

## Ruth L. Kirschstein National Research Service Award Payback Agreement

***To be completed by Trainees and Fellows before beginning the first 12 months of postdoctoral support.***  
**COMPLETED FORM SHOULD BE MAILED TO THE AWARDING FEDERAL AGENCY GRANTS  
MANAGEMENT OFFICE NAMED IN THE NOTICE OF AWARD.**

### **THIS AGREEMENT IS A REQUIRED CONDITION OF AWARD.**

**Introduction** - Section 487 of the Public Health Service Act contains service payback requirements for individuals receiving Ruth L. Kirschstein National Research Service Awards (NRSA). Under these requirements:

- Predoctoral Kirschstein-NRSA recipients will *not* incur a payback obligation;
- Postdoctoral Kirschstein-NRSA recipients will incur a payback obligation only during the initial 12 months of postdoctoral Kirschstein-NRSA support;
- Postdoctoral Kirschstein-NRSA recipients in the 13th or subsequent months of Kirschstein-NRSA support do *not* incur any additional payback obligation.

Under these requirements, payback obligations stemming from postdoctoral Kirschstein-NRSA support may be discharged in the following ways:

- By receiving an equal period of postdoctoral Kirschstein-NRSA support beginning in the 13th month of such postdoctoral Kirschstein-NRSA support;
- By engaging in an equal period of health-related research, health-related research training, health-related teaching (or any combination thereof) that averages at least 20 hours per week based on a full work year.

Kirschstein-NRSA appointments or individual awards will be governed by the service payback requirements articulated in the National Research Service Award Guidelines. These guidelines can be found in the NRSA portion of the most recent version of the NIH Grants Policy Statement found at: <http://grants.nih.gov/grants/policy/policy.htm>.

### **I. SERVICE REQUIREMENT**

In accepting a Ruth L. Kirschstein National Research Service Award to support my postdoctoral research training, I understand that my first 12 months of Kirschstein-NRSA support for postdoctoral research training carries with it a payback obligation. I hereby agree to engage in a month of health-related research, health-related research training, or health-related teaching (or any combination thereof) for each month I receive Kirschstein-NRSA support for postdoctoral research PHS 6031 (Rev. 06/2020) Page 1

training up to and including 12 months. If I receive Kirschstein-NRSA support for postdoctoral research training for more than 12 months, I agree that the 13th month and each subsequent month of Kirschstein-NRSA-supported postdoctoral research training will satisfy a month of my payback obligation incurred in the first 12 months, excluding any period of time in which the PHS has deferred my payback obligation (e.g. during concurrent participation in the NIH Loan Repayment Program). This payback service shall be initiated within 2 years after termination of Kirschstein-NRSA support, unless the PHS extends (defers) the date in which I must begin to undertake service, or the PHS waives my obligation. If the date in which I must begin to undertake service has been extended, I have an additional twelve months to initiate service. The health-related research, health-related research training, or health-related teaching (or any combination thereof) undertaken for my service obligation shall be on a continuous basis and shall average at least 20 hours per week of a full work year. For information regarding deferral of the NRSA payback obligation due to concurrent participation in the NIH Loan Repayment Program see: <http://www.lrp.nih.gov>.

### **II. FINANCIAL PAYBACK PROVISIONS**

I understand that if I fail to undertake or perform such service in accordance with Section I, the United States will be entitled to recover from me an amount determined in accordance with the following formula:

$$A = F [(t-s)/t]$$

Where "A" is the amount the United States is entitled to recover; "F" is the sum of the total amount paid to me under the initial 12 months of my postdoctoral Ruth L. Kirschstein National Research Service Award support; "t" is the total number of months in my service obligation; and "s" is the number of months of such obligation served.

Except as provided in Section III below, any amount the United States is entitled to recover from me shall be paid within the 3-year period beginning on the date the United States becomes entitled to recover such amount. The United States becomes entitled to recover such amount 2 years after termination of my Ruth L. Kirschstein National Research Service Award support if I do not engage in acceptable service payback activities in accordance with Section I. If I elect to engage in financial repayment before

the end of the 2-year period, the United States becomes entitled to recover such amount on the date of my election. Interest on the amount begins on the date the United States becomes entitled to recover such amount and is at the rate fixed by the Secretary of the Treasury after taking into consideration private consumer rates prevailing on that date. I understand that I will be allowed an initial 30-day interest-free period in which to fully pay such amount, and that I may prepay any outstanding balance after that period to avoid additional interest. I further understand that I will be subject to authorized debt collection action(s) (including any accrued interest and late fees) should I fail to comply with the payback provisions of this Section II.

### **III. CONDITIONS FOR BREAK IN SERVICE, WAIVER, AND CANCELLATION**

I hereby understand that the Secretary of Health and Human Services:

- A. May extend the period for undertaking service, permit breaks in service, or extend the period for repayment, if it is determine that:
  1. Such an extension or break in service is necessary to complete my clinical training or to participate in a NIH Loan Repayment Program;
  2. Completion would be impossible because of temporary disability; or
  3. Completion would involve a substantial hardship and failure to extend such period would be against equity and good conscience;
- B. May waive my obligation, in whole or in part, if it is determined that:
  1. Fulfillment would be impossible because I am permanently and totally disabled; or
  2. Fulfillment would involve a substantial hardship and the enforcement of such obligation would be against equity and good conscience;
- C. Will, in the event of my death, cancel any obligation incurred under this payback agreement.

### **IV. TERMINATION NOTICE – ANNUAL REPORT OF EMPLOYMENT – CHANGE OF ADDRESS AND/OR NAME**

I agree to complete and submit a Termination Notice (PHS 416-7) immediately upon completion of Kirschstein-NRSA support. Thereafter, on an annual basis I agree to complete and submit Annual Payback Activities Certification forms sent to me by the awarding Federal Agency concerning post-award activities, and agree to keep the awarding Federal Agency advised of any change of address and/or name until such time as my total obligation is fulfilled.

### **V. PROGRAM EVALUATION**

I understand that I may also be contacted from time to time, but no more frequently than once every 2 years, after the termination of this award to determine how the training obtained has influenced my career. Any information thus obtained would be used only for statistical purposes and would not identify me individually.

### **VI. CERTIFICATION**

By signing the certification block below, I certify that I have read and understood the requirements and provisions of this assurance and that I will abide by them if an award is made.

For additional questions regarding the Payback Agreement contact:

NRSA Payback Service Center  
Phone: (301) 594-1835 or (866) 298-9371  
[nrsapaybackcenter@mail.nih.gov](mailto:nrsapaybackcenter@mail.nih.gov)

DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.

### **VII. MAILING**

The completed form should be mailed to the awarding Federal Agency Grants Management Office named in the Notice of Award.

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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, ATTN: PRA (0925-0001). Do not return the completed form to this address.

Name (Last, first, middle):		Nine Digit Social Security No. (Required): - -	
Signature:		Date:	
Support received under the awarding Federal agency Award/Grant Number:			
Mailing Address:			
E-mail:			

**Privacy Act Statement.** The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0225 <https://era.nih.gov/privacy-act-and-era.htm>.