

<p style="text-align: center;">Department of Health and Human Services – Public Health Service Ruth L. Kirschstein National Research Service Award Annual Payback Activities Certification (APAC)</p> <p style="text-align: center; font-size: small;">See instructions and Privacy Act information in transmittal letter. Please complete applicable sections. This form can also be downloaded from http://grants.nih.gov/grants/forms.htm#training. Retain a copy for your files.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 5px;">Section III – Employment Information When Engaged in Payback</th> </tr> <tr> <td style="width:70%; padding: 5px; vertical-align: top;">NAME AND ADDRESS OF EMPLOYING ORGANIZATION</td> <td style="padding: 5px; vertical-align: top;">NAME OF PAYBACK SERVICE SUPERVISOR</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px; vertical-align: top;">TITLE</td> </tr> <tr> <td colspan="2" style="padding: 5px;">SIGNATURE OF PAYBACK SERVICE SUPERVISOR</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: right;">DATE</td> </tr> </table>	Section III – Employment Information When Engaged in Payback		NAME AND ADDRESS OF EMPLOYING ORGANIZATION	NAME OF PAYBACK SERVICE SUPERVISOR		TITLE	SIGNATURE OF PAYBACK SERVICE SUPERVISOR		DATE																											
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<p>Section I – Payback Status <i>(Check applicable blocks[s])</i></p> <p>1. <input type="checkbox"/> Have not engaged in payback service during reporting period. <i>(Complete Section IV.)</i></p> <p>2. <input type="checkbox"/> Have elected to engage in financial payback. <i>(Complete Section IV.)</i></p> <p>3. <input type="checkbox"/> Request a 12 month extension period to initiate payback service or a break in service. Also check this box if you need an extension to participate in any of the NIH Loan Repayment Programs. Specify the need for the extension under Section II, Item 4. <i>(Complete Section IV.)</i></p> <p>4. <input type="checkbox"/> Have been engaged in continuous payback service during reporting period. <i>(Complete Sections II, III, IV, and V.)</i></p>	<p>I certify that all of the above statements are true, complete, and correct to the best of my knowledge. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.) If supervisor is retired or deceased or if you, the recipient, are self-employed, provide notarized statement that reported employment information is accurate.</p>																																				
<p>Section II – Payback Service Description</p> <p>1. Number of months engaged in payback during this reporting period: Dates: (mm/dd/yyyy – mm/dd/yyyy)</p> <p>2. Position Title :</p> <p>3. Payback Service</p> <p><input type="checkbox"/> Position(s) where biomedical or behavioral health-related research, health-related research training, health-related teaching (or any combination thereof) averages at least 20 hours per week of a full work year.</p> <p>4. Description of a) health-related research/research training/teaching activities; b) field of research/research training/teaching duties; and c) source of salary support. Include numbers of hours per week if not full time.</p> <p>a.</p> <p>b.</p> <p>c.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">Section IV – Recipient Name and Address</th> </tr> <tr> <td colspan="3" style="padding: 5px;">NAME AND ADDRESS</td> </tr> <tr> <th colspan="3" style="text-align: left; padding: 5px;">Section V – Certification of Kirschstein-NRSA Recipient</th> </tr> <tr> <td colspan="3" style="padding: 5px;">I certify that all of the above statements are true, complete, and correct to the best of my knowledge. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.)</td> </tr> <tr> <td colspan="3" style="padding: 5px;">SIGNATURE</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;">DATE</td> </tr> <tr> <td style="padding: 5px; vertical-align: top;">SOCIAL SECURITY NO. XXX-XX-</td> <td style="padding: 5px; vertical-align: top;">DAYTIME TELEPHONE NO.</td> <td style="padding: 5px; vertical-align: top;">E-MAIL</td> </tr> <tr> <th colspan="3" style="text-align: left; padding: 5px;">Section VI – Acceptance by PHS Official <i>(leave blank)</i></th> </tr> <tr> <td style="padding: 5px; vertical-align: top;">NAME AND TITLE OF PHS OFFICIAL</td> <td style="padding: 5px; vertical-align: top;">Extension date payback service to begin or resume</td> <td style="padding: 5px; vertical-align: top;">Number of months of acceptable service this reporting period</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="3" style="padding: 5px;">SIGNATURE</td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: right;">DATE</td> </tr> </table>	Section IV – Recipient Name and Address			NAME AND ADDRESS			Section V – Certification of Kirschstein-NRSA Recipient			I certify that all of the above statements are true, complete, and correct to the best of my knowledge. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.)			SIGNATURE			DATE			SOCIAL SECURITY NO. XXX-XX-	DAYTIME TELEPHONE NO.	E-MAIL	Section VI – Acceptance by PHS Official <i>(leave blank)</i>			NAME AND TITLE OF PHS OFFICIAL	Extension date payback service to begin or resume	Number of months of acceptable service this reporting period				SIGNATURE			DATE		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
National Institutes of Health
Bethesda, MD 20892

**To: Former Ruth L. Kirschstein National Research Service
Awardees**

PAYBACK REQUIREMENTS

For Kirschstein-NRSA recipients who began appointments to training grants or activated fellowship awards on or after June 10, 1993, only the first twelve months of postdoctoral support will incur a service payback obligation. Such individuals may satisfy that obligation by engaging in an equal period of health-related research, health-related research training, or health-related teaching (or any combination thereof), or by receiving an equal period of continued Kirschstein-NRSA supported postdoctoral research training excluding any period of time in which the PHS has deferred the payback obligation (e.g. during concurrent participation in the NIH Loan Repayment Program).

By regulation (42 CFR Part 66), this service must be initiated within two years after termination of Kirschstein-NRSA support, unless the PHS extends (defers) the date in which the service must be initiated, or the PHS waives the service obligation. If payback service is not started within the 2-year period, financial payback will become due unless an extension of the period of undertaking payback or a waiver request has been approved by the PHS.

ANNUAL PAYBACK ACTIVITIES CERTIFICATION, FORM PHS 6031-1

The enclosed Annual Payback Activities Certification (APAC) form is the basic communication between former Kirschstein-NRSA recipients and the PHS. Regardless of the nature of your present activities, complete and return the form. Do not hesitate to provide supplemental information or request clarification of your obligation from the PHS agency that supported your training.

SPECIAL INSTRUCTIONS FOR APAC

Follow the instructions on the APAC form together with these instructions. This form may be filled out online and printed for submission to PHS. It also may be downloaded, printed, and completed. If you need more than one form to cover the reporting period, duplicate the form and clearly label them at the top "#1 of 2 certifications," etc. This form is available at: https://grants.nih.gov/grants/forms/manage_fellow_and_trainees.htm HYPERLINK "https://grants.nih.gov/grants/forms/manage_fellow_and_trainees.htm".

SECTION I

Item 1. Not Engaged: If this APAC is received in the first year after the termination of your Kirschstein-NRSA support and you are not electing financial payback or requesting an extension of the 2-year period in which to initiate payback, sign and return the form; no further information is required. If the APAC covers the second year after termination of your Kirschstein-NRSA support, financial payback will be due 24 months after the termination date unless a request for an extension of the payback initiation period or a payback waiver is submitted and approved.

Item 2. Financial Payback: Those electing financial payback will be contacted by the PHS with appropriate instructions.

Item 3. Extension: Reasons for an extension or break in service include such things as physicians completing residency training, completing degree requirements, temporary disability or substantial hardship. This item should also be used to report concurrent participation in the NIH Loan Repayment Program (LRP). Concurrent participation in LRP will result in a deferral of the NRSA service payback obligation because concurrent payback under both LRP and NRSA is not permissible under the LRP contract. If requesting an extension because of concurrent LRP participation, include the start and end date of your LRP in Section II.4.

Item 4. Engaged in Payback Service: This item includes regular payback service (biomedical or behavioral health-related research, health-related research training, health-related teaching, or any combination thereof). For

additional information on acceptable payback service, see the Payback section of the most recent version of the NIH Grants Policy Statement found at <http://grants.nih.gov/grants/policy/policy.htm>.

SECTION II

Item 1. Number of Months: Indicate the number of months and dates (mm/dd/yyyy) engaged in payback service during this reporting period. Do not include any service already reported on previous APACs submitted.

Item 4. Description of Duties: The description of regular service should include sufficient information to serve as the basis for determination of acceptability. It should include: (a) the specific activities (health-related research/research training/teaching or any combination thereof); (b) field of research/research training/teaching duties; and (c) the source(s) of salary supporting the activities. Include number of hours per week if not full time and the dates covered by each activity, if different from those in Section II, Item 1.

SECTION III

This section must be completed and signed by the supervisor(s) of record.

SECTION V

For those engaged in payback service, the APAC should be signed on or after the end date reported in Section II, Item 1. The PHS requests the last four digits of the Social Security Number in order to maintain accurate payback records for former Kirschstein-NRSA trainees and fellows and is authorized to collect this information under Section 487 of the Public Health Service Act. Providing your Social Security Number is voluntary and you will not be deprived of any Federal rights, benefits or privileges for refusing to disclose it.

PREPRINTED INFORMATION

Address Verification: Until your payback obligation is completed, report immediately any change in name or address to the Kirschstein-NRSA Payback Service Center.

Reporting Period: Report only those activities occurring within the time period shown on the form. The APAC form is forwarded annually by the PHS until the payback obligation is complete.

Record of Payback Obligation: Service credited is obtained from previous APAC reports.

MAILING/E-MAIL

Return the completed APAC(s) with the necessary signatures, and one copy of any attachment(s), no later than 30 days after the reporting period end date to the address below. This item may also be sent via e-mail to the address listed below. When the payback service or extension request is approved by PHS, a copy of the APAC will be returned to you.

For any questions, please contact:

NRSA Payback Service Center
Division of Loan Repayment
OER/OD/National Institutes of Health
6700B., Rockledge Drive, Suite 2300, MSC 6904
Bethesda, MD 20892-6904
Phone: (301) 594-1835 or (866) 298-9371
NRSAPaybackcenter@mail.nih.gov

Public reporting burden for this collection of information is estimated to average 20 minutes per response, 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, ATTN: PRA (0925-0002). Do not return the completed form to this address.

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