graduated during this reporting period that are from rural backgrounds.	

Current Year Graduate Special Data	Number of Graduates
1A-13. Total number of full time	
Underrepresented Minority (URM) graduates	
(LDS-Dentistry loan recipients and Non-LDS-	
Dentistry) at your school during the current	
reporting period.	
1A-14. Total number of full time LDS-	
Dentistry graduates during the current	
reporting period who indicate intent to serve in	
a rural area.	

Prior Years Graduate Special Data	Number of Graduates
1A-15a. Total Number of LDS – Dentistry Loan Recipients who graduated in academic year 2010-2011.	
1A-15b. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time LDS – Dentistry Graduates in academic year 2010-2011 serving in Medically Underserved Communities.	
1A-15c. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time LDS – Dentistry Graduates in academic year 2010-2011 serving in Primary Care	
1A -15d. Of the Total Graduates in question 1A-15a, the Number of Full-Time LDS-Dentistry Graduates in academic year 2010-2011 who entered the field for which they received their degree	
1A -15e. Of the Total Graduates in question 1A-15a, the Number of Full-Time LDS-Dentistry Graduates in academic year 2010-2011 who entered service in a rural area.	

Student Special Data (For LDS programs	Narrative

Only)			
1A-16. Please indicate the recruitment	Chook Royce S	oo Appendiy A	
activities for disadvantaged students your	Check Boxes See Appendix A (These check boxes will be linked to the onlin		
school uses for the LDS program by checking	form and appear as an in		
all box(s) that apply.	rather than a		
1A-17a. Please indicate the retention and/or	Check Boxes S	, ,	
mentoring activities for disadvantaged	(These check boxes will	* *	
students that your school uses for the LDS	form and appear as an in		
program by checking all boxes that apply.	rather than a		
1a-17b. Please indicate the <u>type</u> of retention	Check Boxes S	 /	
and/or mentoring activities for disadvantaged	(These check boxes will	* *	
students your school uses for the LDS	form and appear as an in		
program by checking all boxes that apply.	rather than a		
1A-18. Please share in the box below any	Narrative of up to		
success stories about LDS recipients.	Trustative of up to	o 250 characters	
success stories about EBS recipients.	Cumulative	Current	
	(including current year)	(New LDS	
1A-19. How many LDS students received	(meraumy current year)	Recipients)	
pipeline training from other HRSA programs	HCOP	<u>recipients</u>	
(i.e., Health Careers Opportunity Program	COE	HCOP	
(HCOP) Centers of Excellence (COE) at any	Other	COE	
period of time? (Data collection period starts	Other Program Titles:	Other	
July 1, 2011.)		Other Program Titles:	
	Clinic 1:		
1A-20. Please provide the name of at least	Ciline 1.		
one health clinic that provides service to a			
significant number of individuals who are	Clinic 2:		
from disadvantaged backgrounds including	Ginne 2.		
members of minority groups, that your school			
has an agreement with to provide students	Clinic 3:		
with experience in providing clinical services			
to such individuals.			

FINANCIAL DATA

	FOF	FOR HRSA USE ONL			
DEPARTMENT OF HEALTH	Institu	Institution			
AND HUMAN SERVICES				LDS - Dentistry	
Health Resources and Services	Submission	OPSI	Grant	Deporting Deriod	
Administration	Tracking Number	D	Number	Reporting Period	
BUREAU OF HEALTH PROFESSIONS					
Annual Operating Report				07/01/2011 - 06/30/2012	
Page 1b - Student Race/Ethnicity Data Section					

1. Hispanic or Latino Students

Did your BHPr 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. More than one race (Race combinations)					

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 (C)	Other	Total Recipients
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?**

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					

	FOF	Y		
DEPARTMENT OF HEALTH	Institu	Program		
AND HUMAN SERVICES				LDS - Dentistry
Health Resources and Services	Submission	OPSI	Grant	Deporting Deriod
Administration	Tracking Number	D	Number	Reporting Period
BUREAU OF HEALTH PROFESSIONS				
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Page 2 - PROGRAMS ACCOUNT SECTION				

Pr	ogra	m Accounts	Cumulative (includes current year)	Current Year
A.	FEI	DERAL FUNDS AWARDED		
B.	CA	SH BALANCE - START OF REPORT PERIOD		
C.	CA	SH 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		

	1						
	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)						

FINANCIAL DATA									
	FOR HRSA USE ONL	Y							
DEPARTMENT OF HEALTH	Institution	Program							

				LDS - Dentistry
	Submission	OPSI	Grant	Reporting Period
	Tracking Number	D	Number	Reporting Period
AND HUMAN SERVICES Health Resources and Services Administration				07/01/2011 - 06/30/2012
BUREAU OF HEALTH				
PROFESSIONS				

		PROFESSIONS									
		am Accounts inued)	(in		umulative es current	year))	Current Year			
F.			Num of Borro	:	Principal	Interest		Number of Borrowers		Principal	Interest
	1.	Professional Practice									
		a. HP Practice- a. Shortage (10%)									
	b. HP Practice-Rural Shortage (15%)										
		c. Total (Sum of 1.a and 1.b)	1								
	2. Nursing Employment										
		a. Nursing Employment (10%)									
		b. Nursing Employment (15%)									
		c. Nursing Employment (20%)									
		Nursing d. Employment (15%) on or after 03/23/2010									
	Nursing Employment (20%) e. on or after 03/23/2010										

					I	
	Nursing f. Employment (Other) on or after 03/23/2010					
	Total (sum of 2.a g. through 2.f)					
3.	Death					
	a. On PCL Loans made on or after 10/22/85					
	On Loans except b. those reported in F.3.a					
	c. Total (Sum of 3.a and 3.b)					
4.	Permanent & Total Disa	bility Appro	ved by HH	S		
	a. On PCL Loans made on or after 10/22/85					
	On Loans except b. those reported in F.4.a					
	c. Total (Sum of 4.a and 4.b)					

PROGRAM ACCOUNTS (Continued)		(inc	Cumula ludes cur		r)	Current Year				
G.	BAD DEBTS APPROVED FOR WRITE-OFF BY HHS	Number of Borrowers	Principal	Interest	Penalty Charges	Number of Borrowers	Principal	Interest	Penalty Charges	
	Total Approved									

			FOR	R HRSA	USE ONL	Y	
		ARTMENT OF HEALTH	Institu	ıtion			Program
		D HUMAN SERVICES				LDS	S - Dentistry
Н	leal	th Resources and Services Administration	Submission Tracking Number	OPSI D	Grant Number	Rep	orting Period
	В	UREAU OF HEALTH PROFESSIONS					
	An	nual Operating Report					7/01/2011 - 6/30/2012
	Pá	age 4 - EXCESS CASH WORKSHEET					
A.	Ge	neral Ledger Cash Balance as	of 6/30/2011				
B.	Ac	tual Collections for 7/1/2011 -	6/30/2012				
	1.	Principal					
	2.	Interest					
	3.	Investment Income and Penal	y Charges				
	4.	Institutional Repayments of B Charges)	ad Debts (Principal,	Interest	& Penalty		
C.	Fee	deral Funds Received/Receival	ole 7/1/2011 - 6/30/20	012			
D.	Ins	titutional Contribution for 7/1/	2011 - 6/30/2012				
E.	Projected Collections for 7/1/2012 - 6/30/2013						
	1.	Principal					
	2. Interest						
	3.						

F.	Pro	Projected Funds Available as of 6/30/2013 (A + B + C + D + E)						
G.	Ac	Actual Expenditures for 7/1/2011 - 6/30/2012						
	1.	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.	Pro	ejected Expenditures as of 6/30/2013 (G + H)						
J.	Pro	ejected Cash Balance as of 6/30/2013 (F - I)						
K.	Less Projected Expenditures for 7/1/2013 - 6/30/2015							
L.	Ex	Excess Cash (J - K)						
M.	Ge	neral Ledger Ending Cash Balance as of 6/30/2012						

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DEPARTMENT OF HEALTH	Institu	ition		Program			
AND HUMAN SERVICES				LDS - Dentistry			
Health Resources and Services	Submission	OPSI	Grant	Reporting Period			
Administration	Tracking Number	D	Number	reporting renou			
BUREAU OF HEALTH PROFESSIONS							
Annual Operating Report				07/01/2011 - 06/30/2012			
Page 5 - PROGRAMS ACCOUNT							
SECTION (Continued)							
Program Accounts (Continued)							

H.	FF	ROM WORKSHEET CALCULATIONS							
	1. Default Rate								
	FC	OR 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								
	FC	OR CLOSING SCHOOLS							
	4.	Amount of cash determined to be due the Federal Government and remitted separately to the Division of Financial Operations							
I.	CI	HECK 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							

		FOF	R HRSA	USE ONL	Y
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AND HUMAN SERVICES					LDS - Dentistry
Health Resources and Services Administration	Submission Tracking Nu		OPSI D	Grant Number	Reporting Period
BUREAU OF HEALTH PROFESSIONS					
Annual Operating Report					07/01/2011 - 06/30/2012
Page 6a - BORROWER ACCOUNTS WORKSHEET					
Borrower Accounts		Num	ber of	Principa	l Principal

			Borrowers (1)	Loaned (2)	Repaid (3)
1.	FU	LLY 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.	CU	RRENT			
	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.	FO	RBEARANCE	T T		T
	A.	Forbearance			
	ТО	TAL			

Н	IŊ	١A.	N	Ci	lA.	L J	D/	ΛI	`Ε	١

	FOF	R HRSA	USE ONL	Y
DEPARTMENT OF HEALTH	Institu	ıtion		Program
AND HUMAN SERVICES				LDS - Dentistry
Health Resources and Services	Submission	OPSI	Grant	Reporting Period
Administration	Tracking Number	D	Number	Reporting Ferrou
BUREAU OF HEALTH PROFESSIONS				
Annual Operating Report				07/01/2011 - 06/30/2012
Page 6b - BORROWER ACCOUNTS WORKSHEET				

		F	PRIN	CIPAL	CANCELED		
	Borrower Accounts			-	oyment/ Pract	Death/ Disability	Principal Delinquent
	1			((4)	(5)	(6)
1.	FU	LLY 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.	CU	RRENT					
	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 Earner	rs Agreement				

4.	IN DEFAULT					
	A.	120 Days and Over				
5.	. FORBEARANCE					
	A.	Forbearance				
	TO	OTAL OTAL				

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AND HUMAN SERVICES				LDS - Dentistry
Health Resources and Services	Submission	OPSI	Grant	Reporting Period
Administration	Tracking Number	D	Number	Reporting Period
BUREAU OF HEALTH PROFESSIONS				
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Page 6c - BORROWER ACCOUNTS WORKSHEET				

	Borrower Accounts		Principal Uncollectible Not Past Due (7)	Principal Outstanding but Not Due (8)	Principal Written Off (9)	Capitalized Interest (10)
1.	FU	LLY 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)				
CU	JRRENT				
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)				
IN	BANKRUPTCY				
A.	Pending Discharge/Wage Earners Agreement				
IN	DEFAULT				
A.	120 Days and Over				
Fo	rbearance				
A.	Forbearance				
TO	TAL				
	G. A. B. C. D. F. G. IN A. Fo	G. Total (sum of 1.A through 1.F) 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) IN BANKRUPTCY Pending Discharge/Wage Earners	G. Total (sum of 1.A through 1.F) 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) IN BANKRUPTCY A. Pending Discharge/Wage Earners Agreement IN DEFAULT A. 120 Days and Over Forbearance A. Forbearance	G. Total (sum of 1.A through 1.F) 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) IN BANKRUPTCY A. Pending Discharge/Wage Earners Agreement IN DEFAULT A. 120 Days and Over Forbearance A. Forbearance	G. Total (sum of 1.A through 1.F) 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) IN BANKRUPTCY A. Pending Discharge/Wage Earners Agreement IN DEFAULT A. 120 Days and Over Forbearance A. Forbearance

COMMENTS AND CERTIFICATION

	FOR HRSA USE ONLY			
DEPARTMENT OF HEALTH	Institution	Program		
AND HUMAN SERVICES			LDS - Dentistry	
Health Resources and Services Administration	Submission Tracking Number	Grant Number	Reporting Period	
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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 o report is true and correct.	f my knowledge and belief	that this Annual Operating
Typed or Printed Name and Title		Telephone (Area code, number and extension)
Signature of Authorized Certifying Official		Date Report Submitted

n

Appendix A Question 1A-12 Check Boxes

1A-12 Please indicate what recruitment activities for disadvantaged students that apply to your program by checking all box(s) that apply.

High School Recruitment		
General		
*	College Fairs	
*	Summer camps/programs for high school students to receive information about programs offered	
Specifically targeting/recruiting d	isadvantaged students	
*	Attending college fairs in areas with high percentages of disadvantaged students locally or on a broader scale	
*	Training recruiters specifically to answer questions and provide information to disadvantaged students.	
*	Providing specifically designed information packets on programs and accommodations your school offers for disadvantaged students	
*	Prep Courses for disadvantaged high school students interested in careers in the health professions	
College Level Recruitment		
*	Recruitment from community colleges in disadvantaged areas	
*	Community College joint admissions programs for disadvantaged students	
Application Services		
*	Online programs that wave or assist with application fees for disadvantaged students	
Open Houses		
*	Booths or presentations on resources for disadvantaged students	
*	Targeted advertisements for open houses or other programs in areas with high percentage of disadvantaged students	

Appendix B

1A-13 Please indicate what retention and/or mentoring activities for disadvantaged students apply to your program by checking all boxes that apply:

Individual or Group Peer Mentor Program (big brother/big sister)					
c. c. c.p. co					
*	Open to all				
*	Specifically designed for disadvantaged students				
*					
Î	Placing students in peer support or networks and groups				
*	Other. Please describe				
Individual Staff/Advisor Mentor Prog	ram				
*	Open to all				
*	Specifically designed for disadvantaged students				
	opcomodify designed for disadvantaged stadents				
*	Other. Please describe				
Specialized pre-attendance orientation	on for disadvantaged students				
*	Team and camaraderie building activities to help students				
	feel included in the school				
*	Educate disadvantaged students on how to best use the				
	accommodations and resources the school provides				
*	Introduce or forge contacts between disadvantaged students				
	and faculty/staff (ex: Heads of departments, Tutors, Financial				
	aid and/or advisors)				
*	Specialized welcome packets for disadvantaged students				
	with additional information on available recourses and				
	programs that will help them succeed				

*	Other. Please describe	
College Skills Development and Review Programs		
*	Summer or pre-matriculation sessions in a classroom setting teaching disadvantaged students skills that they will need to be successful (eg: study skills, note taking skills, test taking skills, and/or time management skills)	
*	Summer or pre-matriculation classes for disadvantaged students to review and strengthen prerequisite knowledge of the course work	
*	Individual assessment and profile of disadvantaged students strengths and weaknesses with advisor and plan for development of skills	
*	Other. Please describe	
Early identification for students at ris	sk	
*	Identify students who are falling behind early and provide assistance for them in furthering their academic career	
*	Develop individualized plans for struggling disadvantaged students to ensure success/coordination support	
*	Provide learning specialists for disadvantaged students who can identify possible learning disabilities or assess strengths and weaknesses.	
*	Seminars and lectures specifically for disadvantaged students	
*	Other. Please describe	
Group or Individual Tutoring Service	s	
*	Provide faculty or peer tutors to disadvantaged students	
*	Tutors specifically trained to help students faced with struggles from a disadvantaged background.	
*	Financial mentoring/tutoring	
*	Other. Please describe	

Child Care Support		
*	Free	
*	Partially subsidized	
*	Other. Please describe	
Professional Opportunities		
*	Shadowing health professional	
*	Interviewing health professional	
*	Other. Please describe	