

## Applicant Information

### Section 1. Identifying Information

The Loan Repayment Program is a competitive process and the submission of an application does not assure the award of benefits. Only designated agents of the US Department of Health and Human Services/National Institutes of Health can make commitments for LRP awards.

Applicant's Name:      
*First Middle Last Suffix*

Other Names Used:      
 (e.g. Maiden) *First Middle Last Suffix*

Social Security Number:  -  -

**Note:** We collect your Social Security Number [SSN] to verify your identity, to determine your eligibility for loan repayment assistance and to keep track of the federal funds you receive. We also use your SSN for loan repayment and servicing purposes under the Loan Repayment Program. We also use this information to determine whether you are eligible for loan repayment and the amount of that assistance. See [Privacy Act information for additional information](#).

### Section 2. Permanent (Home) Contact Information

Permanent (Home) Address:  US  Non-US

State    
*City State Zip Code +4*

Telephone Number:  -  -   
*(Area code required)*

Fax Number:  -  -   
 (optional) *(Area code required)*

Email:   
 (optional)

**Instructions:** If you do not have a home email address, please insert your academic or work email address in this box.

### Section 3. Employment (or School) Contact Information

Position Title:

Organization:

Division/School:

Department/Section:

US  Non-US

Address:   
  
     
*City State Zip Code +4*

Telephone Number:  -  -  Ext:   
*(Area code required)*

Alternate Contact Number:  -  -  Ext:   
(optional) *(Area code required)*  
 Cell  Pager

Fax Number:  -  -   
*(Area code required)*

Email Address:

Please communicate with me at my:  Permanent (Home) or  Current (Work or School) Address.

#### Section 4. Education and Training

Please attach your Biosketch: Attach File:

You can upload a new file to replace any previous Biosketch you have uploaded until the form is locked. This form will only lock when you submit your complete application.

**Important:** It is not necessary to have a well-established career to apply to this program. Please be sure to list significant honors and grants in your Biosketch.

[Click here for instructions on completing your Biosketch and for a sample Biosketch.](#) Do not exceed 5 pages.

**Instructions:** Click the "Browse" button and locate your file. We accept most word processing document types.

Undergraduate Degree:

Major/Field of Specialization:

Conferring Institution:

Medical/Dental Degree:

Year  Degree

**NOTE:** If MD/Ph.D. complete information for M.D. in this block and information for Ph.D. separately under "Highest Graduate Degree."

Major/Field of Specialization:

Conferring Institution:

**Instructions for Medical/Dental Specialty and Subspecialty Training:** Select the area(s) in which you have specialty or subspecialty training and indicate whether you are board eligible or certified in that area.

Specialty:  
(optional)

Select a Specialty  
Allergy and Immunology  
- Clinical and Laboratory Immunology  
Anesthesiology  
- Pediatrics Anesthesiology  
- Critical Care Medicine  
- Pain Management

Board Eligible

Yes  No

Board Certified

Yes  No

Subspecialty:  
(optional)

Select a Specialty  
Allergy and Immunology  
- Clinical and Laboratory Immunology  
Anesthesiology  
- Pediatrics Anesthesiology  
- Critical Care Medicine  
- Pain Management

Board Eligible

Yes  No

Board Certified

Yes  No

Highest Graduate Degree (1):

Year  Degree

Major/Field of Specialization:

Conferring Institution:

If Ph.D., please enter a synopsis of your dissertation abstract here:

*(Please limit to 5000 characters, including spaces - about 1 page)*

Graduate Degree (2):

Year  Degree

Major/Field of Specialization:

Conferring Institution:

Graduate Degree (3):

Year [dropdown] Degree [dropdown]

Major/Field of Specialization: [text box]

Conferring Institution: [text box]

\* Text hidden if Intramural

**Section 5. Federal Government Employment**

Are you employed for more than 20 hours per week (5/8 or greater) by a US Government agency such as the NIH, CDC, DOD, or the Veteran's Administration?

Yes (Please provide an explanation below)  No

[Large text area for explanation]

Are you currently on a fellowship supported in whole or in part by a US Government agency such as the Veteran's Administration, CDC, or DOD?

Yes (Please provide an explanation below)  No

[Large text area for explanation]

Please answer "No" if you are supported by a National Research Service Award (NRSA) Fellowship ( T32/F32 ) through the NIH.

**Section 6. Service Obligation**

**Note: If you have a service obligation, you may still be eligible for LRP consideration if your service obligation has been or can be deferred for the entire period of your LRP contract. For assistance, please call the LRP Helpline at 1-866-849-4047. [Click here for examples of service obligations.](#)**

Do you owe a service pay-back obligation?

Yes (Continue with questions below)  No (Skip to Section 7)

**Note:** Please answer "No" if you have received funding from a T32/F32 National Research Service Award (NRSA) Fellowship and list your NRSA Fellowship in Section 2 of the Funding Information form.

Program Name: [text box]

When do you expect to fulfill your obligation?

[Month] [Day] [Year] dropdown menus

**Section 7. Voluntary Disclosures**

**Completion of items in this section is VOLUNTARY. The information provided will be used to measure the extent to which members of these groups are applying for and receiving NIH Loan Repayment Program contracts and/or for program evaluation. Failure to answer these questions will have no effect on your consideration for these programs.**

How did you learn about the NIH Loan Repayment Programs? [dropdown]

**Gender/Ethnicity/Race/National Origin/Disability Status**

Gender:

Female  Male

Are you Hispanic or Latino?  Yes  No

A person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish cultures or origins, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

What is your racial background?:  
(Check one or more)

- | Name of Category   | Definition of Category  |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | A person having origins in any of the original peoples of North American and South America (including Central America), and who maintain cultural identification through community recognition or tribal affiliation.                               |
| <input type="checkbox"/> Asian                                     | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.  |
| <input type="checkbox"/> Black or African American                 | A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."   |
| <input type="checkbox"/> White                                     | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |
| <input type="checkbox"/> Do Not Wish to Provide                    |   |

Disability Status:

Select Disability Code

**HANDICAP Definition:**  
The physical or mental impairment which substantially limits one or more major life activities; the record of such impairment; or the perception of such impairment by others.

**Note:** In the case of multiple impairments, the code should indicate the impairment that results in the most substantial limitation.

Date of Birth:

Month Day Year

## Section 8. Certifications

### Certification of Nondelinquent Status

The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants for the NIH Loan Repayment Programs must certify that they do not have a judgment lien against their property arising from a debt to the United States.

I hereby certify that I [  do ] [  do not ] have a judgment lien against my property arising from a debt to the United States

I hereby certify that I [  am ] [  am not ] delinquent on any debt to the United States.

#### Certification of Accuracy of Information Provided

- I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of the application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under U.S Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986. I authorize any program to which I owe a service obligation to release information about that obligation to administrators of the NIH Loan Repayment Program and to other authorized Government officials

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 35 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-1  
[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**

## Personal Statement

**Instructions: (Displayed for NEW APPLICANT ONLY)** Use 8,000 characters or less including spaces (approximately two single-spaced, typed pages) to briefly describe your previous research training experience, your short-term academic and research objectives, your long-term career objectives and your plan to achieve these objectives. Please include your name and the date in the header of the document.

**Instructions: (Displayed for RENEWAL APPLICANT ONLY)** Use 8,000 characters or less including spaces (approximately two single-spaced, typed pages) to briefly describe your previous research training experience, your short-term academic and research objectives, your long-term career objectives and your plan to achieve these objectives. Specify how your research training over the past two years has helped you realize these goals and what will be achieved in the next year of the program. Please include your name and the date in the header of the document.

**Instructions: (Displayed for INTRAMURAL RENEWAL APPLICANT ONLY)** Use 12,000 characters or less including spaces (approximately three single-spaced, typed pages) to briefly describe your previous research training experience and your short-term academic and research objectives. In addition, please give a brief description of your plans for your research career in the immediate future (the next two to five years) and in the time following that (five to ten years). Please include your name and the date in the header of the document.

**Note:** Please know that you can upload a new file to replace any previously uploaded file.

This form will not lock until you submit the complete application.

Upload your  
Personal  
Statement:

Attach File:

Browse...

**Instructions:** Click the "Browse" button and locate your file. We accept most word processing formats.

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 120 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-2

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**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**

# Recommendations

**Instructions:** Your application requires that you obtain three completed recommendations including one from your Research Supervisor. Please provide the name and email address for the other individuals who will provide a recommendation for your application. You may submit up to five names of individuals to ensure that the mandatory three recommendations are received. **Hidden if applicant identified Research Supervisor**

**Instructions:** Your application requires that you obtain three completed recommendations. Please provide the name and email address for the other individuals who will provide a recommendation for your application. You may submit up to four names of individuals to ensure that the mandatory three recommendations are received. **Hidden if applicant did not identified Research Supervisor**

Recommenders identified in this form will be contacted by email as soon as you press the SUBMIT button and will be asked to complete an online recommendation form on your behalf. We can only accept recommendations via the online form. Letters, faxes and other forms of recommendations are not acceptable.

Please ensure that all email addresses are entered accurately as once you press SUBMIT you cannot return to this form to make changes. If you are looking to find an NIH Email Address, [click here](#).

## Section 1 - Required Recommendations

### Recommender # 1 - Hidden if applicant identified Research Supervisor

Name:      
*First Middle Last Suffix*

Email Address:

In what capacity do you know the recommender?

### Recommender # 2

Name:      
*First Middle Last Suffix*

Email Address:

In what capacity



do you know the recommender?

**Recommender # 3**

Name:      
*First Middle Last Suffix*

Email Address:

In what capacity do you know the recommender?

**Section 2 - Optional Recommendations**

**Instructions:** Only three recommendations are required. You may submit up to two additional names to ensure that at least three recommendations will be received by the NIH on your behalf. All recommenders identified in this form will be contacted by email as soon as you press the SUBMIT button and will be asked to complete an online recommendation form on your behalf.

**Recommender # 4**

Name:      
*First Middle Last Suffix*

Email Address:

In what capacity do you know the recommender?

**Recommender # 5**

Name:      
*First Middle Last Suffix*

Email Address:

In what capacity do you know the recommender?

**Section 3 - Release and Waiver**

**Release to Contact Recommenders**

I certify that I am requesting recommendation(s) from individual(s) of my choosing that will be included in my NIH Loan Repayment Program (LRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in an LRP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165 ([see Confidentiality and Privacy Act Notice](#)). I authorize administrators of the NIH Loan Repayment Program and other authorized Government officials to contact the individual(s) I have identified to request any additional information that may be needed in determining my eligibility for participation in an LRP.

### **Voluntary Waiver of Future Rights to Access Confidential Recommendations**

By checking this box, I understand that I will not have access to the recommendations based on the promise of confidentiality made to my recommenders in Section 3.

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 25 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674 -3

[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**



## Loan Information

**Important: The completion of this form requires accurate and comprehensive information.** We recommend that you gather your educational loan information before starting this form. For information on qualifying loans see the [Applicant Information Bulletin](#).

If you have multiple educational loans you will need to complete a separate form for each loan type or lender. For example: if you have 5 loans under the same lender that are the same loan type, then you will need to complete one form for all 5 loans. If all of your loans have been consolidated into one loan account, you need only submit one Loan Information form. [Click here for more information on completing this form](#) [click here](#). The information you provide in this form will be sent to the lending institution for the purposes of verifying the loan type, balance, payment amount, principal and interest, loan purpose, and repayment status, including deferment, grace, and forbearance status.

If your application is approved you will be asked to fax us both the Promissory Note/Disclosure Document AND a current Account Statement (dated within 30 days) for each loan. For information on these documents, click [here](#).

### Section 1 - Loan Information

Loan Account Number:

**Instructions:** Please select your lender from the list below. If your lender is not included in the list, please select "Other" and fill in the necessary information. You may also edit the address information that appears for the lenders.

Name of Lending Institution/Servicing Agent:   Other:

Address:   
  
     
*City State Zip Code +4*

Name of servicing agent of the loan to whom payments are sent (if different):   
Address:   
  
     
*City State Zip Code +4*

### Section 2 - Loan Details

Original Amount of Loan: \$

Date When Loan was Disbursed:     
*Month Day Year*

Monthly Payment Amount: \$

**NOTE:** If your loan is in deferment or forbearance, please enter \$1.00 in the monthly payment field.

Payoff Balance: \$

Payoff valid through what date?     
*Month Day Year*

Current Interest Rate

of Loan: %

Interest Type:

Loan details accurate as of what date?     
Month Day Year

### Section 3 - Loan Deferment Information

- Repayment (If selected, please proceed to next section)
- Forbearance
- Deferment/Grace

If you are not currently repaying your loans, please identify the start and end dates of the current postponement period:

Start date of current period:     
Month Day Year

End date of current period:     
Month Day Year

Interest Bearing?  Yes  
 No

### Section 4 - Loan Repayment Information

Are you currently repaying the loan?  Yes  
 No

Are your payments up to date?  Yes (or Not Applicable)  
 No

**Note:** Delinquent loans, loans in default, loans not current in their payment schedule, loans already repaid or loans with promissory notes that have been signed after the LRP effective date are not eligible for repayment. Late Fees, penalty fees, additional interest charges or collection costs will not be repaid by the LRP.

If this is a consolidated loan, were the underlying loans ever defaulted, past due or delinquent, incurring late fees, penalty fees or collection costs?  Yes  
 No (or Not Applicable)

Is this loan consolidated with a spouse or another individual?  Yes  
 No

**NOTE:** Loan consolidations that include the underlying loans of spouses or other individuals are ineligible for repayment consideration.

Date Loan Repayment Started:     
Month Day Year

Purpose of Loan:

Type of Loan:  Other:

### Section 5 - Certification by Applicant/Borrower

I hereby apply to enter into an agreement with the Secretary of HHS for repayment of the educational loan listed above, incurred solely for the costs of education, including reasonable living expenses. I hereby certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986. I hereby authorize the lending institution, servicing agent, and/or institutional program named above to release information about my loan or any loan owned, serviced, or administered by my lending institution, servicing agent, or program administrator to the administrators of the NIH Loan Repayment Programs (LRP), and to other authorized Government officials. This authorization shall remain in effect during my application and participation in the NIH LRP and 120 days after completion of LRP contracted service.

Delete This Form

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 75 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-4

[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**

# IC Recommendation for LRP Funding

**NIH 2674-5**  
LRP Tracking Code:

### Applicant's Identifying Information

Applicant Name:  
Social Security  
Number:  
Type of LRP:  
Contract length (to  
commence on  
program eligibility  
date):

### Position Information

Title

Pay   
Plan/Occupational  
Series:

Grade (if  
appropriate):

NIH Salary at \$  
Program Eligibility  
Date:

Other:

Note: Please provide the applicant's basic NIH salary as of the applicant's program eligibility date\*. For applicants employed under the Commissioned Corps, salary comprises base pay plus quarters, subsistence, and variable housing allowances. Special and bonus pay, such as board-certified, contract, and variable incentive pay, are not included. Similarly, for applicants under the General Schedule pay plan, Physicians Comparability Allowances (PCA) are not included in the salary calculation. However, pursuant to 5 CFR § 595.105(e), an individual receiving a PCA who is accepted into the LRP must have his/her PCA reduced by the amount of the loan repayment upon entry to the LRP.

*\* The program eligibility date is the receipt date of an application in the Division of Loan Repayment or the EOD date for new hires, whichever occurs later.*

Personnel Documentation

Note: The applicant's NIH Salary needs to be supported by faxing this documentation to the NIH Division of Loan Repayment at 1-866-849-4046. Please use the Fax Coversheet that is provided when you click "Submit" on this form to submit the required documentation.

Type of Assignment:  Permanent  
 Temporary

Start Date of  
Assignment from   
SF52/SF50: Month Day Year

End Date of  
Assignment from     
SF52/SF50: *Month Day Year*

Can the assignment  
be extended?  Yes (or N/A)  
 No

**Instructions:** After printing this application, please coordinate the clearance process by obtaining the necessary signatures. Incomplete applications will be returned to the LRPC. Completed applications from LRPC's in support of renewal and new applicants are due **March 1** and **September 1**, respectively. If you have any questions about completing this form, please call the Loan Repayment Program at **1-866-849-4047**.

Save and Continue Later

Submit Form

## Research Activities

**Instructions:** Identify your Principal Investigator or Research Supervisor below. Your Principal Investigator/Research Supervisor will be asked to complete a recommendation form on your behalf, to concur with your research project description and to provide additional information on your research training and laboratory environment.

**Note:** Your Principal Investigator/Research Supervisor will NOT have access to complete their online forms until you submit this form. [Click here to see the information they are being asked to provide.](#)

When you press submit this form will lock and an email will be sent to your Principal Investigator/Research Supervisor to request that (s)he complete the online forms.

Name and email address of your Principal Investigator or Research Supervisor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First Name</i>	<i>Last Name</i>	<i>Email Address</i>

In what capacity do you know your Principal Investigator?

### Section 1 - Research Activities

**Instructions:** Use 20,000 characters or less including spaces (approximately six single-spaced, typed pages) to describe the research activities you will pursue over the next two years and your specific responsibilities and role in the research project(s). Literature citations are included in the character count and should be listed on the last page. Please include your name, employer, title of your research project and the date in the header of the document.

Research Project Title:

*(Please limit your response to 256 characters or less.)*

Shortened/General Title:

*(Please limit your response to 81 characters or less.)*

**Instructions:** Enter a short title that summarizes your research.

Please attach your research activities Attach File

**Instructions:** Click the "Browse" button



description:

and locate your file.  
We accept most word  
processing formats.

### Section 2 - Research Environment - Section Displayed for INDEPENDENT RESEARCHER ONLY

**Instructions:** Use 5,000 characters or less (approximately one typed page) to describe the current research conducted in the branch/laboratory/section/department where the applicant is located and the availability of appropriate scientific colleagues, institutional research, and facilities.

Please attach a file  
describing the research  
environment:

Attach

File

Browse...

**Instructions:** Click  
the "Browse" button  
and locate your file.  
We accept most word  
processing formats.

### Section 3 - Career Development Plan - Section Displayed for INDEPENDENT RESEARCHER ONLY

**Instructions:** Use 5,000 characters or less (approximately one typed page) to describe your career development plan and explain how this plan will foster the development of your career in research. Specify the types of research methods and scientific techniques to be learned, membership in journal clubs or groups and conferences and seminars to be attended.

Please attach a file  
describing your career  
development plan:

Attach

File

Browse...

**Instructions:** Click  
the "Browse" button  
and locate your file.  
We accept most word  
processing formats.

Save and Continue Later

Submit

Public reporting for this collection of information is estimated to average 180 minutes, 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 Clearances Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH 2674-6

[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**



## Assessment of Research Activity

Basic Information (Section hidden if information is already complete)

To access the LRP application system, please provide the following information. After you click "Save and Continue" the next form will appear on your screen for completion.:

Your Name:      
*First Middle Last Suffix*

Position/Title:

Organization:

Division/School:

Department/Section:

Address:  US  NonUS

*City State Zip Code +4*

Telephone Number:  -  -  Ext:   
(including area code)  
*(Area code required)*

Fax Number:  -  -   
(including area code)  
*(Area code required)*

Save and Continue

Applicant's Name:

Organization:

### Section 1 - Concur with Applicant's Research Project Description

**Instructions:** The applicant has provided the statement linked below describing his/her research project. Please review this statement and indicate your concurrence by checking the box below. You may submit a revised file by uploading a new document. Caution: If you upload a new file, that file will replace the document the applicant uploaded. Please note that the length is limited to 20,000 characters or less including spaces (approximately five single-spaced typed pages plus one page for references).

Research Project Title:

Review Statement:



[Click here to view applicant's statement](#)

Principal Investigator/Research Supervisor Concurrence:

I concur with this statement.

Upload New Research Project, if necessary:

Attach File:

**Instructions:** Click the "Browse" button and locate your file. We accept most file types.

### Section 2 - Description of Applicant's Research Environment

**Instructions:** Use 5,000 characters or less (approximately one typed page) to describe the current research conducted in the branch/laboratory/section/department of the applicant and the availability of appropriate scientific colleagues, institutional research, and facilities. You should also include a brief description of the source of funding for the research the applicant is engaged in as well as your funding sources.

Please attach a file describing the research environment:

Attach File:

### Section 3 - Applicant's Research Training/Mentoring/Career Development Plan

**Instructions:** Use 5,000 characters or less (approximately one typed page) to detail the applicant's research training program and mentoring plan. Specify the types of training interactions the applicant will have with you, what training mechanisms will be used, what research methods and scientific techniques will be learned, what journal clubs or groups the applicant will join, and what conferences and seminars the applicant will attend. If another laboratory staff member will be involved in the mentoring program, please provide his/her name and describe his/her degree of involvement. Please include a summary of your prior experience as a mentor of other investigators.

Please attach a file describing the applicant's research training/mentoring/career development plan:

Attach File:

If another laboratory staff member will be involved in the mentoring program, please provide his/her Biosketch:

Attach File:

[Click here for instructions](#) on completing a Biosketch and for a sample Biosketch in PDF or Rich Text Format (rtf). Do not exceed 5 pages.

### Section 4 - Biosketch of Principal Investigator/Research Supervisor

Please submit your Biosketch:

Attach File:

[Click here for instructions](#) on completing a Biosketch and for a sample Biosketch in PDF or Rich Text Format (rtf). Do not exceed 5 pages.

### Section 5 - Principal Investigator/Research Supervisor Assurance

I certify that (1) the statements herein are true, complete, and accurate to the best of my knowledge; (2) I agree to accept responsibility for the scientific conduct of the research project; (3) I certify that the applicant, named in Section 1 of this form, will be provided the necessary time and resources to engage in the named research project if a Loan Repayment contract is awarded and (4) I also agree to provide periodic (usually quarterly) service verifications on behalf of this applicant if a Loan Repayment contract is awarded. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Save & Continue Later

Submit Form

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NIH Form 2674-7

[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**

## Research Accomplishments

**Instructions:** Please use 5000 characters or less including spaces (approximately one typed page), to describe your research accomplishments during the current LRP contract period.

**Paragraph Displayed for INTRAMURAL RESEARCHER ONLY:** In addition, you are required to submit documents which reflect your research accomplishments. This requirement may be satisfied by faxing one copy of three representative publications, which can include abstracts, to 866-849-4046. Submitting this form will generate a fax cover sheet which you can print and use for this purpose.

**Paragraph Displayed if the applicant identified Research Supervisor:** **Note:** Your Principal Investigator/Research Supervisor will be asked to concur with your statement and to provide their assessment of your research accomplishments. Since your Principal Investigator/Research Supervisor will NOT have access to complete their online forms until you submit this form.

[Click here](#) if you have recently moved to a new laboratory and a different individual (not your current Research Supervisor) can better concur with and assess your research accomplishments.

**Please note:** If you are receiving LRP benefits currently and you have changed institutions, you need to notify us by [sending an email to lrp@nih.gov](mailto:lrp@nih.gov) or by calling 1-866-849-4047. Completing an online renewal application is not sufficient notice of a change of institution. .

<p><b>*Text hidden if box is not checked.</b></p> <p>Please provide the name and email address of the Research Supervisor who can best concur and assess your research accomplishments over the past two years.</p>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>First Name</i>	<i>Last Name</i>	<i>EmailAddress</i>

Please attach your description of your research accomplishments:

Attach File:

Browse...

**Instructions:** Click the "Browse" button and locate your file. We accept most word processing formats.

Save and Continue Later

Submit Form and Print Fax Cover

Public reporting for this collection of information is estimated to average 70 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH 2674-8

[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**

## Certifications for Online Applications



OMB No. 0925-0361  
Form Approved for use through xx/xx/xxxx  
[Click Here](#) to see burden statement

**NIH 2674-9**

LRP Tracking Code:

**Instructions please print, sign (black ink preferred), and fax this form without a cover page to 866-849-4046.**

Print

Continue

### Section 1 - Certification by Applicant/Borrower

I hereby apply to enter into an agreement with the Secretary of HHS for repayment of the educational loan listed in my application, incurred solely for the costs of education, including reasonable living expenses. I hereby certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986. I hereby authorize the lending institution, servicing agent, and/or institutional program named in my application to release information about my loan or any loan owned, serviced, or administered by my lending institution, servicing agent, or program administrator to the administrators of the NIH Loan Repayment Programs (LRP) and other authorized Government officials. This authorization shall remain in effect during my application and participation in the NIH LRP and 120 days after completion of LRP contracted service.

\_\_\_\_\_  
Signature (sign your full name in ink)

\_\_\_\_\_  
Date

### Section 2 - Applicant's Certification of Accuracy of Information Provided

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under 18 U.S.C. § 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986. I authorize any program to which I owe a service obligation to release information about that obligation to administrators of the NIH Loan Repayment Program and other authorized Government officials. I certify that I am a United States Citizen, United States National or Permanent Resident of the United States. I further certify that the named research project complies with applicable Federal, state and local laws (e.g., applicable human subject protection regulations) and is not research for which funding is prohibited by Federal law

\_\_\_\_\_  
Signature (sign your full name in ink)

\_\_\_\_\_  
Date

### Section 3 - Applicant's Request for Confidential Recommendations

I certify that I am requesting recommendation(s) from individual(s) of my choosing that will be included in my NIH Loan Repayment Program (LRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in an LRP. I understand that the recommendation(s) I am requesting shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165 (see Confidentiality and Privacy Act Notice in this application package). I authorize administrators of the NIH Loan Repayment Program and other authorized Government officials to contact the individual(s) I have identified to request any additional information that may be needed in determining my eligibility for participation in an LRP.

---

Signature (sign your full name in ink)

---

Date

Continue

Public reporting for this collection of information is estimated to average 20 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH 2674-9

[Privacy Act 09-25-0165](#)

## Institutional Contact

**NIH 2674-10**  
LRP Tracking Code:

**Instructions:** To verify institutional support for your research, please provide contact information for the official at the institution where you are conducting your research who can provide verification of compensation amounts and availability of time and resources to conduct your proposed research. Institutional Officials identified in this form will be contacted by email as soon as you press the SUBMIT button and will be asked to complete an online form on your behalf that will include an assurance of two years of continuing support and a minimum 50% commitment (20 hours per week) of research effort. Please ensure that all email addresses are entered accurately as once you press SUBMIT you cannot return to this form to make changes.

**Important:** The official providing this information should be someone authorized to reply for the organization. Common titles for this individual are dean, associate dean, provost or chancellor of research & sponsored programs, or vice president of research administration. If you are not certain whom to name, please consult with your research supervisor or principal investigator.

**Note:** Several Institutions have provided us with the proper contact for this certification. You may use the list below to check for your institution. If you select one of the organizations from the list, the system will automatically update the contact information for you. You will be allowed to change the information, if needed. If you do not see your institution listed, please enter the Name and Email address of your contact.

### Contact Information for the Institutional Representative

Organization:

Name:      
*First Middle Last Suffix*

Email Address:

[Save and Continue Later](#)

[Submit Form](#)

Public reporting for this collection of information is estimated to average 5 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH 2674-10

[Privacy Act 09-25-0165](#)

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## Disadvantaged Background Documentation

**NIH 2674-11**

LRP Tracking Code: :

An individual from a disadvantaged background (42 CFR pt. 57.1804(c)) is one who comes from a family with an annual income below 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 for use in all health professions programs. The Secretary periodically publishes these income levels in the [Federal Register](#). Note that the published levels represent the low-income levels for the period from the year of publication to the present. If you are establishing your eligibility based on a prior year, the published levels for that year will apply. Current financial need alone is NOT sufficient to classify an individual as being from a disadvantaged background.

### Instructions for Applicant

Please indicate how you qualify for the Clinical Research LRP for Individuals from Disadvantaged Backgrounds (Intramural or Extramural). Do not complete this form if you are not applying for the Clinical Research LRP for Individuals from Disadvantaged Backgrounds.

- (1)  I have received a loan from the Health Professions Student Loans (HPSL) or Loans for Disadvantaged Student Program.
- (2)  I have received a scholarship from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.
- (3)  I have a written statement from my former health professions school (s) that I qualified for Federal disadvantaged assistance during attendance at the school.

**Important:** You must submit this documentation to the NIH Division of Loan Repayment by FAX at 866-849-4046. Your application cannot be considered without this documentation.

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 45 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-11

[Privacy Act 09-25-0165](#)

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U.S. Department of Health and Human Services  
National Institutes of Health  
**NIH Loan Repayment Program Contract**

Sections 487A, 487B, 487C, 487E, and 487F of the Public Health Service Act ("Act") authorize the Secretary of the Department of Health and Human Services ("Secretary"), and Section 485G authorizes the Director, National Institute on Minority Health and Health Disparities (NIMHD), to enter into contracts with qualified health professionals under which such professionals agree to conduct research in consideration of the Federal government agreeing to repay, for each year of such service, not more than \$35,000 of the principal and interest of the educational loans of such professionals. In return for these loan repayments, applicants must agree to participate in qualifying research, for an initial period of obligated service of not less than two years (or a minimum of three years for General Research Loan Repayment Program participants), as one of the following: an NIH employee or a health professional engaged in qualifying research at an institution determined by NIH to be eligible to sponsor individuals who engage in qualifying research.

Applicants are required to submit a signed contract which includes the Terms and Conditions of participation in the LRP with their applications. The Secretary/NIMHD Director shall execute only those contracts submitted by applicants who are selected for participation.

*The Terms and Conditions for participating in the LRP follow:*

**Section A - Obligations of the Secretary or NIMHD Director**

Subject to the availability of funds appropriated by the U.S. Congress for the NIH and/or the LRP, the Secretary/NIMHD Director agrees to:

1. Pay, in the amount provided in Paragraph 2 of this section, the undersigned applicant's qualifying educational loans. Qualifying health professionals' loans consist of the principal, interest, and related expenses (such as the required interest premium on the unpaid balances of some loans) of qualified Government (Federal, State, and local) and commercial loans obtained by the applicant for the following expenses:

- a. undergraduate, graduate, and health professional school tuition expenses;
- b. other reasonable educational expenses required by the school(s) attended, including fees, books, supplies, educational equipment and materials, and laboratory expenses; and
- c. the cost of room and board, and other reasonable living expenses as determined by the Secretary/NIMHD Director.

2. An applicant must have qualifying educational loans equal to or in excess of 20% of his or her annual NIH base salary (Intramural) or institutional base salary (Extramural) on his or her program eligibility date. This amount is the "debt threshold." Annual income or compensation refers to "institutional base salary," which is the annual amount the institution pays for the applicant's appointment, whether the time is spent in research, teaching, patient care, or other activities. Institutional base salary excludes any income that an applicant may earn unrelated to the duties for the institution. The "program eligibility date" is the date on which his or her contract is executed by the Secretary/NIMHD Director and he or she is engaged in qualifying research.

NIH will repay the educational debt ("repayable debt") as follows:

- a. at the rate of one-fourth of the repayable debt for each year of qualified service up to a \$35,000 annual maximum;

- b. for the first, second, and third year of qualified service, otherwise qualified applicants for the Intramural General Research LRP, who are participating in ACGME accredited clinical training programs, payment of repayable debt will be no more than \$20,000 per year;
- c. one- or two-year continuation renewal contracts, beyond the second year (or third year, for contracts under the General Research LRP), may be competitively offered;
- d. if the applicant's contract is renewed, the NIH will repay at the rate of 50% of the remaining repayable debt for each year of contract renewal, up to the \$35,000 annual maximum (the repayable debt amount is calculated annually); or 100% of the repayable debt if the annual disbursement is \$5,000 or less; and
- e. payments are to be made on a delayed quarterly schedule after completion of qualified research, unless otherwise agreed to by the Secretary/NIMHD Director and the participant.

3. Provide reimbursement for increased Federal tax liability resulting from payments made pursuant to Paragraph 1 of this section in an amount equal to 39% of the total amount of loan repayments made for each tax year in which such payments were made.

4. Payment of qualifying educational loans will be made directly to the lender(s). If there is more than one outstanding qualifying educational loan, the Secretary/NIMHD Director will repay the loans in the following order, unless the Secretary/NIMHD Director determines significant savings would result from paying loans in a different order of priority: (a) HEAL; (b) Other loans issued or guaranteed by the Federal Government; and (c) Other loans.

5. Once a loan repayment contract has been signed by both parties, the Secretary/NIMHD Director shall obligate such funds as will be necessary to ensure that sufficient funds will be available to make loan repayments and tax reimbursements to cover the repayable debt, as defined in Paragraph 2 of this section.

**Section B - Obligations of the Participant**

The participant agrees to:

1. Provide a description of each of his or her outstanding qualified educational loans and supporting documents, in a form and manner as defined by the Secretary/NIMHD Director;
2. Serve his or her 2- or 3-year minimum period of research service, which commences on the program eligibility date, by conducting qualifying research, as one of the following: an NIH employee or a health professional engaged in qualifying research at an institution determined by NIH to be eligible to sponsor individuals who engage in qualifying research;
3. Provide written verification of the lender's crediting of all LRP payments and resulting account balances within a reasonable time after such payments are credited;
4. Repay the NIH for any sums paid erroneously to his or her lender(s), repay the NIH for any sums advanced to his or her lenders prior to satisfying his or her research service, and assist the NIH in obtaining a refund from his or her lender(s) for such sums;
5. Make payments to lenders on their own behalf for periods of Leave Without Pay (LWOP); and
6. Comply with the provisions of Title 42, U.S. Code of Federal Regulations, Part 68a, Part 68c, and other policies or regulations governing the NIH Loan Repayment Programs, as applicable.

## Section C – Breach of Written Loan Repayment Contract

1. In accordance with 42 USC 254o, which addresses enforcement of the National Health Service Corps LRP and will be regarded as equally applicable to the NIH's LRP, any participant who fails to complete the minimum 2- year (or 3-year for General Research LRP) research service obligation required under the initial contract will be considered to have breached the contract and will be subject to assessment of monetary damages and penalties as specified in Paragraph 3 below.

a. Loan Repayment Program participants who are serving as NIH employees, and who are terminated for cause or for the convenience of the Government will not be considered to have committed a breach of contract, and monetary damages and penalties will not be assessed.

b. Occasionally, a participant's assignment may evolve and change so that a determination is reached that he/she is no longer engaged in qualified research. Similarly, the research needs and priorities of the NIH or the sponsoring institution may change, so that a determination is made that the researcher's skills may be better utilized in a research assignment which does not qualify for the LRP. Under these circumstances, the following will apply:

1) Since no authority exists for the Secretary/NIMHD Director to make repayments on behalf of health professionals who are not engaged in qualified research, loan repayments will cease as of the date such determination is made.

2) Normally, job changes of this nature will not be considered a breach of contract on the part of either the Secretary/NIMHD Director or the Loan Repayment Program participant. Based upon the recommendation of the Secretary/NIMHD Director, the Loan Repayment Program participant will be released from the remainder of his/her service obligation without assessment of damages or monetary penalties. Loan Repayment Program participants will be permitted to retain the benefit of all loan repayments made or owed by the NIH on their behalf up to the date of the contract release, except any payments advanced beyond the period of service rendered. Any payments advanced prior to research service must be repaid to the Government.

2. Loan Repayment Program participants who sign a continuation contract for a third, fourth, or subsequent year, and who fail to complete the period specified, will not be subject to monetary damages or penalties. However, any payments advanced beyond the period of research service rendered must be repaid to the Government, pursuant to Section B, Paragraph 4.

3. *Penalties for Failing to Complete the Service Obligation* - In accordance with the statute, the Secretary/NIMHD Director will recover the following from participants who fail to complete the minimum service obligation:

a. If the applicant, for any reason, fails to complete the two-year period of obligated service (three-year period for General Research LRP), he or she shall be liable to the United States for an amount equal to the sum of:

- 1) the total of the amounts paid by the United States to, or on behalf of, the applicant under Paragraphs 1, 2 and 3 of Section A of this Contract for any period of obligated service not served;
- 2) an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
- 3) interest on the amounts described in (1) and (2) of this paragraph at the maximum prevailing rate, as determined by the Treasurer of the United States, from the date of the breach; except that the amount the United States is entitled to recover shall not be less than \$31,000.

b. Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary/NIMHD Director determines that the applicant is in breach of this written Contract.

c. Any obligation of the participant for payment of damages may be released by a discharge in bankruptcy under Title 11 of the United States Code only if such discharge is granted after the expiration of the 7-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that non discharge of the obligation would be unconscionable.

## Section D – Cancellation, Suspension, and Waiver of Obligation

1. Any service or payment obligation incurred by the participant under this contract will be canceled upon the participant's death.

2. The Secretary/NIMHD Director may waive or suspend the participant's service or payment obligation incurred under this contract if:

- a. compliance by the participant with the Terms and Conditions of this contract is impossible or would involve extreme hardship,
- b. and enforcement of such obligation would be unconscionable.

## Section E – Contract Termination

1. The Secretary/NIMHD Director may terminate this Contract if, not later than 45 days before the end of the fiscal year in which the Contract was entered into, the individual:

- a. submits a written request for such termination; and
- b. repays all amounts paid on behalf of the individual under Paragraphs 1, 2 and 3 of Section A of this Contract.

**The Secretary/NIMHD Director or his/her authorized representative must sign this contract before it becomes effective.**

<b>Applicant's Name (Please Print)</b>	<b>Applicant's Signature</b>	<b>Date</b>
<b>Secretary of Health and Human Services/NIMHD Director or Designee</b>		<b>Date</b>
<b>Contract Period</b>		
<b>From:</b> _____	<b>To:</b> _____	<input type="checkbox"/> <b>Initial Contract</b> <input type="checkbox"/> <b>Renewal Contract</b>

Public reporting for this collection of information is estimated to average 20 minutes, 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 Office, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, Attention: PRA (0925-0361). Do not return the completed form to this address.



## Recommendation

Basic Information (Section hidden if information is already complete)

To access the LRP application system, please provide the following information. After you click "Save and Continue" the next form will appear on your screen for completion.:

Your Name:      
*First Middle Last Suffix*

Position/Title:

Organization:

Division/School:

Department/Section:

Address:  US  NonUS

*City State Zip Code +4*

Telephone Number:  -  -  Ext:   
(including area code) (Area code required)

Fax Number:  -  -   
(including area code) (Area code required)

Save and Continue

[Privacy Act 09-25-0165](#)

**Important:** Please note that the applicant **did not waive** future access to this information. Therefore, the information you provide **cannot be protected from disclosure**.

**Important:** Please note that the applicant **waived** future access to this information. Therefore, the information you provide **shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165**.

### Section 1 - Applicant Information

Name:

Applicant's Organization:

Loan Repayment Program Clinical Research LRP  
(LRP) Applied For:

Section 2 - Recommendation

**Notice: This page will automatically log you off after 30 minutes, even if you are actively entering information into the form, unless you click Save and Continue or Submit button. The 30 minute time-out resets each time you click the Save and Continue button. Please periodically click SAVE & CONTINUE in order to not lose work in progress.**

**Instructions: All fields on this form are required and all text fields have size limits. You may elect to cut and paste text from another document into the text fields.**

If you have no further information to add to a question, please indicate "No Comment" or "N/A".

**Relationship to Applicant**

In what capacity do you know the applicant?   
*(Please limit your response to 100 characters or less.)*

How long have you known the applicant?   
*(Please limit your response to 50 characters or less.)*

**Rating of Applicant**

Select the rating that best indicates your assessment of the applicant in relation to his/her peers.

Previous training and experience to prepare for a [clinical research] career: (Outstanding)  1  2  3  4  5  6  7 (Poor)  (Don't Know)  
**\*Text varies based on LRP**

Career goals and plans to achieve these goals: (Outstanding)  1  2  3  4  5  6  7 (Poor)  (Don't Know)

Commitment to a career in [clinical research]: (Outstanding)  1  2  3  4  5  6  7 (Poor)  (Don't Know)

Potential for a career in [clinical research]: (Outstanding)  1  2  3  4  5  6  7 (Poor)  (Don't Know)

Likelihood to become an independent researcher: (Outstanding)  1  2  3  4  5  6  7 (Poor)  (Don't Know)

Potential for success in research or academic medicine: (Outstanding)  1  2  3  4  5  6  7 (Poor)  (Don't Know)

**Overall Assessment of Applicant**

What are the main strengths and assets that the applicant brings to his/her research environment?   
*(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

**\*Text hidden if 'Renewal'**

What are the weaknesses that might limit the applicant's effectiveness in conducting research (basic science or pediatric research)?   
*(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

**\*Text hidden if 'New'**

Assess the applicant's accomplishments over the past years and what advantages will be conferred by continued research experience?

*(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

What is your overall recommendation for the applicant?

(High)  1  2  3  4  5  6  7 (Do Not Recommend)

*(Please limit your response to 2500 characters (approximately 1/2 page) or less.)*

### Section 3 - Recommenders Certification

I certify that the statements herein are true, accurate and complete.

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 30 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-13  
[Privacy Act 09-25-0165](#)

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## Assessment of Research Accomplishments

### Basic Information (Section hidden if information is already complete)

To access the LRP application system, please provide the following information. After you click "Save and Continue" the next form will appear on your screen for completion.:

Your Name:      
*First Middle Last Suffix*

Position/Title:

Organization:

Division/School:

Department/Section:

Address:  US  NonUS

*City State Zip Code +4*

Telephone Number:  -  -  Ext:  -  
 (including area code)  
 (Area code required)

Fax Number:  -  -   
 (including area code)  
 (Area code required)

Save and Continue

## Applicant Identifying Information

Applicant's Name:

Organization:

**Instructions:** The applicant has provided the statement linked below describing his/her research accomplishments. Please review this statement and indicate your concurrence by checking the box below. You may edit the statement and submit a revised file. Please note that the length is limited to 5000 characters or less including spaces (approximately one typed page).

Review Statement:



[Click here to view applicant's statement](#)

To submit a revised statement, please upload the new file here:

Attach File

Browse...

**Instructions:** Click the "Browse" button and locate your file. We accept most word processing formats.

Principal Investigator Concurrence:  I concur with this statement.

Save & Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 15 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-14

[Privacy Act 09-25-0165](#)

**Instructions:** Please use 5000 characters or less including spaces (approximately one typed page) to provide an assessment of (1) the progress of the applicant's development as an independent clinical or basic science investigator and (2) the institutional value of the applicant's research. In discussing the applicant's research accomplishments, please compare the applicant to others with a similar degree of training.

Please attach your assessment:

Attach File

Browse...

**Instructions:** Click the "Browse" button and locate your file. We accept most word processing formats.

Save & Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 30 minutes, 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 Clearances Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-14

[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**





OMB No. 0925-0361

Form Approved for use through xx/xx/xxxx

[Click Here](#) to see burden statement

## Apply Here

**NIH 2674-15**

If you are a Research Supervisor/Principal Investigator, Recommender, or Organizational Official who has been asked to complete a form on behalf of an LRP applicant, [Click here](#) to register! If you have already registered, [Click here](#) to log in!

### Apply Here

Get started with your LRP application by telling us who you are. Please enter the information below. If you experience any problems, please contact the LRP Information Center at [lrp@nih.gov](mailto:lrp@nih.gov) or call 866 849-4047 for assistance.

Your Name:

First                      Middle                      Last                      Suffix

Your Email Address:

Reenter Email Address:

Social Security Number:  -  -

**Note:** We collect your Social Security Number [SSN] to verify your identity, to determine your eligibility for loan repayment assistance and to keep track of the federal funds you receive. We also use your SSN for loan repayment and servicing purposes under the Loan Repayment Program. We also use this information to determine whether you are eligible for loan repayment and the amount of that assistance. See [Privacy Act](#) information for additional information.

Already have a password? [Click here to log in!](#)

Forgot your password? [Click here!](#)

### Registration Form

Please enter the information below. If you experience any problems, please contact the LRP Information Center at [lrp@nih.gov](mailto:lrp@nih.gov) or call 866-849-4047 for assistance.

Your Email Address:

Create Password:

Reenter Password:

**Instructions:** Password must be at least 8 characters long, can not contain any part of the email address and must include one character from at least 3 of the following 4 types:

1. Uppercase (A-Z)
2. Lowercase (a-z)
3. Numeric (0-9)
4. Symbol (~!@#%&\*())

Create Security Question:

Create Security Answer:

**Instructions:** The question and answer you provide will allow you to reset your password in the event you can no longer remember it.

Examples of questions with answers that are easy to remember but known only by you are:

- What is my Mother's maiden name?
- What is the name of the city where I was born?
- What is the name of my favorite pet?

Already have a password? [Click here to login!](#)

// -->

### Application System Login

Log in here if you are:

- Completing or checking the status of your own application.
- Providing information and certifications in support of an applicant.

Your Email Address:

Password:

Forgot your password? [Click here to recover your password!](#)

Applying to the program and don't have a Password? [Click here to apply!](#)

Completing form for an applicant and don't have a Password? [Click here to register!](#)

### Participant Login

If you are a Participant and you have been notified that your repayment portfolio is now available, [Click here to view your portfolio.](#)

Step 1 of 2: Basic Information

To start your application, provide some basic information about yourself. Once these questions are answered, we can provide the correct forms to apply to the Loan Repayment Program.

Your Name:      
*First Middle Last Suffix*

Type of Application:  New  Renewal/Extension

Are You Applying for an Intramural or Extramural Loan Repayment Program?  Intramural  Extramural

**Note:** If you are an NIH employee or have been offered employment, please check "Intramural". Otherwise, please check "Extramural".

Save and Continue

[Privacy Act 09-25-0165](#)

Step 2 of 2: Questions for Extramural Applicants - Section Displayed for EXTRAMURAL ONLY

Your Principal Investigator/Research Supervisor will be asked to complete a recommendation form on your behalf, to concur with your research project description and to provide information on your research training and laboratory environment.

- I have a Principal Investigator / Research Supervisor
- I am an Independent Researcher and do not have a Research Supervisor

Name of NIH Loan Repayment Program for which you are applying:

- Clinical Research LRP
- Pediatric Research LRP
- Clinical Research LRP for Individuals from Disadvantaged Backgrounds  
[\(Click here for eligibility requirements and special instructions.\)](#)
- Contraception and Infertility Research LRP
- Health Disparities LRP

**Instructions:** Please select the Loan Repayment Program you wish to apply for. This selection will guide the processing and review of your application. Only one LRP can be selected.

\*Text hidden if 'New'

Renewal Length: Please select one or two year renewal

- One year renewal
- Two year renewal

Save and Continue

Privacy Act 09-25-0165

Step 2 of 2: Questions for Intramural Applicants - Section Displayed for INTRAMURAL NEW ONLY

Providing the information below is important for the NIH to determine your eligibility to apply to one of the intramural Loan Repayment Programs. If you are unable to complete this information, please contact the LRP Information Center at 1-866-849-4047 for assistance.

Your Position Title:  **INSTRUCTIONS:** Please select the position title found on your SF 50, SF52, USPHSCC Personnel Orders or SPO Commitment Letter.

**NOTE TO IRTA's AND CRTA's:** Individuals hired under the IRTA or CRTA mechanism are not eligible for consideration for NIH Intramural Loan Repayment. If you are an IRTA or CRTA, please do not continue with this application. [Click here to read more about LRP Eligibility Requirements.](#)

Your Anticipated Start Date for Employment at the NIH:     
Month Day Year

Name of hiring Institute or Center (IC):   
*Select Institute or Center*

Name of NIH (Intramural) Loan Repayment Program for which you are applying:

- AIDS Research LRP
- Clinical Research LRP for Individuals from Disadvantaged Backgrounds ([Click here for eligibility instructions and requirements.](#))
- General Research LRP

**Important:** Applicants to the NIH intramural LRPs must be a citizen or a non-citizen national of the United States (US) or have been lawfully admitted for permanent residence at the time of the LRP award. A non-citizen national is a person who, although not a citizen of the US, owes permanent allegiance to the US. They are generally persons born in possessions of the US (e.g., American Samoa and Swains Island). Individuals who have been lawfully admitted for permanent residence must be in possession of a currently valid Alien Registration Receipt Card (I-551), or must be in possession of other legal verification of such status.

For complete information on immigration and naturalization laws, please visit the U.S. Bureau of Citizenship and Immigration Services (BCIS, formerly known as the Immigration and Naturalization Service) Website by [clicking here](#).

Citizenship:

- U.S. Citizen or Non-Citizen National of the U.S.
- U.S. Permanent Resident

Country of Citizenship:

Alien Registration #:

Save and Continue

Privacy Act 09-25-0165

Step 2 of 2: Questions for Intramural Applicants - Section Displayed for INTRAMURAL RENEWAL ONLY

Providing the information below is important for the NIH to determine your eligibility to apply to one of the intramural Loan Repayment Programs. If you are unable to complete this information, please contact the LRP Information Center at 1-866-849-4047 for assistance.

Name of hiring Institute or Center (IC):

Select Institute or Center

- Name of NIH (Intramural) Loan Repayment Program for which you are applying:
- AIDS Research LRP
  - Clinical Research LRP for Individuals from Disadvantaged Backgrounds  
[\(Click here for eligibility instructions and requirements.\)](#)
  - General Research LRP

**Important:** Applicants to the NIH intramural LRPs must be a citizen or a non-citizen national of the United States (US) or have been lawfully admitted for permanent residence at the time of the LRP award. A non-citizen national is a person who, although not a citizen of the US, owes permanent allegiance to the US. They are generally persons born in possessions of the US (e.g., American Samoa and Swains Island). Individuals who have been lawfully admitted for permanent residence must be in possession of a currently valid Alien Registration Receipt Card (I-551), or must be in possession of other legal verification of such status.

For complete information on immigration and naturalization laws, please visit the U.S. Bureau of Citizenship and Immigration Services (BCIS, formerly known as the Immigration and Naturalization Service) Website by [clicking here](#).

- Citizenship:
- U.S. Citizen or Non-Citizen National of the U.S.
  - U.S. Permanent Resident

Country of Citizenship:

Alien Registration #:

Save and Continue

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**

Public reporting for this collection of information is estimated to average 3 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.



### Institutional Information

Basic Information (Section hidden if information is already complete)

To access the LRP application system, please provide the following information. After you click "Save and Continue" the next form will appear on your screen for completion.:

Your Name:      
*First Middle Last Suffix*

Position/Title:

Organization:

Division/School:

Department/Section:

Address:  US  NonUS

City State Zip Code +4

Telephone Number:  -  -  Ext:   
(including area code)

(Area code required)

Fax Number:  -  -   
(including area code)

(Area code required)

Save and Continue

[Privacy Act 09-25-0165](#)

#### Section 1 - Applicant's Identifying Information

Name:

Applicant's Organization:

Address:

Research Project Title:

Loan Repayment Program  
(LRP) Applied For:

Name of PI or PD:

### Section 2 - Annual Income or Compensation

#### Official Signing for the Applicant Organization Completes This Section

The official providing this information is authorized to act for the organization.

Current Annual Income or  
Compensation: \$

**Instructions:**

Annual income or compensation refers to the "institutional base salary," which is the annual amount that the organization pays for the applicant's appointment, whether the time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an applicant may earn outside of duties to the organization (NIH Guide for Grants and Contracts Notice (NOT-OD-02-030), released on January 25, 2002). For NRSA awardees, this question refers to funds characterized as compensation, which may be paid to Fellows only when there is an employer-employee relationship and the payments are for services rendered.

**Note:** The appointment papers, including official documentation of the annual income or compensation as defined above, will be requested at a later date (if the candidate is accepted into the program).

### Section 3 - Certifying Official's Assurances (Section Displayed for Renewal Only)

**Instructions:** Please provide certification of Institutional Support for this applicant. To qualify for the NIHLRP:

The applicant's research must be funded by a domestic **nonprofit** or U.S. Government (Federal, state or local) entity. This includes grants and fellowships. Salary support and/or research funding from a university department is acceptable if the employer is **nonprofit**. A nonprofit is defined as a domestic foundation, professional association, or institution if they are exempt from Federal tax under the provisions of Section 501 of the Internal Revenue Code (26 U.S.C. 501);

This program is not available to full-time Federal government employees. However, part-time Federal employees (working 20 hours/week or less) that are not compensated as a Federal employee for their research, and engage in the qualifying research for at least 20 hours per week, may be eligible for LRP payments.

Please call the LRP Information Center at 866 849-4047 if you have questions on the applicant's eligibility.

Please provide certification of Institutional Support for this applicant. You have the option to certify to a period of one or two years. You may obtain the Contract Renewal Date from the applicant.

I am certifying to Institutional Support for a  One Year Period  Two Year Period

I certify that:

(1) the applicant and/or their research referenced in Section 1 are supported by (a) a domestic non-profit foundation, non-profit professional society, or other non-profit institution; (b) a Local, City or State Agency; or (c) a grant from a Federal agency, and the applicant does not receive salary from a for-profit institution/contractor or the federal government for engaging in the named research project;

(2) the applicant will engage in qualified clinical research for 50% or more of his/her work effort (a minimum of 20 hours per week based on a 40 hour week);

(3) that the applicant will be provided the necessary time and resources to engage in the named research project for the specified number of years from the renewal date of their LRP contract; and

(4) that the named research project complies with applicable Federal, state and local laws (e.g., applicable human subject protection regulations) and is not research for which funding is prohibited by Federal law.

I further certify that the applicant's annual income or compensation is accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Save & Continue Later

Submit Form

### Section 3 - Certifying Official's Assurances (Section Displayed for New Only)

**Instructions:** Please provide certification of Institutional Support for this applicant. To qualify for the NIHLRP:

The applicant's research must be funded by a domestic **nonprofit** or U.S. Government (Federal, state or local) entity. This includes grants and fellowships. Salary support and/or research funding from a university department is acceptable if the employer is **nonprofit**. A nonprofit is defined as a domestic foundation, professional association, or institution if they are exempt from Federal tax under the provisions of Section 501 of the

Internal Revenue Code (26 U.S.C. 501);

This program is not available to full-time Federal government employees. However, part-time Federal employees (working 20 hours/week or less) that are not compensated as a Federal employee for their research, and engage in the qualifying research for at least 20 hours per week, may be eligible for LRP payments.

Please call the LRP Information Center at 866 849-4047 if you have questions on the applicant's eligibility.

Please provide certification of Institutional Support for this applicant.

I certify that:

(1) the applicant and/or their research referenced in Section 1 are supported by (a) a domestic non-profit foundation, non-profit professional society, or other non-profit institution; (b) a Local, City or State Agency; or (c) a grant from a Federal agency, and the applicant does not receive salary from a for-profit institution/contractor or the federal government for engaging in the named research project;

(2) the applicant will engage in qualified clinical research for 50% or more of his/her work effort (a minimum of 20 hours per week based on a 40 hour week);

(3) that the applicant will be provided the necessary time and resources to engage in the named research project for two years from the date a LRP contract is executed (between June-August 2008) ; and

(4) that the named research project complies with applicable Federal, state and local laws (e.g., applicable human subject protection regulations) and is not research for which funding is prohibited by Federal law.

I further certify that the applicant's annual income or compensation is accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Save & Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 5 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-16  
[Privacy Act 09-25-0165](#)

**Please periodically click SAVE & CONTINUE in order to not lose work in progress. You will automatically be logged off the LRP Web site if you have not moved to a new page in any one hour time period.**



**NIH LOAN REPAYMENT PROGRAMS / LOAN INFORMATION FORM**

**NATIONAL INSTITUTES OF HEALTH**

OMB No. 0925-0361  
Form Approved For Use Through xx/xx/xxxx

**SECTION 1 - Information Provided By Applicant**

APPLICANT INFORMATION		LOAN DEFERMENT INFORMATION	
Name		Deferment Status ?	
SSN		Deferment From	
Acct #		Deferment To	
		Interest Bearing	
LENDING INSTITUTION	SERVICING AGENT	LOAN FORBEARANCE INFORMATION	
		Forbearance Status	
		Forbearance From	
		Forbearance To	
LOAN INFORMATION			
Date of Loan		Currently Repaying Loan	
Original Amount of Loan		Date Repayment Started	
Current Interest Rate		Are Payments Up to Date?	
Current Payoff Amount		Type of Loan	
Payoff Valid Through Date			
Monthly Payment Amount		Date For Which Information is Accurate	
For Consolidated Loans Only:			
Were only loans associated with the Applicant included in the Consolidation?		Were the underlying loan ever past due or delinquent, defaulted or incurred late fees, penalty fees or collection costs?	

**SECTION 2 – Lending Institution/Servicing Agent Completes This Section**

**Instructions:** Please verify the information in Section 1; make any corrections next to the item(s) in question. Complete Section 2 and return this form by **FAX to 1-866-849-4046** or by US Mail to Division of Loan Repayment, National Institutes of Health, 6011 Executive Boulevard, Suite 206, MSC 7060, Bethesda, MD 20892-7650. If you have any questions about completing this form, please contact the Division of Loan Repayment at [lrp@nih.gov](mailto:lrp@nih.gov).

**Lending Institution/Servicing Agent's Certification**

The undersigned states that, to the best of his or her knowledge, the loan identified above is a bona fide legally enforceable institutional, State, or Government educational loan made for the purpose of meeting the borrower's costs of attending a college or university, and that the information provided in section 1 is correct. Or, I have indicated in section 1 the corrections needed next to the item(s) in question.

\_\_\_\_\_  
Name and Title of Authorized Official for Lending Institution (Please Print)

\_\_\_\_\_  
Federal Tax Identification Number / EIN (required for sending payments)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Public reporting burden for this collection of information is estimated to average 75 minutes for section 1 and 15 minutes for section 2, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

## Citizenship Information

**Important:** Applicants to the NIH extramural LRPs must be a citizen or a non-citizen national of the United States (US) or have been lawfully admitted for permanent residence at the time of the LRP award. A non-citizen national is a person who, although not a citizen of the US, owes permanent allegiance to the US. They are generally persons born in possessions of the US (e.g., American Samoa and Swains Island). Individuals who have been lawfully admitted for permanent residence must be in possession of a currently valid Alien Registration Receipt Card (I-551), or must be in possession of other legal verification of such status.

For complete information on immigration and naturalization laws, please visit the U.S. Bureau of Citizenship and Immigration Services (BCIS, formerly known as the Immigration and Naturalization Service) website. [Click here to visit US Bureau of Citizenship & Immigration Services.](#)

- Citizenship:
- U.S. Citizen or Non-Citizen National of the U.S.
  - U.S. Permanent Resident

Country of Citizenship:

Alien Registration #:

Public reporting for this collection of information is estimated to average 5 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-18  
[Privacy Act 09-25-0165](#)

## Verification of U.S. Citizenship or Permanent Residency Status



OMB No. 0925-0361  
Form Approved for use through xx/xx/xxxx  
[Click here](#) to see burden statement

**NIH 2674-18**

Name:  
LRP Tracking Code:

**Instructions:** Please print, complete, sign (black ink preferred), and fax this form (without a cover sheet) along with photocopies of the documents indicated below to 1-866-849-4046.

**The National Institutes of Health (NIH) Extramural Loan Repayment Program must confirm your citizenship status in order to process your application. You are only eligible for a LRP award if you provide documented**

**evidence that you are: 1) a U.S. Citizen; 2) a U.S. National; or 3) a Permanent Resident of the U.S. This form and photocopies of the supporting document(s) must be received by facsimile and approved by the NIH before funds can be awarded under the LRP.**

### Section 1 - Citizenship or Permanent Residency Status Documentation

**Instructions:** Please check one box in Section 1 to indicate the source document(s) you are submitting to verify your citizenship status. Be sure to include photocopies of the document(s) you indicate below at the same time you fax this form.

- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the U.S.
- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-550 or N-570)
- United States Passport (expired or unexpired)
- Alien Registration Receipt Card with photograph (I-151 or I-551)
- Other documentation of Permanent Residency Status as permitted by the U.S. Bureau of Citizenship and Immigration Services (BCIS, formerly known as the Immigration and Naturalization Service) regulations. (For more information, visit the BCIS website at <http://www.immigration.gov/graphics/index.htm>).

Please indicate the BCIS document you are using: \_\_\_\_\_

### Section 2 - Certification by Applicant

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of the LRP application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under 18 USC § 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

\_\_\_\_\_  
Signature (sign your full name in ink)

\_\_\_\_\_  
Date

**Continue**

Public reporting for this collection of information is estimated to average 5 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

## Funding Information

**NIH 2674-19**

LRP Tracking Code:

**Instructions:** Indicate below the **non-profit** source(s) of the funding that will support your research activities over the term of the LRP contract. If your research is supported by grants it is not necessary for you to be named on the grant to include the grant information. If your non-profit employer is one of your top three non-profit funding sources list your non-profit employer in Section 1.

At least one non-profit or NIH funding source must be identified. Funding information will be used for NIH program evaluation only. The source of your funding will not be used in the review of your application.

This form will lock only when you submit the complete application.

### Section 1 - Non-Profit or Government Research Funding Sources - Not From NIH

**Instructions:** Complete this section if your research will be supported entirely, or in part, by **non-profit** or government funding sources. List up to three non-profit or government funding sources in descending order of funding amount. Include your non-profit employer if your non-profit employer is one of your top three non-profit funding sources. If funding will start in the future list the anticipated date of funding as the start date. Only list grant support from the NIH in **Section 3** and National Research Service Awards (NRSA) Fellowships support in **Section 2**.

#### Non-Profit Funding Source #1

Name of Funding Organization:   
*(150 character limit)*

Title of Grant/Award:   
*(1000 character limit)*

Amount of Funding:  \$US

**Note:** List all funds (direct and indirect) for all years of the grant or award. Please provide estimate if pending review.

Funding Category  Salary  Non-Profit Organization Grant  Institutional Start up Funds  State/Local Govt Grant  Federal Grant (non-NIH)

Award Status  Pending Review  Awarded  Salary

Are you the PI on this Grant?  Yes  No

Start of Funding:

End of Funding:

Month Day Year

Month Day Year

**Non-Profit Funding Source #2**

Name of Funding Organization:

*(150 character limit)*

Title of Grant/Award:

*(1000 character limit)*

Amount of Funding:  \$US

**Note:** List all funds (direct and indirect) for all years of the grant or award. Please provide estimate if pending review.

Funding Category  Salary  Non-Profit Organization Grant  Institutional Start up Funds  State/Local Govt Grant  Federal Grant (non-NIH)

Award Status  Pending Review  Awarded  Salary

Are you the PI on this Grant  Yes  No

Start of Funding:     
Month Day Year

End of Funding:     
Month Day Year

**Non-Profit Funding Source #3**

Name of Funding Organization:

*(150 character limit)*

Title of Grant/Award:

*(1000 character limit)*

Amount of Funding:  \$US

**Note:** List all funds (direct and indirect) for all years of the grant or award. Please provide estimate if pending review.

Funding Category  Salary  Non-Profit Organization Grant  Institutional Start up Funds  State/Local Govt

Grant  Federal Grant (non-NIH)

Award Status  Pending Review  Awarded  Salary

Are you the PI on this Grant  Yes  No

Start of Funding:     
Month Day Year

End of Funding:     
Month Day Year

### Section 2 - National Research Service Fellowship Award (NRSA) Support

**Instructions:** Indicate any past, current or future National Research Service Awards (NRSA Fellowship) funding. If funding will start in the future, list the anticipated date of funding as the start date. If you have multiple NRSA awards only list the first award.

NIH Award Number (Project Number):     -  (Example: 1 T32 CA 811009 - 01)  
*(Not all NIH award number fields are required)*

Award Status  Pending Review  Awarded

Start Date for First Year of Training Grant:     
Month Day Year

Length of Funding:  (months)

### Section 3 - NIH Grant Support

**Instructions:** Complete this section if your research will be supported entirely, or in part, through NIH grants or contracts. List up to three NIH grants or contracts in descending order of funding amount. If funding will start in the future, list the anticipated date of funding as the start date. Do not list National Research Service Awards (NRSA Fellowship, grant numbers starting with T32 or F32) ([go to section 2](#)) funding in this section.

#### NIH Grant/Award #1

NIH Grant/Award Number (Project Number):     -   (Example: 1 K08 CA 811009 - 01 A1S1)  
*(Not all NIH grant number fields are required)*

Title of Grant/Award:   
*(1000 character limit)*

Amount of Funding:  \$US

**Note:** List all funds (direct and indirect) for all years of the grant or award. Please provide estimate if pending review.

Award Status  Pending Review  Awarded

Start of Funding:     
Month Day Year

End of Funding:     
Month Day Year

**NIH Grant/Award #2**

NIH Grant/Award Number (Project Number):    -   (Example: 1 K08 CA 811009 - 01 A1S1)  
*(Not all NIH grant number fields are required)*

Title of Grant/Award:

*(1000 character limit)*

Amount of Funding:  \$US

**Note:** List all funds (direct and indirect) for all years of the grant or award. Please provide estimate if pending review.

Award Status  Pending Review  Awarded

Start of Funding:     
Month Day Year

End of Funding:     
Month Day Year

**NIH Grant/Award #3**

NIH Grant/Award Number (Project Number):    -   (Example: 1 K08 CA 811009 - 01 A1S1)  
*(Not all NIH grant number fields are required)*

Title of Grant/Award:

*(1000 character limit)*

Amount of Funding:  \$US

**Note:** List all funds (direct and indirect) for all years of the grant or award. Please provide estimate if pending review.

Award Status  Pending Review  Awarded

Start of Funding:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

End of Funding:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	Year

Save and Continue Later

Submit Form

Public reporting for this collection of information is estimated to average 40 minutes, 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, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-19

[Privacy Act 09-25-0165](#)