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



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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 Allopathic Medicine discipline |  |  |
| 1A-2. Total Dollar Amount of Loans Awarded for the Allopathic Medicine discipline |  |  |
| 1A-3. Total Full-Time Enrollment for the Allopathic Medicine discipline for the academic year (both non-PCL and PCL recipients) |  |  |
| 1A-4a. Total Number of Defaulted Loans (HSPL -Allopathic Medicine and PCL -Allopathic Medicine) |  |  |
| 1A-4b. Of the total number of defaulted loans above in question 1A-4a, how many are PCLs? |  |  |
| 1A-4c. Of the total number of defaulted loans above in question 1A-4a, how many are HPSLs? |  |  |
| 1A-5. Total Original Defaulted Principal Loaned for the Allopathic Medicine discipline |  |  |
| 1A-6a. Total Number of Students (PCL recipients and non-recipients) who dropped out of the Allopathic Medicine discipline |  |  |
| 1A-6b. Of the number above, how many of them were PCL student borrowers |  |  |
| 1A-7. Total Number of Service Defaulted Borrowers for the Allopathic Medicine discipline (Individuals not number of loans) |  | [(Number of borrowers by year)](https://ehbos2.hrsa.gov/WebDSLSSubmissionsExternal/Interface/Loan/V03/DefaultedStudentsReadOnly.aspx) |
| 1A-8a. Total Number of HPSL and PCL Borrowers for the Allopathic Medicine discipline | (Shows both HPSL and PCL allopathic recipients) | Pre-populated from 1A-8b |
| 1A-8b. Of the total number of borrowers above in question 1A-8a, how many are PCL borrowers with service requirements? |  | (Number of new PCL recipients) |
| 1A-8c. Of the number of PCL borrowers for the Allopathic Medicine discipline above in 1A-8b, number of Active and Non Retired/Defaulted Borrowers |  |  |
| 1A-9. Total Number of PCL students including those who graduated during the reporting period for the Allopathic Medicine discipline |  | [(Age and Gender details)](https://ehbos2.hrsa.gov/WebDSLSSubmissionsExternal/Interface/Loan/V03/AgeandGendereadOnly.aspx) |
| 1A-10. Total Graduates (PCL-Allopathic Medicine Only) |  |  |
| 1A-11. Number of PCL loan students including those who graduated during this reporting period that indicate an intention to serve in a medically underserved community. |  |  |
| 1A-12. Number of PCL students and graduates during this reporting period from rural backgrounds. |  |  |

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

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

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

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| 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 1b - Student Race/Ethnicity Data Section** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **PCL - Allopathic Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 | |  |  |  |  |  | |
| |  | | --- | | OMB No.:0915-0044 Expiration Date: | | | | | | |
| |  |  | | --- | --- | | **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 2 - PROGRAMS ACCOUNT SECTION** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **PCL - Allopathic Medicine** |
| 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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| |  | | --- | | OMB No.:0915-0044 Expiration Date: |  |  | | --- | |  | |
| |  |  | | --- | --- | | **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 3 - PROGRAMS ACCOUNT SECTION (Continued)** | FOR HRSA USE ONLY | | | |
| Institution | | | Program |
|  | | | **PCL - Allopathic Medicine** |
| 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 |  |  |  |  |  |  |  |  |

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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 | |  | | | **PCL - Allopathic Medicine** | | 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 |
|  | | | **PCL - Allopathic Medicine** |
| 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 | |  |
|  |  | |  | | --- | | b. Date audit submitted to Regional Audit Agency | | |  |  |  | | --- | --- | --- | | |  |  | | --- | --- | |  |  | | |
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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 |
|  | | | **PCL - Allopathic Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2012** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | |  |  |  | |
|  | | | | | |
|  | | | | | |
| |  |  | | --- | --- | | **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 | |
|  | | | | | **PCL - Allopathic Medicine** | |
| 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 |
|  | | | **PCL - Allopathic Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
|  |  |  | **07/01/2011 - 06/30/2011**2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |
|  | | **PCL - Allopathic Medicine** |
| 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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