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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**  |

|  |  |  |
| --- | --- | --- |
| **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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| **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 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)  | TotalRecipients(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)  | TotalRecipients (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)  | TotalRecipients(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)  | TotalRecipients(B+C+D)  |
| G. All races  |  |  |  |  |  |
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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 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**  |

|  |  |  |
| --- | --- | --- |
| **Program Accounts**  | **Cumulative(includes current year)**  | **Current Year**  |
| A.  |

|  |  |
| --- | --- |
| FEDERAL FUNDS AWARDED  |  |

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|  |  |
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| B.  |

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| --- | --- |
| CASH BALANCE - START OF REPORT PERIOD  |  |

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|  |  |
| --- | --- |
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 |
| C.  |

|  |
| --- |
| CASH RECEIPTS  |

 |
|  | 1. |

|  |  |
| --- | --- |
| Federal Funds Received/Receivable  |  |

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|  |  |
| --- | --- |
|  |  |

 |
|  | 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.  |

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| --- |
| CASH BALANCE - END OF REPORT PERIOD (CASH BALANCE START OF REPORT PERIOD + CASH RECEIPTS - CASH DISBURSEMENTS)  |

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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 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 |

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|  |  |
| --- | --- |
| a. | HP Practice-Shortage (10%) |

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|  |  |
| --- | --- |
| b. | HP Practice-Rural Shortage (15%) |

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| --- | --- |
| c. | Total (Sum of 1.a and 1.b) |

 |  |  |  |  |  |  |
|  | 2.  |

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| --- |
| Nursing Employment |

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|  |  |
| --- | --- |
| a. | Nursing Employment (10%) |

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| --- | --- |
| b. | Nursing Employment (15%) |

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| c. | Nursing Employment (20%) |

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| --- | --- |
| d. | Nursing Employment (15%) on or after 03/23/2010  |

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|  |  |
| --- | --- |
| e. | Nursing Employment (20%) on or after 03/23/2010  |

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| --- | --- |
| f. | Nursing Employment (Other) on or after 03/23/2010  |

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| --- | --- |
| g. | Total (sum of 2.a through 2.f)  |

 |  |  |  |  |  |  |
|  | 3.  |

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| Death |

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| --- | --- |
| a. | On PCL Loans made on or after 10/22/85 |

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| --- | --- |
| b. | On Loans except those reported in F.3.a |

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| c. | Total (Sum of 3.a and 3.b) |

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|  | 4.  | Permanent & Total Disability Approved by HHS  |
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| --- | --- |
| a. | On PCL Loans made on or after 10/22/85 |

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| b. | On Loans except those reported in F.4.a |

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| 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** |

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| --- | --- | --- | --- | --- |
| A.  | General Ledger Cash Balance as of 6/30/2011  |

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| B.  | Actual Collections for 7/1/2011 - 6/30/2012  |
|  | 1.  | Principal  |

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| --- | --- |
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 |
|  | 2.  | Interest  |

|  |  |
| --- | --- |
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 |
|  | 3.  | Investment Income and Penalty Charges  |

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|  | 4.  | Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges)  |

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| C.  | Federal Funds Received/Receivable 7/1/2011 - 6/30/2012  |

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| D.  | Institutional Contribution for 7/1/2011 - 6/30/2012  |

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| E.  | Projected Collections for 7/1/2012 - 6/30/2013  |
|  | 1.  | Principal  |

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|  | 2.  | Interest  |

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|  | 3.  | Investment Income and Penalty Charges  |

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| F.  | Projected Funds Available as of 6/30/2013 (A + B + C + D + E)  |

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| G.  | Actual Expenditures for 7/1/2011 - 6/30/2012  |
|  | 1.  | Loans to Students  |

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|  | 2.  | Costs (Collection, Litigation, Credit Bureau and Other)  |

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|  | 3.  | Repayments to Federal Government and Institution (Principal, Interest and Other Income)  |

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| H.  | Projected Expenditures for 7/1/2012 - 6/30/2013  |
|  | 1.  | Loans to Students  |

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| --- | --- |
|  |   |

 |
|  | 2.  | Costs (Collection, Litigation and Credit Bureau)  |

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 |
| I.  | Projected Expenditures as of 6/30/2013 (G + H)  |

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| J.  | Projected Cash Balance as of 6/30/2013 (F - I)  |

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| K.  | Less Projected Expenditures for 7/1/2013 - 6/30/2015  |

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| L.  | Excess Cash (J - K)  |

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| M.  | General Ledger Ending Cash Balance as of 6/30/2012  |

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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 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 |

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|  |

|  |
| --- |
| FOR CLOSING SCHOOLS |

 |
|  | 4.  |

|  |
| --- |
| Amount of cash determined to be due the Federal Government and remitted separately to the Division of Financial Operations |

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| --- | --- |
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 |
| I.  |

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| --- |
| CHECK LIST/QUESTIONS |

 |
|  | 1.  | What is the total amount of interest that is past due?  |

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| --- | --- |
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| --- |
| AUDITS |

 |
|  | 2.  |

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| --- |
| Does your institution provide for a biennial audit of the loan and/or scholarship funds by a qualified independent auditor? |

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|  |
| --- |
| a. Period of last audit |

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| --- |
| b. Date audit submitted to Regional Audit Agency |

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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 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  |  |  |  |

|  |  |  |
| --- | --- | --- |
|

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

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|  |

 |
| 2. Contact Information  | Primary Point Of Contact  |

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 |
| Alternate Point Of Contact  |

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 |
| 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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