



# Faculty Loan Repayment Program

Fiscal Year 2021

Supplemental Form

Institution Employment/Loan Repayment Verification Form

OMB No. 0915-0150 Expiration: **TBD**

**Public Burden Statement**

The purpose of this information collection is to obtain information through the Faculty Loan Repayment Program (FLRP), which is used to assess an applicant's eligibility and qualifications for the FLRP. 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. The OMB control number for this information collection is 0915-0150 and it is valid until **xx/xx/20xx**. This information collection is required to obtain or retain a benefit (Section 738(a) of the Public Health Service Act (42 USC 293b (a))). Public reporting burden for this collection of information is estimated to average **xx** hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

## Institution Employment/Loan Repayment Verification Form

(To be completed by institution)

The (Institution – print or type) \_\_\_\_\_ intends to employ (Applicant – print or type) \_\_\_\_\_ in a faculty position (duties primarily consist of teaching in a classroom) for a minimum of 2 years. This employment must begin on or before June 28, 2018.

The position is (check one): \_\_\_ full-time or \_\_\_ part-time    Number of hours/week: \_\_\_\_\_

This is a tenured position (check one): \_\_\_ Y \_\_\_ N

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_ Date Fall Term begins: \_\_\_\_\_

Number of months in an academic year: \_\_\_\_\_

Number of months in an academic year individual serves as faculty: \_\_\_\_\_

School of (e.g., medicine, nursing, allied health) \_\_\_\_\_

The institution is accredited by \_\_\_\_\_

Employing Institution Type (choose one): ( ) private non-profit ( ) public/government owned ( ) private for profit

**NOTE:** The only programs eligible to be private, for-profit institutions and qualify for FLRP are nursing and physician assistant programs.

**This information is for statistical purposes only.**

The institution is: Historically Black \_\_\_\_\_ Hispanic Serving \_\_\_\_\_ Tribal \_\_\_\_\_

Located in a: Medically Underserved Area (MUA)\* Health Professional Shortage Area (HPSA)\*

\*See <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDestinationAdvisor.aspx>

**The institution (must check one)\*:**

Has agreed to make payments of principal and interest on the educational loans of the applicant in an amount equal to the amount of such payment(s) made by the HHS Secretary (maximum \$40,000 total for 2-year contract period). These payments will be in addition to the applicant's faculty salary and the applicant's salary will be determined without regard to the amount paid by HHS/FLRP. *A copy of the Loan Repayment Agreement must be attached.*

Is unable to make any payments of principal and interest on the educational loans of the applicant and requests a full waiver, on the basis of undue financial hardship, of the requirement that the institution make loan repayments equal to the amount of such payment(s) made by the HHS Secretary. The school **must** attach a letter requesting a full waiver and supporting documentation of undue financial hardship, as specified in the FLRP Application and Program Guidance (APG), and submit this form, the letter and the supporting documentation to the applicant for submission with the application.

Is able to make payments of principal and interest on the educational loans of the applicant in an amount less than the amount of such payment(s) made by the HHS Secretary (maximum \$40,000 total for 2-year contract period) and requests a partial waiver, on the basis of undue financial hardship, of the requirement that it fully match the HHS Secretary's payment(s). The school **must** attach a letter requesting a partial waiver and supporting documentation of undue financial hardship, as specified in the APG, and submit this form, the letter and the supporting documentation to the applicant for submission with the application. The school must also attach a copy of its Loan Repayment Agreement to partially match the amount paid by HHS/FLRP.

**\*Institutions who fail to comply with their specific match agreement indicated above will be held liable for default, and all future applicants employed at their institution will be deemed ineligible for the FLRP.**

\_\_\_\_\_  
 School Official's Name Title

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Mailing Address Phone/Fax/Email