



## 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](#).

NIH Commons User ID:

**Optional:** Please enter your 10 digit NIH Commons User ID

### 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:  Select Title

Organization:   
 Division/School:   
 Department/Section:

US  Non-US

Address:   
  
 State

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: [ ] Browse... **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.

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.

Undergraduate Degree: Year [ ] 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  Degree

Major/Field of Specialization:

Conferring Institution:

\* 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

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

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:

When do you expect to fulfill your obligation?

Month Day Year

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?:

Name of Category

Definition of Category

(Check one or more)

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.

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.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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."

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Do Not Wish to Provide

Disability Status:

[Large empty box for 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.**