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| **1.** Federal Agency and Organization Element to Which Report is Submitted | **2.** Federal Grant or Other Identifying Number Assigned by Federal Agency | **3a.** DUNS # |  | **4.** Reporting Period End Date |
| **Health Resources and Services Administration (HRSA)** | Grant #:  Submission Tracking #:  OPSID: | **3b.** EIN |  | **06/30/2012** |
| **PAGE 1A - STUDENT BORROWER DATA SECTION** | | | | |

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| **Student/Graduate Data** | **Cumulative (Includes current year)** | **Current Year  (7/1/2011-6/30/2012)** |
| 1A-1. Number of Loans for the Dentistry discipline |  |  |
| 1A-2. Total Dollar Amount of Loans Awarded for the Dentistry discipline |  |  |
| 1A-3. Total Full-Time Enrollment for the Dentistry discipline for the academic year (both non-LDS and LDS recipients) |  |  |
| 1A-4. Total Number of Defaulted Loans for the Dentistry discipline |  |  |
| 1A-5. Total Original Defaulted Principal Loaned for the Dentistry discipline |  |  |
| 1A-6a. Total Number of Students who dropped out of the Dentistry discipline |  |  |
| 1A-6b. Total Number of Students who dropped out of the Dentistry discipline who were LDS borrowers |  |  |
| 1A-7a. Total Number of LDS Borrowers for the Dentistry discipline |  | (First time recipients) |
| 1A-7b. Of the number of LDS borrowers for the Dentistry discipline above, number of Active and Non Retired/Defaulted Borrowers |  |  |
| 1A-8. Total Number of LDS students including those who graduated during the reporting period for the Dentistry discipline |  | [(Age and Gender details)](https://ehbos2.hrsa.gov/WebDSLSSubmissionsExternal/Interface/Loan/V03/AgeandGendereadOnly.aspx) |
| 1A-9. Total Graduates (LDS- Dentistry Only) |  |  |
| 1A-10. Number of LDS students including those who graduated during this reporting period that indicate an intention to serve in a medically underserved community. |  |  |
| 1A-11. Number of LDS students including those that graduated during this reporting period that indicate an intention to practice in primary care. |  |  |
| 1A-12. Number of LDS students including those who graduated during this reporting period that are from rural backgrounds. |  |  |

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

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

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| **Student Special Data (For LDS programs Only)** | **Narrative** | |
| 1A-16. Please indicate the recruitment activities for disadvantaged students your school uses for the LDS program by checking all box(s) that apply. | Check Boxes See Appendix A  (These check boxes will be linked to the online form and appear as an integral part of the report rather than an appendix.) | |
| 1A-17a.  Please indicate the retention and/or mentoring activities for disadvantaged students that your school uses for the LDS program by checking all boxes that apply. | Check Boxes See Appendix B  (These check boxes will be linked to the online form and appear as an integral part of the report rather than an appendix.) | |
| 1a-17b. Please indicate the type of retention and/or mentoring activities for disadvantaged students your school uses for the LDS program by checking all boxes that apply. | Check Boxes See Appendix B  (These check boxes will be linked to the online form and appear as an integral part of the report rather than an appendix.) | |
| 1A-18. Please share in the box below any success stories about LDS recipients. | Narrative of up to 250 characters | |
| 1A-19. How many LDS students received pipeline training from other HRSA programs (i.e., Health Careers Opportunity Program (HCOP) Centers of Excellence (COE) at any period of time? (Data collection period starts July 1, 2011.) | Cumulative  (including current year)  HCOP \_\_\_\_\_\_\_\_\_\_  COE \_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_  Other Program Titles:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Current  (New LDS Recipients)    HCOP\_\_\_\_\_\_\_\_\_  COE\_\_\_\_\_\_\_\_\_\_\_  Other\_\_\_\_\_\_\_\_\_\_\_  Other Program Titles:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1A-20. Please provide the name of at least one health clinic that provides service to a significant number of individuals who are from disadvantaged backgrounds including members of minority groups, that your school has an agreement with to provide students with experience in providing clinical services to such individuals. | Clinic 1:  Clinic 2:  Clinic 3: | |
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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 1b - Student Race/Ethnicity Data Section** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

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| **1. Hispanic or Latino Students** | | | | | |
| Did your BHPr funded program have students of "Hispanic or Latino ethnicity" between **7/1/2011 and 6/30/2012?** | | | | | |
| Hispanic or Latino Students by Race | Enrollment of Discipline (A) | New Student Recipients  (B) | Recipients Other Than New Who Did Not Graduate (C) | Recipients Other Than New Who Graduated (D) | Total Recipients (B+C+D) |
| A. American Indian or Alaska Native |  |  |  |  |  |
| B. Asian - All (including underrepresented) |  |  |  |  |  |
| B1. Asian - underrepresented, if Known |  |  |  |  |
| C. Black or African American |  |  |  |  |  |
| D. Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| E. White |  |  |  |  |  |
| F. More than one race  [(Race combinations)](https://ehbos2.hrsa.gov/WebDSLSSubmissionsExternal/Interface/Loan/V03/ViewMultiRaceCombination.aspx?RaceEthnicityType=1) |  |  |  |  |  |
| TOTAL (A + B + C + D + E + F) |  |  |  |  |  |
| Hispanic or Latino Students All Races | Enrollment of Discipline (A) | New Student Recipients  (B) | Recipients Other Than New Who Did Not Graduate (C) | Recipients Other Than New Who Graduated (D) | Total Recipients  (B+C+D) |
| G. All races |  |  |  |  |  |

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| **2. Non-Hispanic or Non-Latino Students** | | | | | |
| Did your BHPr funded program have students of "Non-Hispanic or Non-Latino ethnicity" between **7/1/2011 and 6/30/2012?** | | | | | |
| Non-Hispanic or Non-Latino Students by Race | Enrollment of Discipline (A) | New Student Recipients  (B) | Recipients Other Than New Who Did Not Graduate (C) | Recipients Other Than New Who Graduated (D) | Total Recipients (B+C+D) |
| A. American Indian or Alaska Native |  |  |  |  |  |
| B. Asian - All (including underrepresented) |  |  |  |  |  |
| B1. Asian - underrepresented, if known |  |  |  |  |
| C. Black or African American |  |  |  |  |  |
| D. Native Hawaiian or Other Pacific Islander |  |  |  |  |  |
| E. White |  |  |  |  |  |
| F. More than one race  [(Race combinations)](https://ehbos2.hrsa.gov/WebDSLSSubmissionsExternal/Interface/Loan/V03/ViewMultiRaceCombination.aspx?RaceEthnicityType=2) |  |  |  |  |  |
| TOTAL (A + B + C + D + E + F) |  |  |  |  |  |
| Non-Hispanic or Non-Latino Students All Races | Enrollment of Discipline (A) | New Student Recipients  (B) | Recipients Other Than New Who Did Not Graduate (C) | Recipients Other Than New Who Graduated (D) | Total Recipients (B+C+D) |
| G. All races |  |  |  |  |  |

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 2 - PROGRAMS ACCOUNT SECTION** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

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| **Program Accounts** | | | **Cumulative (includes current year)** | **Current Year** |
| A. | |  |  | | --- | --- | | FEDERAL FUNDS AWARDED |  | | | |  |  | | --- | --- | |  |  | | |  |  | | --- | --- | |  |  | |
| B. | |  |  | | --- | --- | | CASH BALANCE - START OF REPORT PERIOD |  | | |  | |  |  | | --- | --- | |  |  | |
| C. | |  | | --- | | CASH RECEIPTS | | | | |
|  | 1. | |  |  | | --- | --- | | Federal Funds Received/Receivable |  | |  | |  |  | | --- | --- | |  |  | |
|  | 2. | |  |  | | --- | --- | | Institutional Contributions Deposited |  | |  |  |
|  | 3. | |  | | --- | | Transferred from Scholarship Fund | |  |  |
|  | 4. | |  | | --- | | Loan Principal Collected | |  |  |
|  | 5. | |  | | --- | | Interest Income Collected on Loans | |  |  |
|  | 6. | |  | | --- | | Penalty Charges Collected on Loans | |  |  |
|  | 7. | |  | | --- | | Investment Income | |  |  |
|  | 8. | |  | | --- | | Institutional Repayments of Bad Debts, Principal | |  |  |
|  | 9. | |  | | --- | | Institutional Repayments of Bad Debts, Interest | |  |  |
|  | 10. | |  | | --- | | Institutional Repayments of Bad Debts, Penalty Charges | |  |  |
|  | 11. | |  | | --- | | Cash Receipts Total (sum of C.1 through C.10) | |  |  |
| D. | |  | | --- | | CASH DISBURSEMENTS | | | | |
|  | 1. | |  |  | | --- | --- | | Loaned to Students |  | |  |  |
|  | 2. | |  | | --- | | Transferred to Scholarship Fund | |  |  |
|  | 3. | |  |  | | --- | --- | | Repayments to Federal Government, Principal |  | |  |  |
|  | 4. | |  |  | | --- | --- | | Repayments to Federal Government, Interest |  | |  |  |
|  | 5. | |  |  | | --- | --- | | Repayments to Federal Government, Other Income |  | |  |  |
|  | 6. | |  | | --- | | Repayments to Institution, Principal | |  |  |
|  | 7. | |  | | --- | | Repayments to Institution, Interest | |  |  |
|  | 8. | |  | | --- | | Repayments to Institution, Other Income | |  |  |
|  | 9. | |  |  | | --- | --- | | Collection Agent Costs, Principal |  | |  |  |
|  | 10. | |  |  | | --- | --- | | Collection Agent Costs, Interest |  | |  |  |
|  | 11. | |  |  | | --- | --- | | Litigation Costs, Principal |  | |  |  |
|  | 12. | |  |  | | --- | --- | | Litigation Costs, Interest |  | |  |  |
|  | 13. | |  | | --- | | Credit Bureau Fees | |  |  |
|  | 14. | |  |  | | --- | --- | | Other Costs |  | |  |  |
|  | 15. | |  | | --- | | Cash Disbursements Total (sum of D.1 through D.14) | |  |  |
| E. | |  | | --- | | CASH BALANCE - END OF REPORT PERIOD  (CASH BALANCE START OF REPORT PERIOD + CASH RECEIPTS - CASH DISBURSEMENTS) | | |  |  |

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 3 - PROGRAMS ACCOUNT SECTION (Continued)** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

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| **Program Accounts (Continued)** | | | **Cumulative (includes current year)** | | | **Current Year** | | |
| F. | LOAN CANCELLATIONS TO BORROWERS | | Number of Borrowers | Principal | Interest | Number of Borrowers | Principal | Interest |
|  | 1. | |  | | --- | | Professional Practice | | | | | | | |
|  |  | |  |  | | --- | --- | | a. | HP Practice-Shortage (10%) | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | b. | HP Practice-Rural Shortage (15%) | |  |  |  |  |  | |  | | --- | |  | |
|  |  | |  |  | | --- | --- | | c. | Total (Sum of 1.a and 1.b) | |  |  |  |  |  |  |
|  | 2. | |  | | --- | | Nursing Employment | | | | | | | |
|  |  | |  |  | | --- | --- | | a. | Nursing Employment (10%) | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | b. | Nursing Employment (15%) | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | c. | Nursing Employment (20%) | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | d. | Nursing Employment (15%) on or after 03/23/2010 | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | e. | Nursing Employment (20%) on or after 03/23/2010 | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | f. | Nursing Employment (Other) on or after 03/23/2010 | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | g. | Total (sum of 2.a through 2.f) | |  |  |  |  |  |  |
|  | 3. | |  | | --- | | Death | | | | | | | |
|  |  | |  |  | | --- | --- | | a. | On PCL Loans made on or after 10/22/85 | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | b. | On Loans except those reported in F.3.a | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | c. | Total (Sum of 3.a and 3.b) | |  |  |  |  |  |  |
|  | 4. | Permanent & Total Disability Approved by HHS | | | | | | |
|  |  | |  |  | | --- | --- | | a. | On PCL Loans made on or after 10/22/85 | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | b. | On Loans except those reported in F.4.a | |  |  |  |  |  |  |
|  |  | |  |  | | --- | --- | | c. | Total (Sum of 4.a and 4.b) | |  |  |  |  |  |  |

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| **PROGRAM ACCOUNTS (Continued)** | | **Cumulative (includes current year)** | | | | **Current Year** | | | |
| G. | BAD DEBTS APPROVED FOR WRITE-OFF BY HHS | Number of Borrowers | Principal | Interest | Penalty Charges | Number of Borrowers | Principal | Interest | Penalty Charges |
|  | Total Approved |  |  |  |  |  |  |  |  |

OMB No.:0915-0044  
Expiration Date:

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 4 - EXCESS CASH WORKSHEET** | FOR HRSA USE ONLY | | | | | Institution | | | Program | |  | | | **LDS - Dentistry** | | Submission Tracking Number | OPSID | Grant Number | Reporting Period | |  |  |  | **07/01/2011 - 06/30/2012** |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | A. | General Ledger Cash Balance as of 6/30/2011 | | |  |  | | --- | --- | |  |  | | | B. | Actual Collections for 7/1/2011 - 6/30/2012 | | | |  | 1. | Principal | |  |  | | --- | --- | |  |  | | |  | 2. | Interest | |  |  | | --- | --- | |  |  | | |  | 3. | Investment Income and Penalty Charges | |  |  | | --- | --- | |  |  | | |  | 4. | Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges) | |  |  | | --- | --- | |  |  | | | C. | Federal Funds Received/Receivable 7/1/2011 - 6/30/2012 | | |  |  | | --- | --- | |  |  | | | D. | Institutional Contribution for 7/1/2011 - 6/30/2012 | | |  |  | | --- | --- | |  |  | | | E. | Projected Collections for 7/1/2012 - 6/30/2013 | | | |  | 1. | Principal | |  |  | | --- | --- | |  |  | | |  | 2. | Interest | |  |  | | --- | --- | |  |  | | |  | 3. | Investment Income and Penalty Charges | |  |  | | --- | --- | |  |  | | | F. | Projected Funds Available as of 6/30/2013 (A + B + C + D + E) | | |  |  | | --- | --- | |  |  | | | G. | Actual Expenditures for 7/1/2011 - 6/30/2012 | | | |  | 1. | Loans to Students | |  |  | | --- | --- | |  |  | | |  | 2. | Costs (Collection, Litigation, Credit Bureau and Other) | |  |  | | --- | --- | |  |  | | |  | 3. | Repayments to Federal Government and Institution (Principal, Interest and Other Income) | |  |  | | --- | --- | |  |  | | | H. | Projected Expenditures for 7/1/2012 - 6/30/2013 | | | |  | 1. | Loans to Students | |  |  | | --- | --- | |  |  | | |  | 2. | Costs (Collection, Litigation and Credit Bureau) | |  |  | | --- | --- | |  |  | | | I. | Projected Expenditures as of 6/30/2013 (G + H) | | |  |  | | --- | --- | |  |  | | | J. | Projected Cash Balance as of 6/30/2013 (F - I) | | |  |  | | --- | --- | |  |  | | | K. | Less Projected Expenditures for 7/1/2013 - 6/30/2015 | | |  |  | | --- | --- | |  |  | | | L. | Excess Cash (J - K) | | |  |  | | --- | --- | |  |  | | | M. | General Ledger Ending Cash Balance as of 6/30/2012 | | |  |  | | --- | --- | |  |  | |  |  |  | | --- | --- | | |  | | --- | |  | | | OMB No.:0915-0044 Expiration Date: | |  | |

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 5 - PROGRAMS ACCOUNT SECTION (Continued)** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

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| **Program Accounts (Continued)** | | | |
| H. | |  | | --- | | FROM WORKSHEET CALCULATIONS | | | |
|  | 1. | |  | | --- | | Default Rate | |  |
|  | |  | | --- | | FOR ACTIVE SCHOOLS | | | |
|  | 2. | |  | | --- | | Excess Cash from report page 4 that was or will be returned to PMS | |  |
|  | 3. | |  | | --- | | Excess Cash from report page 4 that was or will be returned to the Division of Financial Operations | |  |
|  | |  | | --- | | FOR CLOSING SCHOOLS | | | |
|  | 4. | |  | | --- | | Amount of cash determined to be due the Federal Government and remitted separately to the Division of Financial Operations | | |  |  | | --- | --- | |  |  | |
| I. | |  | | --- | | CHECK LIST/QUESTIONS | | | |
|  | 1. | What is the total amount of interest that is past due? | |  |  | | --- | --- | |  |  | |
|  | |  | | --- | | AUDITS | | | |
|  | 2. | |  | | --- | | Does your institution provide for a biennial audit of the loan and/or scholarship funds by a qualified independent auditor? | |  |
|  |  | |  | | --- | | a. Period of last audit | |  |

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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 6a - BORROWER ACCOUNTS WORKSHEET** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

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| --- | --- | --- | --- | --- | --- |
| **Borrower Accounts** | | | **Number of Borrowers  (1)** | **Principal Loaned  (2)** | **Principal Repaid  (3)** |
| 1. | FULLY RETIRED | | | | |
|  | A. | |  |  | | --- | --- | | Repayment/Prof Pract/Cancel |  | |  |  |  |
|  | B. | |  | | --- | | Cancellation/Death | |  |  |  |
|  | C. | |  |  | | --- | --- | | Cancellation/Disability |  | |  |  |  |
|  | D. | |  |  | | --- | --- | | Discharged in Bankruptcy |  | |  |  |  |
|  | E. | |  | | --- | | HHS Approved Write-off | |  |  |  |
|  | F. | |  | | --- | | Uncollectible per P.L. 100-607 | |  |  |  |
|  | G. | |  | | --- | | Total (sum of 1.A through 1.F) | |  |  |  |
| 2. | CURRENT | | | | |
|  | A. | |  |  | | --- | --- | | Student Status |  | |  |  |  |
|  | B. | |  |  | | --- | --- | | Grace Period |  | |  |  |  |
|  | C. | |  |  | | --- | --- | | Deferment Status |  | |  |  |  |
|  | D. | |  |  | | --- | --- | | Postponement/Cancellation |  | |  |  |  |
|  | E. | |  |  | | --- | --- | | Repayment - Not Past Due |  | |  |  |  |
|  | F. | |  |  | | --- | --- | | Past Due 1-119 Days |  | |  |  |  |
|  | G. | |  | | --- | | Total (sum of 2.A through 2.F) | |  |  |  |
| 3. | IN BANKRUPTCY | | | | |
|  | A. | |  |  | | --- | --- | | Pending Discharge/Wage Earners Agreement |  | |  |  |  |
| 4. | IN DEFAULT | | | | |
|  | A. | |  |  | | --- | --- | | 120 Days and Over |  | |  |  |  |
| 5. | FORBEARANCE | | | | |
|  | A. | |  |  | | --- | --- | | Forbearance |  | |  |  |  |
|  | TOTAL | |  |  |  |

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| |  | | --- | | OMB No.:0915-0044 Expiration Date: |  |  | | --- | |  | |

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| |  |  | | --- | --- | | **FINANCIAL DATA** |  | |



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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 6b - BORROWER ACCOUNTS WORKSHEET** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Borrower Accounts** | | | **PRINCIPAL CANCELED** | |  |
| **Employment/  Prof Pract  (4)** | **Death/ Disability  (5)** | **Principal Delinquent  (6)** |
| 1. | FULLY RETIRED | | | | |
|  | A. | |  |  | | --- | --- | | Repayment/Prof Pract/Cancel |  | |  |  |  |
|  | B. | |  | | --- | | Cancellation/Death | |  |  |  |
|  | C. | |  |  | | --- | --- | | Cancellation/Disability |  | |  |  |  |
|  | D. | |  |  | | --- | --- | | Discharged in Bankruptcy |  | |  |  |  |
|  | E. | |  | | --- | | HHS Approved Write-off | |  |  |  |
|  | F. | |  | | --- | | Uncollectible per P.L. 100-607 | |  |  |  |
|  | G. | |  | | --- | | Total (sum of 1.A through 1.F) | |  |  |  |
| 2. | CURRENT | | | | |
|  | A. | |  |  | | --- | --- | | Student Status |  | |  |  |  |
|  | B. | |  |  | | --- | --- | | Grace Period |  | |  |  |  |
|  | C. | |  |  | | --- | --- | | Deferment Status |  | |  |  |  |
|  | D. | |  |  | | --- | --- | | Postponement/Cancellation |  | |  |  |  |
|  | E. | |  |  | | --- | --- | | Repayment - Not Past Due |  | |  |  |  |
|  | F. | |  |  | | --- | --- | | Past Due 1-119 Days |  | |  |  |  |
|  | G. | |  | | --- | | Total (sum of 2.A through 2.F) | |  |  |  |
| 3. | IN BANKRUPTCY | | | | |
|  | A. | |  | | --- | | Pending Discharge/Wage Earners Agreement | |  |  |  |
| 4. | IN DEFAULT | | | | |
|  | A. | |  |  | | --- | --- | | 120 Days and Over |  | |  |  |  |
| 5. | FORBEARANCE | | | | |
|  | A. | |  |  | | --- | --- | | Forbearance |  | |  |  |  |
|  | TOTAL | |  |  |  |

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| --- | --- | --- |
| |  | | --- | | OMB No.:0915-0044 Expiration Date: |  |  | | --- | |  | |

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| |  |  | | --- | --- | | **FINANCIAL DATA** |  | |



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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS   Annual Operating Report   Page 6c - BORROWER ACCOUNTS WORKSHEET** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **LDS - Dentistry** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/201**2 |

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| --- | --- | --- | --- | --- | --- | --- |
| **Borrower Accounts** | | | **Principal Uncollectible Not Past Due  (7)** | **Principal Outstanding but Not Due  (8)** | **Principal Written Off  (9)** | **Capitalized Interest  (10)** |
| 1. | FULLY RETIRED | | | | | |
|  | A. | |  |  | | --- | --- | | Repayment/Prof Pract/Cancel |  | |  |  |  |  |
|  | B. | |  | | --- | | Cancellation/Death | |  |  |  |  |
|  | C. | |  | | --- | | Cancellation/Disability | |  |  |  |  |
|  | D. | |  |  | | --- | --- | | Discharged in Bankruptcy |  | |  |  |  |  |
|  | E. | |  | | --- | | HHS Approved Write-off | |  |  |  |  |
|  | F. | |  | | --- | | Uncollectible per P.L. 100-607 | |  |  |  |  |
|  | G. | |  | | --- | | Total (sum of 1.A through 1.F) | |  |  |  |  |
| 2. | CURRENT | | | | | |
|  | A. | |  | | --- | | Student Status | |  |  |  |  |
|  | B. | |  | | --- | | Grace Period | |  |  |  |  |
|  | C. | |  | | --- | | Deferment Status | |  |  |  |  |
|  | D. | |  |  | | --- | --- | | Postponement/Cancellation |  | |  |  |  |  |
|  | E. | |  | | --- | | Repayment - Not Past Due | |  |  |  |  |
|  | F. | |  |  | | --- | --- | | Past Due 1-119 Days |  | |  |  |  |  |
|  | G. | |  | | --- | | Total (sum of 2.A through 2.F) | |  |  |  |  |
| 3. | IN BANKRUPTCY | | | | | |
|  | A. | |  | | --- | | Pending Discharge/Wage Earners Agreement | |  |  |  |  |
| 4. | IN DEFAULT | | | | | |
|  | A. | |  |  | | --- | --- | | 120 Days and Over |  | |  |  |  |  |
| 5. | |  | | --- | | Forbearance | | | | | | |
|  | A. | Forbearance |  |  |  |  |
|  | TOTAL | |  |  |  |  |

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| |  | | --- | | OMB No.:0915-0044 Expiration Date: |  |  | | --- | |  | |

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| |  |  | | --- | --- | | **COMMENTS AND CERTIFICATION** |  | |



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| **DEPARTMENT OF HEALTH AND HUMAN SERVICES  Health Resources and Services Administration   BUREAU OF HEALTH PROFESSIONS** | FOR HRSA USE ONLY | | |
| Institution | | Program |
|  | | **LDS - Dentistry** |
| Submission Tracking Number | Grant Number | Reporting Period |
|  |  | **07/01/2011 - 06/30/2012** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Facility  (Name and complete address, including ZIP code) | |  | | --- | |  | | | |
| 2. Contact Information | Primary Point Of Contact | |  | | --- | |  | | |
| Alternate Point Of Contact | |  | | --- | |  | | |
| Certification: I certify to the best of my knowledge and belief that this Annual Operating report is true and correct. | | | |
| Typed or Printed Name and Title | | | Telephone (Area code, number and extension) |
| Signature of Authorized Certifying Official | | | Date Report Submitted |

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| Comments |
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**Appendix A Question 1A-12 Check Boxes**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1A-12 Please indicate what recruitment activities for disadvantaged students that apply to your program by checking all box(s) that apply. | | | | |  |  |
|  |  |  |  |  |  |  |
| **High School Recruitment** | | | | | | |
| **General** | | | | | |  |
| **\*** | College Fairs | | | | |  |
| **\*** | Summer camps/programs for high school students to receive information about programs offered | | | | |  |
| **Specifically targeting/recruiting disadvantaged students** | | | | | | |
| **\*** | Attending college fairs in areas with high percentages of disadvantaged students locally or on a broader scale | | | | |  |
| **\*** | Training recruiters specifically to answer questions and provide information to disadvantaged students. | | | | |  |
| **\*** | Providing specifically designed information packets on programs and accommodations your school offers for disadvantaged students | | | | |  |
| **\*** | Prep Courses for disadvantaged high school students interested in careers in the health professions | | | | |  |
| **College Level Recruitment** | | | | | | |
| **\*** | Recruitment from community colleges in disadvantaged areas | | | | |  |
| **\*** | Community College joint admissions programs for disadvantaged students | | | | |  |
| **Application Services** | | | | | | |
| **\*** | Online programs that wave or assist with application fees for disadvantaged students | | | | |  |
| **Open Houses** | | | | | | |
| **\*** | Booths or presentations on resources for disadvantaged students | | | | |  |
| **\*** | Targeted advertisements for open houses or other programs in areas with high percentage of **disadvantaged students** | | | | |  |
|  |  |  |  |  |  |  |

**Appendix B**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1A-13**  **Please indicate what retention and/or mentoring activities for disadvantaged students apply to your program by checking all boxes that apply:** | | | | | | |
|  |  |  |  |  |  |  |
| **Individual or Group Peer Mentor Program (big brother/big sister)** | | | | | | |
| **\*** | Open to all | | | | |  |
| **\*** | Specifically designed for disadvantaged students | | | | |  |
| **\*** | Placing students in peer support or networks and groups | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Individual Staff/Advisor Mentor Program** | | | | | | |
| **\*** | Open to all | | | | |  |
| **\*** | Specifically designed for disadvantaged students | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Specialized pre-attendance orientation for disadvantaged students** | | | | | | |
| **\*** | Team and camaraderie building activities to help students feel included in the school | | | | |  |
| **\*** | Educate disadvantaged students on how to best use the accommodations and resources the school provides | | | | |  |
| **\*** | Introduce or forge contacts between disadvantaged students and faculty/staff (ex: Heads of departments, Tutors, Financial aid and/or advisors) | | | | |  |
| **\*** | Specialized welcome packets for disadvantaged students with additional information on available recourses and programs that will help them succeed | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **College Skills Development and Review Programs** | | | | | | |
| **\*** | Summer or pre-matriculation sessions in a classroom setting teaching disadvantaged students skills that they will need to be successful  (eg: study skills, note taking skills, test taking skills, and/or time management skills) | | | | |  |
| **\*** | Summer or pre-matriculation classes for disadvantaged students to review and strengthen prerequisite knowledge of the course work | | | | |  |
| **\*** | Individual assessment and profile of disadvantaged students strengths and weaknesses with advisor and plan for development of skills | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Early identification for students at risk** | | | | | | |
| **\*** | Identify students who are falling behind early and provide assistance for them in furthering their academic career | | | | |  |
| **\*** | Develop individualized plans for struggling disadvantaged students to ensure success/coordination support | | | | |  |
| **\*** | Provide learning specialists for disadvantaged students who can identify possible learning disabilities or assess strengths and weaknesses. | | | | |  |
| **\*** | Seminars and lectures specifically for disadvantaged students | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Group or Individual Tutoring Services** | | | | | | |
| **\*** | Provide faculty or peer tutors to disadvantaged students | | | | |  |
| **\*** | Tutors specifically trained to help students faced with struggles from a disadvantaged background. | | | | |  |
| **\*** | Financial mentoring/tutoring | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Child Care Support** | | | | | | |
| **\*** | Free | | | | |  |
| **\*** | Partially subsidized | | | | |  |
| **\*** | Other. Please describe | | | | |  |
| **Professional Opportunities** | | | | | | |
| **\*** | Shadowing health professional | | | | |  |
| **\*** | Interviewing health professional | | | | |  |
| **\*** | Other. Pleasedescribe | | | | |  |