

# Loan Repayment Programs

LRP Application Guide

**FAQs** 

Contact A-Z Index Webinar

### Award Type

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

Name of Loan Repayment Program you are applying for

### Award Length

Are you an Independent Researcher or has a Mentor?

Preferred IC

Preferred IC (secondary choice)

Not Preferred IC

| New   | Renewa     |
|-------|------------|
| IVCVV | INCITICANO |

Intramural
 Extramural

Select Loan Repayment Program Type

Select Loan Repayment Program Type Clinical Research LRP

Contraception and Infertility Research LRP

Health Disparities Research LRP

Pediatric Research LRP

Clinical Research LRP for Individuals from Disadvantaged Backgrounds

Research in Emerging Areas of Critical Human Health LRP

Select Institute or Center (IC)

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NIH 2674-15

### **Eligibility Questions**

- 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.
- By checking this box, you acknowledge that LRP loan repayments and tax payments are considered taxable income and can significantly increase your taxable income. If you are or plan to participate in an income-based repayment program, you should contact your loan servicer to discuss the implications of LRP loan repayments/higher income on your monthly payments.



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| Personal                                       | Information                                     |  |                               |             | NIH 267             |
|--|---|--|-------------------------------|-------------|---------------------|
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| Confirm Work Email*                            |   |  |                               |             |                     |
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| U.S./Non-U.S.*                                 | ● U.S. ○ Non-U.S.                               |  |                               |             |                     |
|  | © 0.3. © NOIPO.3.                               |  |                               |             |                     |
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| SSN*   | *** - ** -                                      |  |                               |             |                     |
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| Date of Birth *                                | Date of Birth                                   |  |                               |             |                     |
| Confirm Date of Birth *                        | Confirm Date of Birth                           |  |                               |             |                     |
| NIH Commons ID*                                |   |  |                               |             |                     |
| Confirm NIH<br>Commons ID *                    |   |  |                               |             |                     |
| Gender   | Male    Female    Other                         | <ul> <li>Prefer not to answer</li> </ul> |                               |             |                     |
| What is your race? (Check                      | all that apply)                                 |  |                               |             |                     |
| What is your race: (check                      | <ul> <li>American Indian, Native Ame</li> </ul> | rican, or Alaska Native                  |                               |             |                     |
|  | Asian   |  |                               |             |                     |
|  | Black or African American                       |  |                               |             |                     |
|  | ■ Native Hawaiian or other Pace                 | ific Islander                            |                               |             |                     |
|  | ■ White   |  |                               |             |                     |
|  | □ Other   |  |                               |             |                     |
|  | <ul> <li>Prefer not to answer</li> </ul>        |  |                               |             |                     |
| Are you Hispanic, Latino/<br>origin?           | a, or of Spanish                                | No Prefer Not to Ans                     | swer                          |             |                     |
| Do you have a disability?                      | <ul><li>Yes</li></ul>                           | No Prefer Not to Ans                     | swer                          |             |                     |
| How did you learn about select all that apply: | the LRP? Please                                 |  |                               |             |                     |
| select all that apply:                         | Conference Talk or Presentation                 | ion                                      |                               |             |                     |
|  | Conference Exhibit                              |  |                               |             |                     |
|  | Academic Journal or Publicat                    | ion                                      |                               |             |                     |
|  | ■ University or Departmental N                  |  |                               |             |                     |
|  | Academic Advisor, Professor,                    |  |                               |             |                     |
|  |   |  |                               |             |                     |
|  | Another LRP Applicant/Award                     | uee                                      |                               |             |                     |
|  | An LRP Ambassador     Other colleggue           |  |                               |             |                     |
|  | Other colleague                                 |  |                               |             |                     |
|  | LRP Website                                     |  |                               |             |                     |
|  | LRP Flyer                                       |  |                               |             |                     |
|  | <ul> <li>LRP Email/Listserv</li> </ul>          |  |                               |             |                     |

| Internet Search                               |  |   |
|---|--|---|
| <ul><li>Social Media</li></ul>                |  |   |
| □ Other Source                                |  |   |
| How did you initially hear about the program? |  | • |
|   |  |   |

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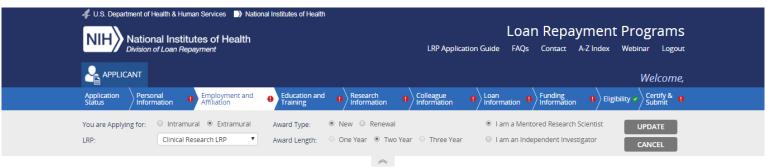
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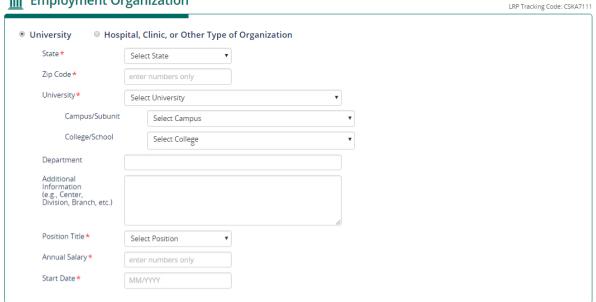




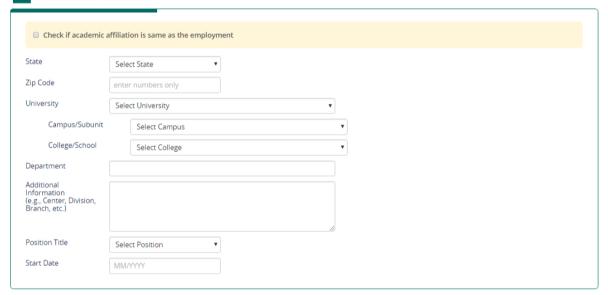
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m Employment Organization



## 基 Academic Affiliation



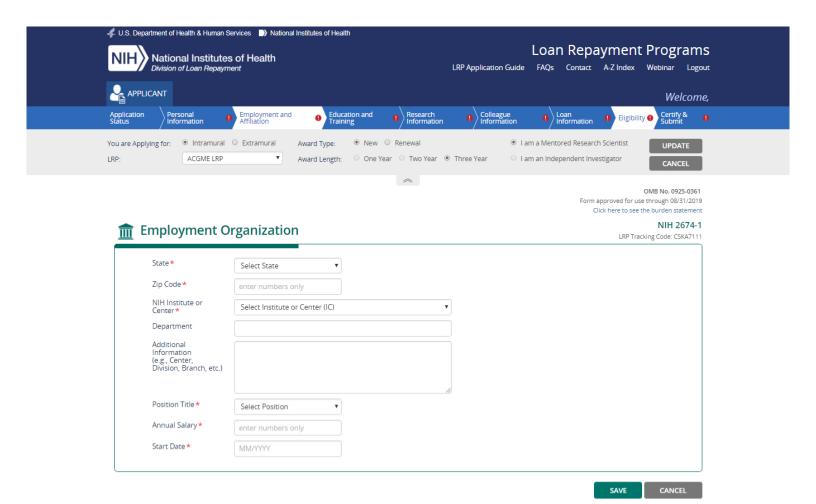
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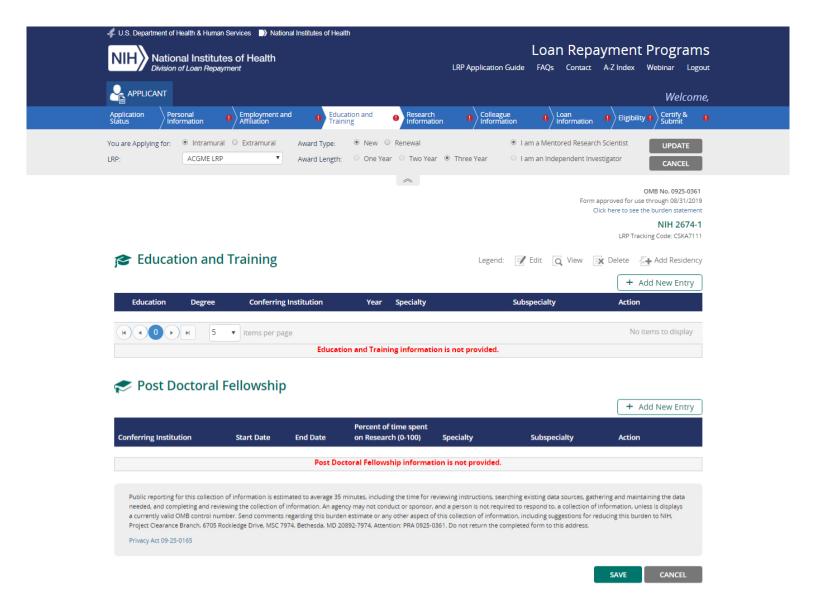
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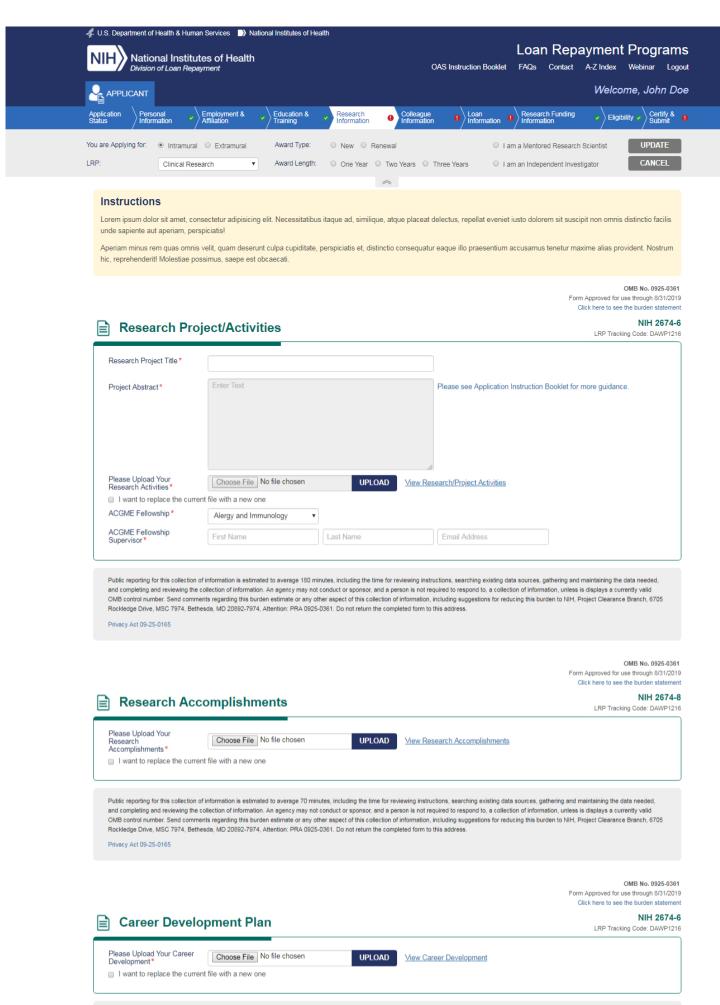
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**Research Environment** 

Please Upload Your Research Environment\* Choose File No file chosen

UPLOAD View Research Environment

I want to replace the current file with a new one

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## Applicant's NIH Biosketch

Personal Statement

Please Upload Your NIH Choose File No file chosen UPLOAD View NIH Biosketch I want to replace the current file with a new one

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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

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

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 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

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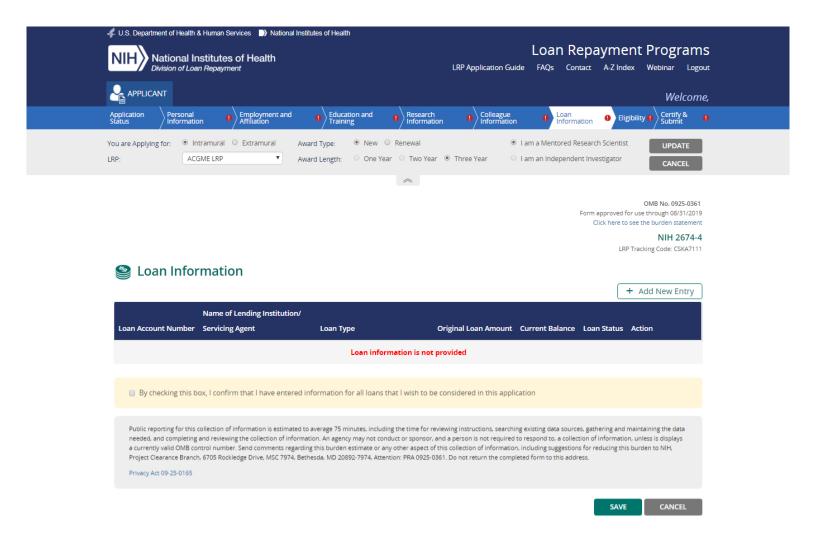
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Funding support for your research activity is provided by which of the following? (Check all that apply)

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

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NIH 2674-19

LRP Tracking Code: JHIX9574



Are you Does this Award

NIH Award/ Start Date End Date PI/Co-PI on support your LRP

Type of Award Application Number Award Status Total Award Amount of Award of Award this Grant? eligible project? Action

NIH Grant Support information is not provided

# & Other Government Research Funding (not from NIH)

Type of Organization Title of Start Date Physical Project Total Award Amount of Award of Award on this Grant? eligible project? Action

Other Government Research Funding (not from NIH) is not provided

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

Type of Organization Title of Start Date End Date PI/Co-PI on support your LRP
Organization Name Award Status Project Total Award Amount of Award of Award this Grant? eligible project? Action

Other Non-Profit Research Funding (not from NIH) is not provided

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 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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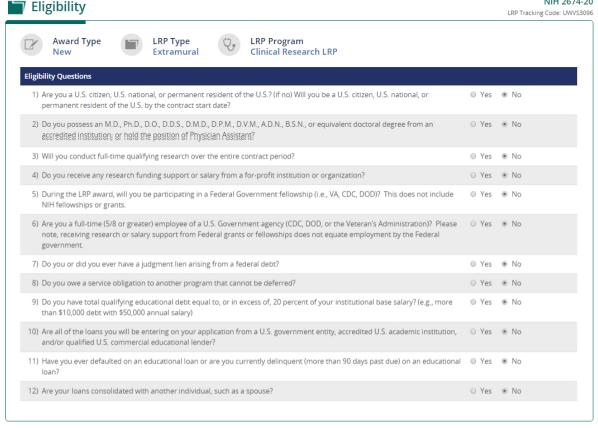
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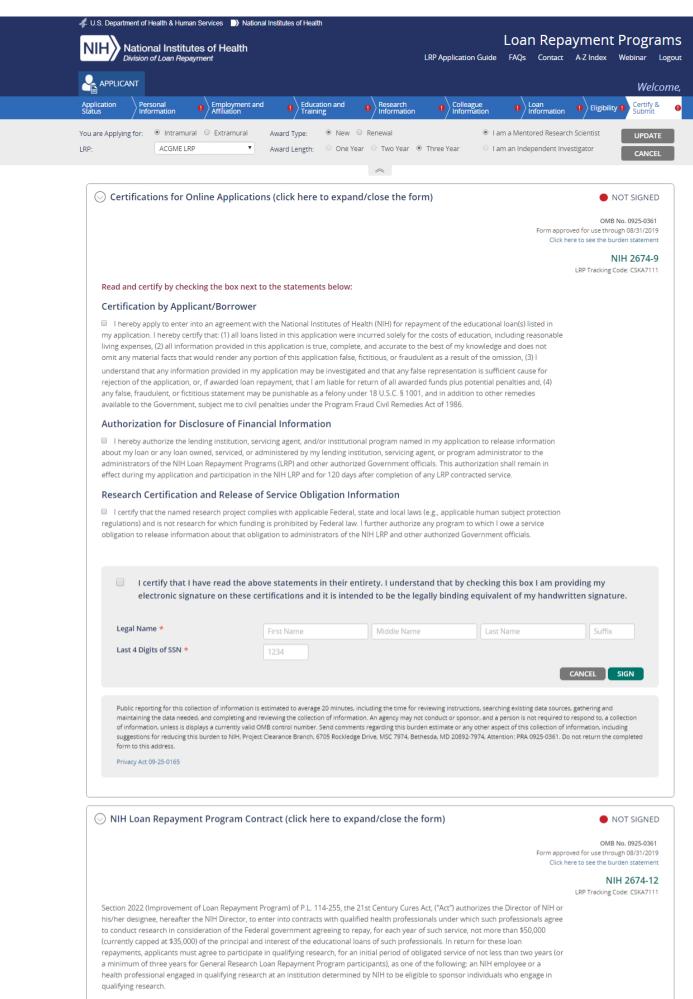
- 🔲 I understand that completing this questionnaire is not a guarantee of eligibility for the program and that my eligibility will be further assessed throughout the process.
- 🔲 I understand that the NIH Loan Repayment Programs are competitive and the submission of an LRP application does not guarantee 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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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 IRP) 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

- 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;
- 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. This includes agreeing to not receive any salary support or participate in research that receives funding support from a for-profit institution or organization:

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

- 1. In accordance with 42 USC 2540, 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
  - $b.\ repays\ all\ amounts\ paid\ on\ behalf\ of\ the\ individual\ under\ Paragraphs\ 1,\ 2\ and\ 3\ of\ Section\ A\ of\ this\ Contract.$

| gal Name *                            | First Name                                   | Middle Name | Last Name | Suffix      |
|---------------------------------------|--|-------------|-----------|-------------|
| st 4 Digits of SSN *                  | 1234   |             |           |             |
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|                                       | d reviewing the collection of information. A |             |           |             |

## **m** Employment Information

| , | Your Anticipated Start Date for<br>Employment at the NIH |                                 |   |
|---|--|---------------------------------|---|
|   | Name of Hiring Institute or Center (IC)                  | Select 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.

| SAVE SUBMIT CANCEL |
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