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LRP IHS Loan Repayment Program

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Form Approved, OMB Approval No. 0917-0014, Expiration Date: 07/31/15

Educational and Professional Background

This section is to be completed by **graduates only** and details your educational and practice experience, if applicable. Information covered includes training and graduate programs, practice experience and licensing.

*indicates required field

*Name of Professional School

*School Address

*Degree Obtained *Graduate Year

Have you completed a residency or graduate program?
(MD, DO, DDS, PedNP, PA, etc.)

Residency/Graduate Program Information Help

Year residency or program was/will be completed

Residency or Program Name

Specialty Board Certified Board Eligible Help

Year re-certified (if applicable) Sub-specialty (if applicable)

Practice Experience

If applicable, describe your practice experience over the last five years (Include location, nature of population served, number of specialties in the practice, hospital affiliations and allocation of clinical practice time to FP/GP, INT, OB/GYN, PED, PSYCH, ER).

Current Practice Time Allocation

Please enter your practice time allocation at your current Indian Health Program job site. Enter the current percent of your practice time that is office-based and hospital/clinic-based and/or spent in administration and teaching (numbers only).

Office-based % Clinic-based % Administration % Teaching %

Last Work Site

For the last site at which you worked: Help

Name of Site Director or Official Your Job Title

Address Phone ( ) - ext:

Professional References (this information will be kept confidential)

Reference 1

Name Position or Title

Address Phone ( ) - ext:

Reference 2

Name Position or Title

Address Phone ( ) - ext:

Reference 3

Name Position or Title

Address Phone ( ) - ext:

☐ I certify that the information given in this application is accurate to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application; and if awarded a loan repayment, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony under US Code Title 18 Section 1001.

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Estimated Average Burden Time to Complete the Application Form: Public reporting burden for this collection of information is estimated to vary from 60 to 120 minutes per response with an average of 90 minutes per response, 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: Indian Health Service, Reports Clearance Officer, Attn: PRA (0917-0014), 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852. Do not mail completed forms to the above address.