

Welcome, John Doe

Dashboard

Message Box

Please fill out the fields:

- Lorem ipsum dolor sit amet
- Qui, aperiam
- Earum tempora quo quaerat

View Edit Delete Edit Eligibility

LRP Tracking Code	Name	Cohort	Award & LRP Type	Program	Status	Action
AXBT1007	John Doe	2015	Renewal-Extramural	Clinical Research	Pending Review	
AXBT4707	John Doe	2013	New-Extramural	Pediatric Research	Awarded	

[START A NEW APPLICATION](#)

Award Type New Renewal

Contract Length Type One Year Two Years

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

Name of Loan Repayment Program you are applying for

Are you an Independent Researcher or has a Mentor? I am an independent researcher I am a mentored research scientist

Preferred IC

Preferred IC (secondary choice)

Not Preferred IC

OMB No. 0925-0361

Form Approved for use through 6/30/2017

[Click here to see the burden statement](#)

NIH 2674-15

LRP Tracking Code: DAWP1216

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? Yes No

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? Yes No

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? Yes No

4) Do you receive any research funding support or salary from a for-profit institution or organization? Yes No

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? Yes No

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? Yes No

7) Do you or did you have a judgment lien arising from a federal debt? Yes No

- 8) Do you owe a service obligation to another program? Yes No
- 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) Yes No
- 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? Yes No
- 11) Have you ever defaulted on an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan? Yes No
- 12) Are your loans consolidated with another individual, such as a spouse? Yes No
- 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. Yes No
- 14) Will you have at least \$2,000 of eligible educational debt on the contract start date? Yes No
- 15) Are you an NIH employee or do you have a firm commitment of NIH employment from an authorized official of the NIH? Yes No

- 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 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](#)

SUBMIT

CANCEL



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NIH 2674-20

LRP Tracking Code: DAWP1216

Eligibility



Award Type
New



LRP Type
Extramural



LRP Program
Clinical Research

Eligibility Questions

- 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? Yes No
- 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? Yes No
- 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? Yes No
- Do you receive any research funding support or salary from a for-profit institution or organization? Yes No
- 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? Yes No
- 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? Yes No
- Do you or did you have a judgment lien arising from a federal debt? Yes No

- 8) Do you owe a service obligation to another program? Yes No
- 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) Yes No
- 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? Yes No
- 11) Have you ever defaulted on an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan? Yes No
- 12) Are your loans consolidated with another individual, such as a spouse? Yes No
- 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. Yes No
- 14) Will you have at least \$2,000 of eligible educational debt on the contract start date? Yes No
- 15) Are you an NIH employee or do you have a firm commitment of NIH employment from an authorized official of the NIH? Yes No

- 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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SUBMIT

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- Eligibility ✓
- Personal Information ✓
- Employment !
- Education and Training !
- Research Funding !
- Research !
- Loan Information !
- Submit Application !
- Application Status

You are Applying for: Intramural Extramural

Award Type: New Renewal

I am a Mentored Research Scientist

UPDATE

LRP:

Contract Length: One Year Two Years

I am an Independent Investigator

CANCEL



OMB No. 0925-0361

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Personal Information

NIH 2674-1

LRP Tracking Code: DAWP1216

Name*

Other/Maiden Name*

Email*

Other Email Work Personal

U.S./Non-U.S.* U.S. Non-U.S.

Address Line 1*

Address Line 2

City*

State*

Zip Code *

Work Phone *

Ext.

Primary Phone Number *

Work



Home Phone

Cell Phone

SSN *

Confirm SSN *

Date of Birth *

Confirm Date of Birth *

NIH Commons ID *

Confirm NIH
Commons ID *

Gender

Male

Female

Other

Prefer not to answer

What is your race?

American Indian, Native American, or Alaska Native

Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer

Are you Hispanic, Latino/a, or of Spanish origin? Yes No Prefer Not to Answer

Do you have a disability? Yes No Prefer Not to Answer

How did you learn about the LRP? Please select all that apply:

- Conference Talk or Presentation
- Conference Exhibit
- Academic Journal or Publication
- University or Departmental Notice/Announcement
- Academic Advisor, Professor, or Mentor
- Another LRP Applicant/Awardee
- An LRP Ambassador
- Other colleague
- LRP Website
- LRP Flyer
- LRP Email/Listserv
- NIH Institute/Center Website, News Item, Talk, Exhibit, or Print Material
- Internet Search
- Social Media
- Other Source

How did you initially hear about the program?

Selected answer 1 ▼

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CANCEL

You are Applying for:

 Intramural Extramural

Award Type:

 New Renewal I am a Mentored Research Scientist

UPDATE

LRP:

Clinical Research ▾

Contract Length:

 One Year Two Years I am an Independent Investigator

CANCEL



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Organization

NIH 2674-1

LRP Tracking Code: DAWP1216

Employer (Organization)*

Department*

Division

Branch

Position Title*

Salary*

Start Date

 Are you on ACGME fellowship?

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NIH 2674-1

LRP Tracking Code: DAWP1216

Research Supervisor
Name *

First Name

Middle Name

Last Name

 Is this your primary mentor?

Research Supervisor Email *

Primary Mentor Name

First Name

Middle Name

Last Name

 By checking this box, I understand that I will not have access to the recommendations based on the promise of confidentiality made to my recommenders.

Primary Mentor Email

 [Click here if you would like a prior mentor to review and concur with your research accomplishments?](#)

Prior Mentor Name

First Name

Middle Name

Last Name

Prior Mentor Email

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NIH 2674-1

LRP Tracking Code: DAWP1216

 **Academic Affiliation** Check if academic affiliation is same as the employment

Organization *

Memorial Sloan Kettering Cancer Center ▼

Division

Department

Position Title

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Institutional Business Official

Organization *

Contact Name *

Email Address *

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SUBMIT

CANCEL



Welcome, John Doe

[Eligibility](#) ✓ [Personal Information](#) ✓ [Employment](#) ✓ [Education and Training](#) ! [Research Funding](#) ! [Research](#) ! [Loan Information](#) ! [Submit Application](#) ! [Application Status](#)

You are Applying for:

Intramural
 Extramural

Award Type:

New
 Renewal

I am a Mentored Research Scientist

UPDATE

LRP:

Clinical Research

Contract Length:

One Year
 Two Years

I am an Independent Investigator

CANCEL



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NIH 2674-1

LRP Tracking Code: DAWP1216

Education and Training

+ Add New Entry

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

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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	   
University of Pennsylvania, School of Medicine	02/04/12	06/05/13	95	Neuropathology	Pediatrics Anesthesiology	   

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APPLICANT

- Eligibility
- Personal Information
- Employment
- Education and Training
- Research Funding
- Research
- Loan Information
- Submit Application
- Application Status

You are Applying for: Intramural Extramural

Award Type: New Renewal

I am a mentored research scientist

UPDATE

LRP: Clinical Research

Contract Length: One Year Two Year

I am an Independent Investigator

CANCEL

Add Education and Training

Education *

M.D. Ph.D. M.D.-Ph.D

Other Doctoral Degree Non-Doctoral Degree

Conferring Institution *

Year Degree Conferred *

Specialty *

Subspecialty *

SAVE

CANCEL

Education and Training

Education

M.D.

Other Doctorate

Post Doctoral

Institution

Boston Univerisity

12/01/10

12/01/12

50

Pain Management

xxxxxxxx

NIH Clinical Center (CC)

02/04/12

06/05/13

95

xxxxxxxx

xxxxxxxx

+ Add New Entry

Action



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+ Add New Entry

Action



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CANCEL

APPLICANT

- Eligibility
- Personal Information
- Employment
- Education and Training
- Research Funding
- Research
- Loan Information
- Submit Application
- Application Status

You are Applying for: Intramural Extramural

Award Type: New Renewal

LRP:

Contract Length: One Year Two Year

I am a mentored research scientist I am an Independent Investigator

Add Post Doctoral Fellowship

Institution *

Start Date

End Date *

Percent of time spent on Research (0-100) *

Specialty *

Subspecialty *

Education and Training

Education

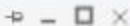
M.D.
Other Doctorate

Post Doctoral

Institution

Boston Univerisity	12/01/10	12/01/12	50	Pain Management	xxxxxxxx	
NIH Clinical Center (CC)	02/04/12	06/05/13	95	xxxxxxxx	xxxxxxxx	

Add Residency



Institution *

Start Date *

End Date *

Percent of time spent
on Research (0-100) *

Specialty *

Subspecialty *

SAVE

CANCEL



[Eligibility](#) ✓ [Personal Information](#) ✓ [Employment](#) ✓ [Education and Training](#) ✓ [Research Funding](#) ⚠ [Research](#) ⚠ [Loan Information](#) ⚠ [Submit Application](#) ⚠ [Application Status](#)

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

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

UPDATE **CANCEL**



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

[+ 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	

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Other Government Research Funding (not from NIH)

[+ 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	  

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.



Other Non-Profit Research Funding (not from NIH)

[+ 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	  

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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[SUBMIT](#)
[CANCEL](#)

APPLICANT

- Eligibility
- Personal Information
- Employment
- Education and Training
- Research Funding
- Research
- Loan Information
- Submit Application
- Application Status

You are Applying for: Intramural Extramural

Award Type: New Renewal

I am a mentored research scientist

UPDATE

LRP: Clinical Research

Contract Length: One Year Two Year

I am an independent investigator

CANCEL

Add NIH Grant Support

Type of Award *

If other, please specify

NIH Award / Application Number (Project Number) *

Award Status *

Total Award Amount *

Start Date of Award *

End Date of Award *

Are you a PI/Co-PI on this Grant? * Yes No

Does this award support your LRP-eligible project? * Yes No

SAVE CANCEL

Please check either/both of
 Salary support from your
 Startup funds from your

NIH Grant Support

Type of Award

Training Grants/Fellowships Awards (T/F series)

Other Government

+ Add New Entry

Are you PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
No		<input type="text"/> <input type="text"/> <input type="text"/>

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+ 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"/> <input type="text"/> <input type="text"/>

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 **APPLICANT**

- Eligibility
- Personal Information
- Employment
- Education and Training
- Research Funding **!**
- Research **!**
- Loan Information **!**
- Submit Application **!**
- Application Status

You are Applying for: Intramural Extramural

Award Type: New Renewal

I am a mentored research scientist

UPDATE

LRP:

Contract Length: One Year Two Year

I am an independent investigator

CANCEL

Add Other Government Research Funding (not from NIH)

Type of Organization *

Organization Name *

Award Status *

Title of Project *

Total Award Amount *

Start Date of Award * 

End Date of Award * 

Are you a PI/Co-PI on this Grant? * Yes No

Does this award support your LRP eligible project? * Yes No

SAVE

CANCEL

- Please check either/both of
- Salary support from your organization
 - Startup funds from your organization




NIH Grant Support

Type of Award

Training Grants/Fellowships/Awards (T/F series)




Other Government Research Funding

+ Add New Entry

Are you PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
No		  

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+ 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	  

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APPLICANT

- Eligibility
- Personal Information
- Employment
- Education and Training
- Research Funding **!**
- Research **!**
- Loan Information **!**
- Submit Application **!**
- Application Status

You are Applying for: Intramural Extramural

Award Type: New Renewal

I am a mentored research scientist

UPDATE

LRP: Clinical Research

Contract Length: One Year Two Year

I am an independent investigator

CANCEL

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

Type of Organization *

Organization Name *

Award Status *

Title of Project *

Total Award Amount *

Start Date of Award *

End Date of Award *

Are you a PI/Co-PI on this Grant? * Yes No

Does this award support your LRP eligible project? * Yes No

SAVE CANCEL

Please check either/both of
 Salary support from your
 Startup funds from your

NIH Grant Support

Type of Award

Training Grants/Fellowships
Awards (T/F series)

Other Government

+ Add New Entry

Are you PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
No		

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+ 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	

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You are Applying for:

Intramural Extramural

Award Type:

New Renewal

I am a Mentored Research Scientist

UPDATE

LRP:

Clinical Research

Contract Length:

One Year Two Years

I am an Independent Investigator

CANCEL

OMB No. 0925-0361

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[Click here to see the burden statement](#)

NIH 2674-6

LRP Tracking Code: DAWP1216

Research Project/Activities

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*

Allergy and Immunology

ACGME Fellowship
Supervisor*

First Name

Last Name

Email Address

Public reporting for this collection of information is estimated to average 180 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.



Research Accomplishments

NIH 2674-8

LRP Tracking Code: DAWP1216

Please Upload Your
Research
Accomplishments*

No file chosen

[View Research Accomplishments](#)

I want to replace the current file with a new one

Public reporting for this collection of information is estimated to average 70 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



Career Development Plan

Please Upload Your
Career Development*

No file chosen

[View Career Development](#)

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Public reporting for this collection of information is estimated to average 180 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



Research Environment

Please Upload Your
Research Environment*

Choose File No file chosen

UPLOAD

[View Research Environment](#)

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Public reporting for this collection of information is estimated to average 180 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



NIH Biosketch

Please Upload Your NIH Biosketch*

Choose File

No file chosen

UPLOAD

[View NIH Biosketch](#)

I want to replace the current file with a new one

OMB No. 0925-0361

Form Approved for use through 6/30/2017

[Click here to see the burden statement](#)



Personal Statement

NIH 2674-2

LRP Tracking Code: DAWP1216

Please Upload Your Personal Statement*

Choose File

No file chosen

UPLOAD

[View Personal Statement](#)

I want to replace the current file with a new one

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.

Privacy Act 09-25-0165



List of Recommenders/Referees

NIH 2674-3

LRP Tracking Code: DAWP1216

[+ Add New Entry](#)

Name	Email Address	In What Capacity do you Know the Recommender?	Action
John Doe	johndoe@mail.com	Mentor	

 Release to Contact Recommenders:

I certify that I am requesting recommendation(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 to determine my eligibility for participation in an LRP. I understand that the recommendation 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). 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.

 Voluntary Waiver of Future Rights to Access Confidential Recommendations:

By checking this box, I understand that I will not have access to the recommendations based on the promise of confidentiality made to my recommenders.

Public reporting for this collection of information is estimated to average 25 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](#)

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NIH Biosketch

Please Upload Your NIH Biosketch*

 [View NIH Biosketch](#)

I want to replace the current file with a new one

Personal Statement

Please Upload Your Personal Statement*

Recommendations

Name

Jone Doe

Action

[+ Add New Entry](#)



Page 1 of 4 < 1 2 3 4 >

Release to Contact Recommenders:

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 to determine my eligibility for participation in an LRP. I understand that the recommendation 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). 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.

Voluntary Waiver of Future Rights to Access Confidential Recommendations:

By checking this box, I understand that I will not have access to the recommendations based on the promise of confidentiality made to my recommenders

Add Recommender

Name *

Email Address *

In What Capacity do you know the Recommender *

SAVE

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SAVE

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You are Applying for:

 Intramural Extramural

Award Type:

 New Renewal

 I am a Mentored Research Scientist

UPDATE

LRP:

Contract Length:

 One Year Two Years

 I am an Independent Investigator

CANCEL



OMB No. 0925-0361

Form Approved for use through 6/30/2017

[Click here to see the burden statement](#)
NIH 2674-4

LRP Tracking Code: DAWP1216



Loan Information

+ Add New Entry

Loan Account Number	Name of Lending Institution/Servicing Agent	Loan Type	Current Balance	Loan Status	Action
L00987655	Sally Mae, Loan Servicing Center	Academic Institutional	35,000	Repayment	  

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

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.

Privacy Act 09-25-0165

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Add Loan



Loan Account
Number *

Name of Lending
Institution/Servicing
Agent *

Name of Lending Institution/Sen



Other

Please Specify

Type of Loan *

Consolidated Loan



Other

Please Specify

If this is a consolidated loan, were the
underlying loans ever defaulted, past due or
delinquent, incurring late fees, penalty fees or
collection costs? *

Yes No

Is this loan consolidated with a spouse or
another individual? *

Yes No

Are any of the loans in the consolidation non-
U.S. based loans? *

Yes No

U.S./Non-U.S./US and Non-U.S. *

Yes No

Current Balance *

Loan Status *

Repayment



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Welcome, John Doe



[Eligibility](#) ✓ [Personal Information](#) ✓ [Employment](#) ! [Education and Training](#) ! [Research Funding](#) ! [Research](#) ! [Loan Information](#) ! [Submit Application](#) ! [Application Status](#)

You are Applying for:

Intramural
 Extramural

Award Type:

New
 Renewal

I am a Mentored Research Scientist

UPDATE

LRP:

Clinical Research ▼

Contract Length:

One Year
 Two Years

I am an Independent Investigator

CANCEL



OMB No. 0925-0361

Form Approved for use through 6/30/2017

[Click here to see the burden statement](#)

NIH 2674-9

LRP Tracking Code: DAWP1216

Certifications for Online Applications

Please print this form and sign it (black ink preferred). The form can either be uploaded using the upload feature on the Application Status page or it can be faxed without a cover page to 1-866-849-4046.

Certification by Applicant/Borrower

I hereby apply to enter into an agreement with the Secretary of HHS for repayment of the educational loan 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 that would render the 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. 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 120 days after completion of LRP contracted service.

Signature (Sign Your Full Name in Ink)

Date

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 that would render the 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.

Signature (Sign Your Full Name In Ink)

Date

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 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.

Signature (Sign Your Full Name In Ink)

Date

PRINT

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 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.



Verification of U.S. Citizenship or Permanent Residency Status Online Applications

NIH 2674-18

LRP Tracking Code: DAWP1216

Please print this form and sign it (black ink preferred). The form can either be uploaded using the upload feature on the Application Status page or it can be faxed without a cover page to 1-866-849-4046.

U.S. Citizenship or Permanent Residency Status Documentation

Instructions: Please check one box in Section 1 to indicate the source document(s) you are submitting to verify your citizenship status. Be sure to include photocopies of the document(s) you indicate below at the same time you fax this form.

- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the U.S.
- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-550 or N-570)
- United States Passport (expired or unexpired)
- Alien Registration Receipt Card with photograph (I-151 or I-551)
- Non-citizens: Will you be a U.S. citizen, U.S. national, or permanent resident of the U.S. by July 1, 20XX?
- Other documentation of Permanent Residency Status as permitted by the U.S. Bureau of Citizenship and Immigration Services (BCIS, formerly known as the Immigration and Naturalization Service) regulations. (For more information, visit the BCIS website.)

Please indicate the BCIS document you are using: _____

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 that would render the 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.

Signature (Sign Your Full Name in Ink)

Date

[PRINT](#)

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.



Disadvantaged Background

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.



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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CANCEL

You are Applying for: Intramural Extramural

LRP:

Type of Contract: New Renewal I am a Mentored Research Scientist

Contract: One Year Two Year I am an Independent Investigator

UPDATE

CANCEL



Application Status

LRP Type: Extramural	Preferred IC: National Cancer Institute
Contract Type: New	Preferred IC (Secondary Choice): National Institute of Environmental Science
Loan Repayment Program (LRP): Clinical Research	Not Preferred IC: National Eye Institute
Independent/Has a Mentor: Independent	IC Assignment: N/A

PRINT APPLICATION

Administrative Review of Loan Documentation by NIH

 NOT RECEIVED

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

Loans/Lenders

(1) Navient

Original Loan Amount: \$31,500.00

Loan Type: Stafford Loan

Disbursement Date: 1/06/2003

Account Number: 99330111xxxx-01

Provisory Note: Approved (7/25/2015)

Comments: Lorem ipsum dolor sit amet, consectetur adipisicing elit. Vitae, voluptatem totam consectetur exercitationem sunt accusamus provident, impedit dignissimos corrupti ea dolore unde, officia autem incidunt odit tenetur eveniet voluptate tempora?

 UNREADABLE

Account Statement: Approved (4/6/2015)

Comments: Lorem ipsum dolor sit amet, consectetur adipisicing elit. Vitae, voluptatem totam consectetur exercitationem sunt accusamus provident, impedit dignissimos corrupti ea dolore unde, officia autem incidunt odit tenetur eveniet voluptate tempora?

 SUBMITTED

(2) Mohela

Original Loan Amount: \$32,760.00

Loan Type: Stafford Loan

Disbursement Date: 2/02/2000

Account Number: 3120000xxxxx

Provisory Note: Approved (7/25/2015)

Comments: Lorem ipsum dolor sit amet, consectetur adipisicing elit. Vitae, voluptatem totam consectetur exercitationem sunt accusamus provident, impedit dignissimos corrupti ea dolore unde, officia autem incidunt odit tenetur eveniet voluptate tempora?

● NOT RECEIVED

Account Statement: Approved (4/6/2015)

Comments: Lorem ipsum dolor sit amet, consectetur adipisicing elit. Vitae, voluptatem totam consectetur exercitationem sunt accusamus provident.

● NOT RECEIVED

Colleague Forms and Documentation

● SUBMITTED

Recommender: John Doe (jdoo@nih.gov)

- ▶ Request Sent by Email 3/27/2015
- ▶ Last Login Reported 3/27/2015

Recommender: Kate Shaw (kshaw@nih.gov)

- ▶ Request Sent by Email 3/27/2015
- ▶ Last Login Reported 3/27/2015

Recommender: Sheldon Cooper (scooper@nih.gov)

- ▶ Request Sent by Email 3/27/2015
- ▶ Last Login Reported 3/27/2015

Mentor: Sheldon Cooper (scooper@nih.gov)

- ▶ Request Sent by Email 3/27/2015
- ▶ Last Login Reported 3/27/2015
- ▶ Recommendation Form Submitted
- ▶ Assessment of Research Activity Form Incomplete

LRP Contract *(Physical Copy Due 12/31/16)* RECEIVED

- ▶ Received 4/6/2016
- ▶ Last Login Reported 3/31/2015

[PRINT CONTRACT](#)**Mail the original signed contract to:**

National Institutes of Health
Division of Loan Repayment
6011 Executive Boulevard, Room 206
Bethesda, Maryland 20892-7650

LRP Status

 INCOMPLETEDisadvantaged Backgrounds Documentation *(Physical or Electronic Copy Due 12/31/16)* SUBMITTEDCertifications for Online Applications *(Physical or Electronic Copy Due 12/31/16)* REJECTED

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[UPLOAD VERIFICATION](#)Citizenship or Permanent Residency *(Physical or Electronic Copy Due 12/31/16)* APPROVED


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Personnel SF50/52 Form

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