

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

OMB No. 0925-0361 Form approved for use through 08/31/2019 Click here to see the burden statement

NIH 2674-1 LRP Tracking Code: CSKA7111

Personal Information

Legal Name\* First Name Middle Name Last Name Suffix Other/Maiden Name First Name Middle Name Last Name Suffix Work Email\* Confirm Work Email\* Other Email U.S./Non-U.S.\* U.S. Non-U.S. Home Address Line 1\* Home Address Line 2 City\* State\* -- Select State -- Zip Code\* Work Phone\* Ext. Select Preferred Contact\* -- Select Phone Type -- 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? (Check all that apply) American Indian, Native American, or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other 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?

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Page Last Updated on , Wednesday, April 17, 2019

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APPLICANT

Welcome,

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

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 Year  Three Year

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## 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\*

Annual Salary\*

Start Date\*

## Academic Affiliation

Check if academic affiliation is same as the employment

State

Zip Code

University

Campus/Subunit

College/School

Department

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

Position Title

Start Date

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Welcome,

Application Status | Personal Information | **Employment and Affiliation** | Education and Training | Research Information | Colleague Information | Loan Information | Eligibility | Certify & Submit

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

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LRP Tracking Code: CSKA7111

## Employment Organization

State\*

Zip Code\*

NIH Institute or Center\*

Department

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

Position Title\*

Annual Salary\*

Start Date\*

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APPLICANT

Welcome,

- Application Status
- Personal Information
- Employment and Affiliation
- Education and Training**
- Research Information
- Colleague Information
- Loan Information
- Eligibility
- Certify & Submit

You are Applying for:  Intramural  Extramural

LRP:

Award Type:  New  Renewal

Award Length:  One Year  Two Year  Three Year

I am a Mentored Research Scientist

I am an Independent Investigator

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LRP Tracking Code: CSKA7111

## Education and Training

Legend: Edit View Delete Add Residency

+ Add New Entry

Education	Degree	Conferring Institution	Year	Specialty	Subspecialty	Action
No items to display						
Education and Training information is not provided.						

## Post Doctoral Fellowship

+ Add New Entry

Conferring Institution	Start Date	End Date	Percent of time spent on Research (0-100)	Specialty	Subspecialty	Action
Post Doctoral Fellowship information is not provided.						

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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**

**Instructions**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Necessitatibus itaque ad, similique, atque placeat delectus, repellat eveniet iusto dolorem sit suscipit non omnis distinctio facilis unde sapiente aut aperiam, perspiciatis!

Aperiam minus rem quas omnis velit, quam deserunt culpa cupiditate, perspiciatis et, distinctio consequatur eaque illo praesentium accusamus tenetur maxime alias provident. Nostrum hic, reprehenderit! Molestiae possimus, saepe est obcaecati.

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**Research Project/Activities**

**NIH 2674-6**  
LRP Tracking Code: DAWP1216

Research Project Title \*

Project Abstract \*  [Please see Application Instruction Booklet for more guidance.](#)

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**  
LRP Tracking Code: DAWP1216

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

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## Applicant's NIH Biosketch

Please Upload Your NIH  
Biosketch\*

No file chosen

[View NIH Biosketch](#)

I want to replace the current file with a new one

## Personal Statement

NIH 2674-2  
LRP Tracking Code: DAWP1216

Please Upload Your  
Personal Statement\*


No file chosen

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
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**SUBMISSION OF REFERENCE LETTERS**

All applications must have three to five references letters, one of which must be submitted by the applicant's primary mentor. Applicants are responsible for contacting two to four additional individuals (referees) to submit a reference letter in support of their application.

For detailed information pertaining to reference letters, please see the LRP Online Application System Instruction Guide.

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**Research Supervisor**

**NIH 2674-1**  
LRP Tracking Code: JHIX9574

Research Supervisor Name \*

Research Supervisor Email \*

Confirm Research Supervisor Email \*

Research Supervisor Organization \*

Research Supervisor Position Title \*

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**Primary Mentor**

**NIH 2674-1**  
LRP Tracking Code: JHIX9574

Check here if the person you have entered as your Research Supervisor is also your Primary Mentor

Primary Mentor Name \*

Primary Mentor Email \*

Confirm Primary Mentor Email \*

Primary Mentor Organization \*

Primary Mentor Position Title \*

**Primary Mentor's NIH Biosketch**

Instructions: Please upload your primary mentor's NIH biosketch (5 page limit).

Attach File: \*  No file chosen

**Optional: Additional NIH Biosketch**

Instructions: You may upload the NIH biosketch of an additional person, identified in your mentoring plan, who will contribute to the mentoring of this applicant.

Attach File:  No file chosen

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**Institutional Business Official**

**NIH 2674-10**  
LRP Tracking Code: JHIX9574

IBO Organization \*

IBO Name \*

IBO Email \*

Confirm IBO Email \*

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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APPLICANT

Welcome,

- Application Status
- Personal Information
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- Research Information
- Colleague Information
- Loan Information**
- Eligibility
- Certify & Submit

You are Applying for:  Intramural  Extramural

Award Type:  New  Renewal

I am a Mentored Research Scientist

**UPDATE**

LRP:

Award Length:  One Year  Two Year  Three Year

I am an Independent Investigator

**CANCEL**



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**NIH 2674-4**  
LRP Tracking Code: CSKA7111

## Loan Information

[+ Add New Entry](#)

Name of Lending Institution/						
Loan Account Number	Servicing Agent	Loan Type	Original Loan Amount	Current Balance	Loan Status	Action
Loan information is not provided						

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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**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: JHIX9574

### NIH Grant Support

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
<b>NIH Grant Support information is not provided</b>								

### 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 PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
<b>Other Government Research Funding (not from NIH) is not provided</b>									

### 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 PI/Co-PI on this Grant?	Does this Award support your LRP eligible project?	Action
<b>Other Non-Profit Research Funding (not from NIH) is not provided</b>									

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

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NIH 2674-20 LRP Tracking Code: UWW53096

Eligibility

Award Type New LRP Type Extramural LRP Program Clinical Research LRP

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., D.O., D.D.S., D.M.D., D.P.M., D.V.M., A.D.N., B.S.N., or equivalent doctoral degree from an accredited institution; or hold the position of Physician Assistant?
3) Will you conduct full-time qualifying research over the entire contract period?
4) Do you receive any research funding support or salary from a for-profit institution or organization?
5) During the LRP award, will you be participating in a Federal Government fellowship (i.e., VA, CDC, DOD)? This does not include NIH fellowships or grants.
6) Are you a full-time (5/8 or greater) employee of a U.S. Government agency (CDC, DOD, or the Veteran's Administration)? Please note, receiving research or salary support from Federal grants or fellowships does not equate employment by the Federal government.
7) Do you or did you ever have a judgment lien arising from a federal debt?
8) Do you owe a service obligation to another program that cannot be deferred?
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?

- 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 of Health can make commitments for the LRP awards.

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☐ Certifications for Online Applications (click here to expand/close the form)

● NOT SIGNED

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**NIH 2674-9**  
LRP Tracking Code: CSA7111

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 National Institutes of Health (NIH) for repayment of the educational loan(s) listed in my application. I hereby certify that: (1) all loans listed in this application were incurred solely for the costs of education, including reasonable living expenses, (2) all information provided in this application is true, complete, and accurate to the best of my knowledge and does not omit any material facts that would render any portion of this application false, fictitious, or fraudulent as a result of the omission, (3) I understand that any information provided in my application may be investigated and that any false representation is sufficient cause for rejection of the application, or, if awarded loan repayment, that I am liable for return of all awarded funds plus potential penalties and, (4) any false, fraudulent, or fictitious statement may be punishable as a felony under 18 U.S.C. § 1001, and 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.

**Research Certification and Release of Service Obligation Information**

I 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. I further authorize any program to which I owe a service obligation to release information about that obligation to administrators of the NIH LRP and other authorized Government officials.

I certify that I have read the above statements in their entirety. I understand that by checking this box I am providing my electronic signature on these certifications and it is intended to be the legally binding equivalent of my handwritten signature.

Legal Name \*

Last 4 Digits of SSN \*

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☐ NIH Loan Repayment Program Contract (click here to expand/close the form)

● NOT SIGNED

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**NIH 2674-12**  
LRP Tracking Code: CSA7111

Section 2022 (Improvement of Loan Repayment Program) of P.L. 114-255, the 21st Century Cures Act, ("Act") authorizes the Director of NIH or his/her designee, hereafter the NIH Director, 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 \$50,000 (currently capped at \$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 NIH Director shall execute only those contracts submitted by applicants who are selected for participation.

## Section A - Obligations of the NIH Director

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

1. 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:
  - a. undergraduate, graduate, and health professional school tuition expenses;
  - b. other reasonable educational expenses required by the school(s) attended, including fees, books, supplies, educational equipment and materials, and laboratory expenses; and
  - c. the cost of room and board, and other reasonable living expenses as determined by the NIH Director.
2. 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 NIH Director and he or she is engaged in qualifying research.

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

  - a. at the rate of one-fourth of the repayable debt for each year of qualified service up to a \$35,000 annual maximum;
  - b. 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;
  - c. 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;
  - d. 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
  - e. payments are to be made on a delayed quarterly schedule after completion of qualified research, unless otherwise agreed to by the NIH Director and the participant.
3. 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.
4. Payment of qualifying educational loans will be made directly to the lender(s). If there is more than one outstanding qualifying educational loan, the NIH Director will repay the loans in the following order, unless the NIH 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.
5. Once a loan repayment contract has been signed by both parties, the NIH 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:

1. 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 NIH Director;
2. 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;
3. 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;
4. 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;
5. Make payments to lenders on their own behalf for periods of Leave Without Pay (LWOP); and
6. Comply with the provisions of Title 42, U.S. Code of Federal Regulations, Part 68, and other policies or regulations governing the NIH Loan Repayment Programs, as applicable.

## Section C - Breach of Written Loan Repayment Contract

1. 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.
  - a. 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.
  - b. 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:
    - I. Since no authority exists for the NIH 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.
    - II. Normally, job changes of this nature will not be considered a breach of contract on the part of either the NIH Director or the Loan Repayment Program participant. Based upon the recommendation of the NIH 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.
2. 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 of this Contract.



3. **Penalties for Failing to Complete the Service Obligation** - In accordance with the statute, the NIH Director will recover the following from participants who fail to complete the minimum service obligation:

- a. 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:
  - I. 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;
  - II. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
  - III. 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.
- b. Any amount the United States is entitled to recover shall be paid within 1 year of the date the NIH Director determines that the applicant is in breach of this written Contract.
- c. 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

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

#### Section E – Contract Termination

1. The NIH 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:
  - a. submits a written request for such termination; and
  - b. repays all amounts paid on behalf of the individual under Paragraphs 1, 2 and 3 of Section A of this Contract.

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 \*

First Name

Middle Name

Last Name

Suffix

Last 4 Digits of SSN \*

1234

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SIGN

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.

[Privacy Act 09-25-0165](#)

### Employment Information

Your Anticipated Start Date for Employment at the NIH

Name of Hiring Institute or Center (IC)

You must log on via the Commons ID option at the LRP application.  
Submit button is disabled since not all required information is provided.

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QUESTIONS? LRP INFORMATION CENTER | MON-FRI, 9:00 AM - 5:00 PM EST | 866 - 849 - 4047 | [lrp@nih.gov](mailto:lrp@nih.gov)

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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

Certifications for Online Applications (Click here to expand/close the form.) NOT SIGNED

NIH Loan Repayment Program Contract (Click here to expand/close the form.) SIGNED

Disadvantaged Background (Click here to expand/close the form.)

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

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.

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