

Note: You can start an application without a Commons ID, but you will need a Commons ID to submit your application.

OMB No. 0925-0361 Form Approved for use through 8/31/2019 Click here to see the burden statement

NIH 2674-15 LRP Tracking Code: DAWP1216

Type of Application  New  Renewal

Are you Applying for an Intramural or Extramural Loan Repayment Program?  Intramural  Extramural

Select Type of Loan repayment Program

IC Preference

Preferred IC

Secondary Preferred IC

Not Preferred IC

Are you a Mentored Research Scientist or Independent investigator?  I am a mentored research scientist  I am an independent investigator

Eligibility Questions

- 1) 1) Are you a U.S. citizen, U.S. national, or permanent resident of the U.S.? (if no) Will you be a U.S. citi-zen, U.S. national, or permanent resident of the U.S. by contract start date?
2) 2) Do you possess an M.D., Ph.D., Pharm. D., Psy.D., D.O., D.D.S., D.M.D., D.P.M., D.C., N.D., O.D., D.V.M., or equivalent doctoral degree from an accredited institution?
3) 3) Will you conduct qualifying research for an average of at least 20 hours per week over the course of each quarter (3 months) for the entire contract period?
4) 4) Do you receive any research funding support or salary from a for-profit institution or organization?
5) 5) Are you employed for more than 20 hours per week (5/8 or greater) by a U.S. Government agency such as the NIH, CDC, DOD, or the Veteran's Administration?
6) 6) Are you currently on a fellowship supported in whole or in part by a U.S. Government agency such as the NIH, CDC, DOD, or the Veteran's Administration?
7) 7) Do you or did you have a judgment lien arising from a federal debt?
8) 8) Do you owe a service obligation to another program?
9) 9) Do you have total qualifying educational debt equal to, or in excess of, 20 percent of your institu-tional base salary? (e.g., more than \$10,000 debt with \$50,000 annual salary)
10) 10) Are all of the loans you will be entering on your application from a U.S. government entity, accredited U.S. academic institution, and/or qualified U.S. commercial educational lender?
11) 11) Have you ever defaulted on an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan?
12) 12) Are your loans consolidated with another individual, such as a spouse?

I understand that completing this questionnaire is not a guarantee of eligibility for the program, and that my eligibility will be further assessed throughout the process.
I understand that the NIH Loan Repayment Programs are competitive, and the submission of an LRP application does not guarantee an award. I understand that only designated agents of the U.S. Department of Health and Human Services/National Institutes can make commitments for the LRP awards.

Public reporting for this collection of information is estimated to average 3 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 is 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.

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SUBMIT CANCEL

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You are Applying for:  Intramural  Extramural Award Type:  New  Renewal  I am a Mentored Research Scientist  I am an Independent Investigator

LRP:  Award Length:  One Year  Two Years  Three Years

**UPDATE** **CANCEL**

Moved Application Status tab to beginning of application so it will be the first screen applicants see when they log into their application

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### Application Information

LRP Type: Extramural  
Award Type: New  
Award Length: Two Years  
Loan Repayment Program (LRP): Clinical Research  
Independent/Has a Mentor: Independent

Preferred IC: National Cancer Institute  
Preferred IC (Secondary Choice): National Institute of Environmental Science  
Not Preferred IC: National Eye Institute  
IC Assignment: N/A

**PRINT APPLICATION**

#### Administrative Review of Loan Documentation by NIH

#### Uploading Financial Document Instructions:

You are required to submit the promissory note and account statement for each loan included in your LRP application. If you included Federal loans in your LRP application, you must also submit the National Student Loan Data System (NSLDS) Summary and Detail Reports pages. For more information on the required loan documents, click on the **REQUIRED ELEMENTS CHECKLIST** button.

1. Click on the **UPLOAD/VIEW DETAILS** button for each loan. Upload the corresponding account statement and promissory note.
2. Click on the **UPLOAD DOCUMENT** button in the NSLDS Report Box to submit your National Student Loan Data System (NSLDS) Summary Page and all of the Detailed Loan Report pages.
3. Upload PDF documents only. The PDF cannot exceed 5 MB.

Please allow us at least 15 business days to review your loan documents. The status of your submitted documents can be viewed by clicking on the **UPLOAD/VIEW DETAILS** button under the History section.

Note: If you have faxed your loan documents, the status of your submission will be reflected in the email we sent you.

#### Loans/Lenders Information

Loan Type	Lending Institution/ Servicing Agent	Loan Account Number	Current Balance	Promissory Note/ Account Statement	Status
Stafford Loan	US Department of Education	701548849	\$12,500.00	<b>UPLOAD/VIEW DETAILS</b>	<ul style="list-style-type: none"> <li>Promissory Note <span style="color:red">●</span> RECEIVED BUT INCOMPLETE</li> <li>Loan Statement <span style="color:green">●</span> APPROVED</li> </ul>
Academic Institutional	American Education Services	501548849	\$31,200.00	<b>UPLOAD/VIEW DETAILS</b>	<ul style="list-style-type: none"> <li>Promissory Note <span style="color:green">●</span> SUBMITTED</li> <li>Loan Statement <span style="color:green">●</span> SUBMITTED</li> </ul>
Academic Institutional	University Accounting Services	154241744	\$8,024.00	<b>UPLOAD/VIEW DETAILS</b>	<ul style="list-style-type: none"> <li>Promissory Note <span style="color:green">●</span> SUBMITTED</li> <li>Loan Statement <span style="color:red">●</span> NOT RECEIVED</li> </ul>

#### NSLDS Summary Report (Only Applicable for Federal Loans)

No file chosen **UPLOAD DOCUMENT** **REQUIRED ELEMENTS CHECKLIST**

#### History

View Document/File	Date Uploaded
John_Doe_web-based_nsls-report.pdf	01/23/2017
John_Doe_web-based_account_statement-2.pdf	03/12/2017

#### Colleague Forms and Documentation ● NOT SUBMITTED

<b>Recommender: John Doe (jdoe@nih.gov)</b>			
Submitted Date	3/27/2015		● NOT SUBMITTED
<b>Recommender: Kate Shaw (kshaw@nih.gov)</b>			
Submitted Date	3/27/2015		● SUBMITTED
<b>Recommender: Sheldon Cooper (scooper@nih.gov)</b>			
Submitted Date	3/27/2015		● SUBMITTED
<b>Mentor: Sheldon Cooper (scooper@nih.gov)</b>			
Submitted Date		<b>SEND REQUEST AGAIN</b>	● NOT SUBMITTED
<b>Institutional Business Official: Sheila Werle (swerle@gmail.gov)</b>			
Submitted Date	3/27/2015		● SUBMITTED

#### Disadvantaged Backgrounds Documentation (Physical or Electronic Copy Due 12/31/16) ● SUBMITTED

#### LRPC Status ● INCOMPLETE

#### Personnel SF50/52 Form ● NOT RECEIVED

You have last uploaded document on 7/14/2015 3:01:02 PM [View Here](#)

No file chosen **UPLOAD VERIFICATION**

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APPLICANT

Welcome, John Doe

Application Status Personal Information Employment & Affiliation Education & Training Research Information Colleague Information Loan Information Research Funding Information Eligibility Submit Application

You are Applying for: Intramural Extramural Award Type: New Renewal I am a Mentored Research Scientist I am an Independent Investigator LRP: Clinical Research Award Length: One Year Two Years Three Years UPDATE CANCEL

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Personal Information

NIH 2674-1 LRP Tracking Code: DAWP1216

Name \* Other/Maiden Name \* Email \* Confirm Email \* Other Email U.S./Non-U.S. \* Address Line 1 \* Address Line 2 City \* State \* Zip Code \* Work Phone \* Home Phone Cell Phone SSN \* Confirm SSN \* Date of Birth \* Confirm Date of Birth \* NIH Commons ID \* Confirm NIH Commons ID \* Gender What is your race? Are you Hispanic, Latino/a, or of Spanish origin? Do you have a disability? How did you learn about the LRP? Please select all that apply: How did you initially hear about the program?

Added Confirm Email field to reduce instances of user error (e.g., typo in email address)

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You are Applying for:  Intramural  Extramural

Award Type:  New  Renewal

I am a Mentored Research Scientist

**UPDATE**

LRP:

Award Length:  One Year  Two Years  Three Years

I am an Independent Investigator

**CANCEL**

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Added buttons for University and Hospital, Clinic, or Other Type of Organization options to reduce confusion among applicants, especially those employed by a hospital in a university

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**NIH 2674-1**

LRP Tracking Code: DAWP1216

### Employment Organization

University  Hospital, Clinic, or Other Type of Organization

State\*

Zip Code\*

University\*

Campus/Subunit

College/School

Department

Additional Information (e.g., Center, Division, Branch, etc.)

Position Title\*

Salary\*

Start Date\*

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Moved Supervisor section to new tab (Colleague Information)

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**NIH 2674-1**

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### Academic Affiliation

Check if academic affiliation is same as the employment

State

Zip Code

University

Department

Additional Information (e.g., Center, Division, Branch, etc.)

Position Title

Start Date

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Moved Institutional Business Official section to new tab (Colleague Information)

**SAVE** **SUBMIT** **CANCEL**

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Page Last Updated on March 17, 2015

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**APPLICANT**

Welcome, John Doe

- Application Status
- Personal Information
- Employment & Affiliation
- Education & Training
- Research Information
- Colleague Information
- Loan Information
- Research Funding Information
- Eligibility
- Submit Application

You are Applying for:  Intramural  Extramural    Award Type:  New  Renewal     I am a Mentored Research Scientist

LRP:     Award Length:  One Year  Two Years  Three Years     I am an Independent Investigator

**UPDATE**  
**CANCEL**

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**NIH 2674-1**  
LRP Tracking Code: DAWP1216

## Education and Training

Legend:  View  Edit  Delete  Add Residency

[+ Add New Entry](#)

Education	Degree	Conferring Institution	Year	Specialty	Subspecialty	Action
M.D.		Columbia University Medical School	2010	Pediatric Hematology/Oncology	Neuropathology	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other Doctorate		Harvard School of Public Health	2010	Pediatric Pathology	Pediatric Hematology/Oncology	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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**NIH 2674-1**  
LRP Tracking Code: DAWP1216

## Post Doctoral Fellowship

[+ Add New Entry](#)

Institution	Start Date	End Date	Percent of time spent on Research (0-100)	Specialty	Subspecialty	Action
University of Iowa	12/01/10	12/01/12	50	Pediatrics Anesthesiology	Pediatric Hematology/Oncology	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
University of Pennsylvania, School of Medicine	02/04/12	06/05/13	95	Neuropathology	Pediatrics Anesthesiology	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Award Type:  New  Renewal

I am a Mentored Research Scientist

LRP:

Award Length:  One Year  Two Years  Three Years

I am an Independent Investigator

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## Returned Research Project Title and Project Abstract fields

NIH 2674-6

LRP Tracking Code: DAWP1216

### Research Project/Activities

Research Project Title \*

Project Abstract \*

Please Upload Your Research Activities \*

No file chosen  [View Research/Project Activities](#)

I want to replace the current file with a new one

ACGME Fellowship \*

ACGME Fellowship Supervisor \*

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### Research Accomplishments

NIH 2674-8

LRP Tracking Code: DAWP1216

Please Upload Your Research Accomplishments \*

No file chosen  [View Research Accomplishments](#)

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### Career Development Plan

NIH 2674-6

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Please Upload Your Career Development \*

No file chosen  [View Career Development](#)

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### Research Environment

NIH 2674-6

LRP Tracking Code: DAWP1216

Please Upload Your Research Environment \*

No file chosen  [View Research Environment](#)

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### NIH Biosketch

Please Upload Your NIH Biosketch \*

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### Personal Statement

NIH 2674-2

LRP Tracking Code: DAWP1216

Please Upload Your Personal Statement \*

No file chosen  [View Personal Statement](#)

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Public reporting for this collection of information is estimated to average 120 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.

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New tab to allow applicants to enter all colleagues' contact information in one place (no new information collection)

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Research Supervisor

NIH 2674-1

LRP Tracking Code: DAWP1216

Research Supervisor Name\* First Name Middle Name Last Name Research Supervisor Email\* Confirm Research Supervisor Email\*

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.

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Primary Mentor

NIH 2674-1

LRP Tracking Code: DAWP1216

Is the person you have entered as your Research Supervisor your Primary Mentor? Primary Mentor Name\* First Name Middle Name Last Name Primary Mentor Email\* Confirm Primary Mentor Email\*

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Institutional Business Official

NIH 2674-10

LRP Tracking Code: DAWP1216

IBO Organization\* Memorial Sloan Kettering Cancer Center IBO Name\* First Name Middle Name Last Name IBO Email Address\* Confirm IBO Email Address\*

Public reporting for this collection of information is estimated to average 5 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.

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**APPLICANT**

- Application Status
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- Research Information
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- Loan Information**
- Research Funding Information
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You are Applying for:  Intramural  Extramural    Award Type:  New  Renewal     I am a Mentored Research Scientist

LRP:     Award Length:  One Year  Two Years  Three Years     I am an Independent Investigator

**UPDATE**    **CANCEL**

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Returned Original Loan Amount field

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**NIH 2674-4**  
LRP Tracking Code: DAWP1216

## Loan Information

Legend: [View](#) [Edit](#) [Delete](#)

[+ Add New Entry](#)

Loan Account Number	Name of Lending Institution/Servicing Agent	Loan Type	Original Loan Balance	Current Balance	Loan Status	Action
L00987655	Sally Mae, Loan Servicing Center	Academic Institutional	55,000	35,000	Repayment	<a href="#">View</a> <a href="#">Edit</a> <a href="#">Delete</a>

By checking this box, I confirm that I have entered information for all loans that I wish to be considered in this application

Public reporting for this collection of information is estimated to average 75 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.

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**SAVE**    **SUBMIT**    **CANCEL**

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**APPLICANT**

Welcome, John Doe

Application Status Personal Information **Employment & Affiliation** Education & Training Research Information Colleague Information Loan Information Research Funding Information Eligibility Submit Application

You are Applying for:  Intramural  Extramural Award Type:  New  Renewal  I am a Mentored Research Scientist  I am an Independent Investigator

LRP:  Award Length:  One Year  Two Years  Three Years

**UPDATE** **CANCEL**

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Funding support for your research activity is provided by which of the following? (Check all that apply)

- As a part of your salary from your employer (e.g., your university, hospital etc.)
- With start-up funds from your employer (e.g., your university, hospital, etc.)
- Through research grant(s) or award(s) (Please enter grant information below)

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**NIH 2674-19**  
LRP Tracking Code: DAWP1216

**NIH Grant Support**

Legend:  View  Edit  Delete

**+ Add New Entry**

Type of Award	NIH Award/ Application Number	Award Status	Total Award Amount	Start Date of Award	End Date of Award	Are you PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
Training Grants/Fellowship Awards (T/F series)	2L30DC034123-03	Awarded	35,000	10/2010	10/2013	Yes	No	<input type="text" value="Q"/> <input type="text" value="Pencil"/> <input type="text" value="X"/>

Public reporting for this collection of information is estimated to average 40 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.

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**NIH 2674-19**  
LRP Tracking Code: DAWP1216

**Other Government Research Funding (not from NIH)**

Legend:  View  Edit  Delete

**+ Add New Entry**

Type of Organization	Organization Name	Award Status	Title of Project	Total Award Amount	Start Date of Award	End Date of Award	Are you PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
Federal Government	Columbia University Medical School	Submitted	OFFICE OF DIETARY SUPPLEMENTS	24,800	10/2010	10/2013	Yes	No	<input type="text" value="Q"/> <input type="text" value="Pencil"/> <input type="text" value="X"/>

Public reporting for this collection of information is estimated to average 40 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.

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**NIH 2674-19**  
LRP Tracking Code: DAWP1216

**Other Non-Profit Research Funding (not from NIH)**

Legend:  View  Edit  Delete

**+ Add New Entry**

Type of Organization	Organization Name	Award Status	Title of Project	Total Award Amount	Start Date of Award	End Date of Award	Are you PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
Federal Government	Columbia University Medical School	Submitted	PEDIATRICS RESEARCH	56,000	10/2010	10/2013	Yes	Yes	<input type="text" value="Q"/> <input type="text" value="Pencil"/> <input type="text" value="X"/>

Public reporting for this collection of information is estimated to average 40 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.

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**SAVE** **SUBMIT** **CANCEL**

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Page Last Updated on March 17, 2015

NIH...Turning Discovery into Health

You are Applying for:  Intramural  Extramural Award Type:  New  Renewal  I am a Mentored Research Scientist  I am an Independent Investigator LRP: Clinical Research Award Length:  One Year  Two Years  Three Years UPDATE CANCEL

Moved Eligibility tab to allow applicants to review their answers to eligibility questions prior to submitting the application

Note: You can start an application without a Commons ID, but you will need a Commons ID to submit your application.

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NIH 2674-20 LRP Tracking Code: DAWP1216

Eligibility

Award Type New LRP Type Extramural LRP Program Clinical Research

Eligibility Questions

- 1) Are you a U.S. citizen, U.S. national, or permanent resident of the U.S.? (if no) Will you be a U.S. citizen, U.S. national, or permanent resident of the U.S. by the contract start date?
2) Do you possess an M.D., Ph.D., Pharm. D., Psy.D., D.O., D.D.S., D.M.D., D.P.M., D.C., N.D., O.D., D.V.M., or equivalent doctoral degree from an accredited institution?
3) Will you conduct qualifying research for an average of at least 20 hours per week over the course of each quarter (3 months) for the entire contract period?
4) Do you receive any research funding support or salary from a for-profit institution or organization?
5) Are you employed for more than 20 hours per week (5/8 or greater) by a U.S. Government agency such as the NIH, CDC, DOD, or the Veteran's Administration?
6) Are you currently on a fellowship supported in whole or in part by a U.S. Government agency such as the NIH, CDC, DOD, or the Veteran's Administration?
7) Do you or did you have a judgment lien arising from a federal debt?
8) Do you owe a service obligation to another program?
9) Do you have total qualifying educational debt equal to, or in excess of, 20 percent of your institutional base salary? (e.g., more than \$10,000 debt with \$50,000 annual salary)
10) Are all of the loans you will be entering on your application from a U.S. government entity, accredited U.S. academic institution, and/or qualified U.S. commercial educational lender?
11) Have you ever defaulted on an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan?
12) Are your loans consolidated with another individual, such as a spouse?
13) Are you an individual from a disadvantaged background? Note: You will be asked to certify your disadvantaged background status (link/pop-up) in your application.
14) Will you have at least \$2,000 of eligible educational debt on the contract start date?
15) Are you an NIH employee or do you have a firm commitment of NIH employment from an authorized official of the NIH?

- I understand that completing this questionnaire is not a guarantee of eligibility for the program, and that my eligibility will be further assessed throughout the process.
I understand that the NIH Loan Repayment Programs are competitive, and the submission of an LRP application does not guarantee an award. I understand that only designated agents of the U.S. Department of Health and Human Services/National Institutes can make commitments for the LRP awards.

Public reporting for this collection of information is estimated to average 5 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.

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Page Last Updated on March 17, 2015

NIH...Turning Discovery into Health

You are Applying for: Intramural Extramural Award Type: New Renewal I am a Mentored Research Scientist I am an Independent Investigator LRP: Clinical Research Award Length: One Year Two Years Three Years UPDATE CANCEL

Note: You can start an application without a Commons ID, but you will need a Commons ID to submit your application.

Certifications for Online Applications

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NIH 2674-9 LRP Tracking Code: DAWP1216

Read and certify by checking the box next to the statements below:

Certification by Applicant/Borrower

I hereby apply to enter into an agreement with the Director, National Institutes of Health for repayment of the educational loan(s) listed in my application, incurred solely for the costs of education, including reasonable living expenses. I hereby 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(s) that would render any statement false, fictitious, or fraudulent as a result of the omission. 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.

Authorization for Disclosure of Financial Information

I hereby authorize the lending institution, servicing agent, and/or institutional program named in my application to release information about my loan or any loan owned, serviced, or administered by my lending institution, servicing agent, or program administrator to the administrators of the NIH Loan Repayment Programs (LRP) and other authorized Government officials. This authorization shall remain in effect during my application and participation in the NIH LRP and for 120 days after completion of any LRP contracted service.

Applicant's 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(s) that would render any 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 this 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 18 U.S.C. § 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 other authorized Government officials. I further certify that the named research project complies with applicable Federal, state and local laws (e.g., applicable human subject protection regulations) and is not research for which funding is prohibited by Federal law.

Applicant's Request for Confidential Recommendations

I certify that I am requesting recommendation(s) from individual(s) of my choosing that will be included in my NIH Loan Repayment Program (LRP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials and their designees to determine my eligibility for participation in an LRP. I understand that the recommendation(s) I am requesting shall be held in confidence and protected from disclosure by officials of the NIH Loan Repayment Programs according to Privacy Act System of Records #09-25-0165 (see Confidentiality and Privacy Act Notice in this application package). I authorize administrators of the NIH Loan Repayment Program and other authorized Government officials to contact the individual(s) I have identified to request any additional information that may be needed in determining my eligibility for participation in an LRP.

New electronic signature box with checkboxes to be accepted in lieu of the applicant's signature

- I understand that by checking the boxes I am providing NIH Loan Repayment Programs my electronic consent. My electronic consent is considered as legally binding.

Name \* First Name Middle Name Last Name Suffix Last 4 Digits of SSN \*

CANCEL SIGN

Public reporting for this collection of information is estimated to average 20 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 7074, Bethesda, MD 20892-7074, Attention: PRA 0925-0361. Do not return the completed form to this address.

Privacy Act 09-25-0165

NIH Loan Repayment Program Contract

Disadvantaged Background

IC Preference

Preferred IC Memorial Sloan Kettering Cancer Center Secondary Preferred IC Memorial Sloan Kettering Cancer Center Not Preferred IC Memorial Sloan Kettering Cancer Center

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You are Applying for:  Intramural  Extramural Award Type:  New  Renewal  I am a Mentored Research Scientist  I am an Independent Investigator

LRP:  Award Length:  One Year  Two Years  Three Years

**UPDATE** **CANCEL**

Note: You can start an application without a Commons ID, but you will need a Commons ID to submit your application.

**Certifications for Online Applications**

**NIH Loan Repayment Program Contract**

OMB No. 0925-0361  
Form approved for use through 08/31/2019  
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**NIH 2674-12**  
LRP Tracking Code: DAWP1216

Sections 487A, 487B, 487C, 487E, and 487F of the Public Health Service Act ("Act") authorize the Secretary of the Department of Health and Human Services ("Secretary"), and Section 485G authorizes the Director, National Institute on Minority Health and Health Disparities (NIMHD), to enter into contracts with qualified health professionals under which such professionals agree to conduct research in consideration of the Federal government agreeing to repay, for each year of such service, not more than \$35,000 of the principal and interest of the educational loans of such professionals. In return for these loan repayments, applicants must agree to participate in qualifying research, for an initial period of obligated service of not less than two years (or a minimum of three years for General Research Loan Repayment Program participants), as one of the following: an NIH employee or a health professional engaged in qualifying research at an institution determined by NIH to be eligible to sponsor individuals who engage in qualifying research.

Applicants are required to submit a signed contract which includes the Terms and Conditions of participation in the LRP with their applications. The Secretary/NIMHD Director shall execute only those contracts submitted by applicants who are selected for participation.

The Terms and Conditions for participating in the LRP follow:

**Section A - Obligations of the Secretary or NIMHD Director**

Subject to the availability of funds appropriated by the U.S. Congress for the NIH and/or the LRP, the Secretary/NIMHD Director agrees to:

- Pay, in the amount provided in Paragraph 2 of this section, the undersigned applicant's qualifying educational loans. Qualifying health professionals' loans consist of the principal, interest, and related expenses (such as the required interest premium on the unpaid balances of some loans) of qualified Government (Federal, State, and local) and commercial loans obtained by the applicant for the following expenses:
  - undergraduate, graduate, and health professional school tuition expenses;
  - other reasonable educational expenses required by the school(s) attended, including fees, books, supplies, educational equipment and materials, and laboratory expenses; and
  - the cost of room and board, and other reasonable living expenses as determined by the Secretary/NIMHD Director.
- An applicant must have qualifying educational loans equal to or in excess of 20% of his or her annual NIH base salary (Intramural or institutional base salary (Extramural) on his or her program eligibility date. This amount is the "debt threshold." Annual income or compensation refers to "institutional base salary," which is the annual amount the institution pays for the applicant's appointment, whether the time is spent in research, teaching, patient care, or other activities. Institutional base salary excludes any income that an applicant may earn unrelated to the duties for the institution. The "program eligibility date" is the date on which his or her contract is executed by the Secretary/NIMHD Director and he or she is engaged in qualifying research.

NIH will repay the educational debt ("repayable debt") as follows:

- at the rate of one-fourth of the repayable debt for each year of qualified service up to a \$35,000 annual maximum;
  - for the first, second, and third year of qualified service, otherwise qualified applicants for the Intramural General Research LRP, who are participating in ACGME accredited clinical training programs, payment of repayable debt will be no more than \$20,000 per year;
  - at the rate of one-fourth of the repayable debt for each year of qualified service up to a \$35,000 annual maximum;
  - for the first, second, and third year of qualified service, otherwise qualified applicants for the Intramural General Research LRP, who are participating in ACGME accredited clinical training programs, payment of repayable debt will be no more than \$20,000 per year;
  - one- or two-year continuation renewal contracts, beyond the second year (or third year, for contracts under the General Research LRP), may be competitively offered;
  - if the applicant's contract is renewed, the NIH will repay at the rate of 50% of the remaining repayable debt for each year of contract renewal, up to the \$35,000 annual maximum (the repayable debt amount is calculated annually), or 100% of the repayable debt if the annual disbursement is \$10,000 or less; and
  - payments are to be made on a delayed quarterly schedule after completion of qualified research, unless otherwise agreed to by the Secretary/NIMHD Director and the participant.
- Provide reimbursement for increased Federal tax liability resulting from payments made pursuant to Paragraph 1 of this section in an amount equal to 39% of the total amount of loan repayments made for each tax year in which such payments were made.
  - Payment of qualifying educational loans will be made directly to the lender(s). If there is more than one outstanding qualifying educational loan, the Secretary/NIMHD Director will repay the loans in the following order, unless the Secretary/NIMHD Director determines significant savings would result from paying loans in a different order of priority: (a) HEAL; (b) Other loans issued or guaranteed by the Federal Government; and (c) Other loans.
  - Once a loan repayment contract has been signed by both parties, the Secretary/NIMHD Director shall obligate such funds as will be necessary to ensure that sufficient funds will be available to make loan repayments and tax reimbursements to cover the repayable debt, as defined in Paragraph 2 of this section.

**Section B - Obligations of the Participant**

The participant agrees to:

- Provide a description of each of his or her outstanding qualified educational loans and supporting documents, in a form and manner as defined by the Secretary/NIMHD Director;
- Serve his or her 2- or 3-year minimum period of research service, which commences on the program eligibility date, by conducting qualifying research, as one of the following: an NIH employee or a health professional engaged in qualifying research at an institution determined by NIH to be eligible to sponsor individuals who engage in qualifying research;
- Provide written verification of the lender's crediting of all LRP payments and resulting account balances within a reasonable time after such payments are credited;
- Repay the NIH for any sums paid erroneously to his or her lender(s), repay the NIH for any sums advanced to his or her lenders prior to satisfying his or her research service, and assist the NIH in obtaining a refund from his or her lender(s) for such sums;
- Make payments to lenders on their own behalf for periods of Leave Without Pay (LWOP); and
- Comply with the provisions of Title 42, U.S. Code of Federal Regulations, Part 68a, Part 68c, and other policies or regulations governing the NIH Loan Repayment Programs, as applicable.

**Section C - Breach of Written Loan Repayment Contract**

- In accordance with 42 USC 254o, which addresses enforcement of the National Health Service Corps LRP and will be regarded as equally applicable to the NIH's LRPs, any participant who fails to complete the minimum 2-year (or 3-year for General Research LRP) research service obligation required under the initial contract will be considered to have breached the contract and will be subject to assessment of monetary damages and penalties as specified in Paragraph 3 below:
  - Loan Repayment Program participants who are serving as NIH employees, and who are terminated for cause or for the convenience of the Government will not be considered to have committed a breach of contract, and monetary damages and penalties will not be assessed.
  - Occasionally, a participant's assignment may evolve and change so that a determination is reached that he/she is no longer engaged in qualified research. Similarly, the research needs and priorities of the NIH or the sponsoring institution may change, so that a determination is made that the researcher's skills may be better utilized in a research assignment which does not qualify for the LRP. Under these circumstances, the following will apply:
    - Since no authority exists for the Secretary/NIMHD Director to make repayments on behalf of health professionals who are not engaged in qualified research, loan repayments will cease as of the date such determination is made.
    - Normally, job changes of this nature will not be considered a breach of contract on the part of either the Secretary/NIMHD Director or the Loan Repayment Program participant. Based upon the recommendation of the Secretary/NIMHD Director, the Loan Repayment Program participant will be released from the remainder of his/her service obligation without assessment of damages or monetary penalties. Loan Repayment Program participants will be permitted to retain the benefit of all loan repayments made or owed by the NIH on their behalf up to the date of the contract release, except any payments advanced beyond the period of service rendered. Any payments advanced prior to research service must be repaid to the Government.
- Loan Repayment Program participants who sign a continuation contract for a third, fourth, or subsequent year, and who fail to complete the period specified, will not be subject to monetary damages or penalties. However, any payments advanced beyond the period of research service rendered must be repaid to the Government, pursuant to Section B, Paragraph 4.
- Penalties for Failing to Complete the Service Obligation** - In accordance with the statute, the Secretary/NIMHD Director will recover the following from participants who fail to complete the minimum service obligation:
  - If the applicant, for any reason, fails to complete the two-year period of obligated service (three-year period for General Research LRP), he or she shall be liable to the United States for an amount equal to the sum of:
    - the total of the amounts paid by the United States to, or on behalf of, the applicant under Paragraphs 1, 2 and 3 of Section A of this Contract for any period of obligated service not served;
    - an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
    - interest on the amounts described in (1) and (2) of this paragraph at the maximum prevailing rate, as determined by the Treasurer of the United States, from the date of the breach; except that the amount the United States is entitled to recover shall not be less than \$31,000.
  - Any amount the United States is entitled to recover shall be paid within 1 year of the date the Secretary/NIMHD Director determines that the applicant is in breach of this written Contract.
  - Any obligation of the participant for payment of damages may be released by a discharge in bankruptcy under Title 11 of the United States Code only if such discharge is granted after the expiration of the 7-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that non discharge of the obligation would be unconscionable.

**Section D - Cancellation, Suspension, and Waiver of Obligation**

- Any service or payment obligation incurred by the participant under this contract will be canceled upon the participant's death.
- The Secretary/NIMHD Director may waive or suspend the participant's service or payment obligation incurred under this contract if:
  - compliance by the participant with the Terms and Conditions of this contract is impossible or would involve extreme hardship,
  - and enforcement of such obligation would be unconscionable.

**Section E - Contract Termination**

- The Secretary/NIMHD Director may terminate this Contract if, not later than 45 days before the end of the fiscal year in which the Contract was entered into, the individual:
  - submits a written request for such termination; and
  - repays all amounts paid on behalf of the individual under Paragraphs 1, 2 and 3 of Section A of this Contract.

**New electronic signature box with checkboxes to be accepted in lieu of the applicant's signature**

I certify that I have read the above contract in its entirety and my electronic signature on this contract is intended to be the legally binding equivalent of my handwritten signature.

Legal Name \*

Last 4 Digits of SSN \*

**CANCEL SIGN**

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Privacy Act 09-25-0165

**Disadvantaged Background**

**IC Preference**

Preferred IC

Secondary Preferred IC

Not Preferred IC

**SAVE SUBMIT CANCEL**

APPLICANT

Welcome, John Doe

Application Status Personal Information Employment & Affiliation Education & Training Research Information Colleague Information Loan Information Research Funding Information Eligibility Submit Application

You are Applying for: Intramural Extramural Award Type: New Renewal I am a Mentored Research Scientist UPDATE LRP: Clinical Research Award Length: One Year Two Years Three Years I am an Independent Investigator CANCEL

Note: You can start an application without a Commons ID, but you will need a Commons ID to submit your application.

Certifications for Online Applications

NIH Loan Repayment Program Contract

Disadvantaged Background

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NIH 2674-11 LRP Tracking Code: DAWP1216

An individual from a disadvantaged background (42 CFR pt. 57.1804(c)) is one who comes from a family with an annual income below low-income thresholds according to family size as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels in the Federal Register. Note that the published levels represent the low-income levels for the period from the year of publication to the present. If you are establishing your eligibility based on a prior year, the published levels for that year will apply. Current financial need alone is NOT sufficient to classify an individual as being from a disadvantaged background.

Instructions for Applicant

Please indicate how you qualify for the Clinical Research LRP for Individuals from Disadvantaged Backgrounds (Intramural or Extramural). Do not complete this form if you are not applying for the Clinical Research LRP for Individuals from Disadvantaged Backgrounds.

- (1) I have received a loan from the Health Professions Student Loans (HPSL) or Loans for Disadvantaged Student Program. (2) I have received a scholarship from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need (3) I have a written statement from my former health professions school(s) that I qualified for Federal disadvantaged assistance during attendance at the school

Important: You must submit this documentation to the NIH Division of Loan Repayment Programs for your application to be complete. You may either upload the documentation using the upload feature on the Application Status page or you may fax it. Your application cannot be considered without this documentation.

Public reporting for this collection of information is estimated to average 45 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. Privacy Act 09-25-0165

IC Preference

Preferred IC Memorial Sloan Kettering Cancer Center Secondary Preferred IC Memorial Sloan Kettering Cancer Center Not Preferred IC Memorial Sloan Kettering Cancer Center

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