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## Initiate Loan Repayment Program Application ?

OMB Number: 0925-0361  
Expiration Date: 10/31/2022

### BURDEN STATEMENT

Public reporting for this collection of information is estimated to average 8 hours, 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](#)

**\* Award Type**

New  Renewal

**\* LRP Subcategory**

--- Select LRP Subcategory ---

**\* Are you an independent researcher or a mentored research scientist?**

I am an independent researcher  I am a mentored research scientist

**\* Organization**

---- Choose Organization ----

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### LRP Application Data v1.0

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Edit

Expand All \* Required field(s)

Application Data NIH 2674-1

Award Type	NEW
LRP	EXTRAMURAL
LRP Subcategory	Contraception and Infertility Research
* Award Length	<input type="radio"/> One Year <input checked="" type="radio"/> Two Years <input type="radio"/> Three Years
Are you an independent researcher or a mentored research scientist?	I am an independent researcher
Preferred IC	EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN DEVELOPMENT ;
Preferred IC (secondary choice)	
Not Preferred IC	

### 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?  Yes  No
- \* 2) Do you receive any research funding support or salary from a for-profit institution or organization?  Yes  No
- \* 3) 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.  Yes  No
- \* 4) 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.  Yes  No
- \* 5) Do you or did you ever have a judgment lien arising from a federal debt?  Yes  No
- \* 6) Do you owe a service obligation to another program that cannot be deferred?  Yes  No
- \* 7) 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)  Yes  No
- \* 8) 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?  Yes  No
- \* 9) Have you ever defaulted on an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan?  Yes  No
- \* 10) Are your loans consolidated with another individual, such as a spouse?  Yes  No
- \* 11) Are you an allied health professional such as a nurse, physician assistant, graduate student, or postgraduate research fellow training in a health profession?  Yes  No
- \* 12) Will you conduct qualifying research for an average of at least 20 hours per week over the course of each quarter (3 months) for the entire contract period?  Yes  No

- \* 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 contract your loan servicer to discuss the implications of LRP loan repayments/higher income on your monthly payments.







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### LRP Personal Information v1.0

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Edit

Expand All \* Required field(s)

Personal Information NIH 2674-1

\* NIH Commons ID: NOORN\_SO

ORCID:

\* First Name (Legal): Nigar

Middle Name (Legal):

\* Last Name (Legal): Noor

Suffix (Legal):

First Name (Other):

Middle Name (Other):

Last Name (Other):

Suffix (Other):

\* Work E-Mail: nigar.noor@nih.gov

\* Confirm Work E-Mail: nigar.noor@nih.gov

Other E-Mail:

\* U.S./Non-U.S.:  U.S.  Non-U.S.

\* Home Address Line 1:

Home Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Country:

\* Work Phone:  Ext.

Home Phone:

Cell Phone:

\* Preferred Contact:

\* Date of Birth:

Do you currently describe yourself as Male, Female or Transgender?  Male  Female  Transgender  None of the Above

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
- Prefer Not to Answer

Are you Hispanic, Latino/a, or of Spanish origin?  Yes  No  Prefer not to answer

if Hispanic, check all that apply.

- Mexican, Mexican American, Chicano/a
- Central American (Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama)
- Puerto Rican
- Cuban
- South American
- Other Hispanic, Latino/a, or Spanish origin - Please specify

Do you have a disability?  Yes  No  Prefer not to answer

Are you deaf or do you have serious difficulty hearing?  Yes  No

Are you blind or do you have serious difficulty seeing, even when wearing glasses?  Yes  No

Do you have serious difficulty walking or climbing stairs?  Yes  No

Do you have another type of disability?  Yes  No Please specify

How did you learn about the LRP? Please select all that apply.

- Conference Talk or Presentation
- Academic Advisor, Professor, or Mentor
- Other colleague
- LRP Email/Listserv
- Social Media
- Conference Exhibit
- Another LRP Applicant/Awardee
- LRP Website
- NIH Institute/Center Website, News Item, Talk, Exhibit, or Print Material
- Other Source Please specify
- Academic Journal or Publication
- An LRP Ambassador
- LRP Flyer
- Internet Search

How did you initially hear about the program?

Save Cancel







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### LRP Colleague Information v1.0

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Expand All \* Required field(s)

#### Primary Mentor NIH 2674-1

* NIH Commons ID	MCPHERSON_PI	
* Organization	UNIVERSITY OF CALIFORNIA, SAN DIEGO	
* First Name	Justin	
Middle Name		
* Last Name	McPherson	
* Email	justin.mcpherson@nih.gov	
* Confirm Email	justin.mcpherson@nih.gov	
* Position Title	primary mentor position title	
* NIH Biosketch (5 page limit)	KeyPersonProfile-BioSketch.pdf	<a href="#">View Attachment</a>
Additional NIH Biosketch	RR_Budget_form_Bud_just.pdf	<a href="#">View Attachment</a>

\*Some applicants have mentoring teams or a co-mentor; you may upload the biosketch of another individual here. You may upload only one additional biosketch.

**IMPORTANT!** Your mentor will receive instructions via an email notification when you complete and save the Colleague Information section. However, you must ask your referees to submit their letters through the LRP reference letter submission portal. Check the email you received when you initiated your LRP application or click on the online help icon for detailed instructions.

#### Research Supervisor NIH 2674-1

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

* First Name	Justin	
Middle Name		
* Last Name	McPherson	
* Email	justin.mcpherson@nih.gov	
* Confirm Email	justin.mcpherson@nih.gov	
* Organization	UNIVERSITY OF CALIFORNIA, SAN DIEGO	
* Position Title	primary mentor position title	

#### Institutional Business Official NIH 2674-10

* NIH Commons ID	MCPHERSON_SO	
* Organization	UNIVERSITY OF CALIFORNIA, SAN DIEGO	
* First Name	Justin	
Middle Name		
* Last Name	McPherson	
* Email	justin.mcpherson@nih.gov	
* Confirm Email	justin.mcpherson@nih.gov	





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### LRP Employment and Affiliation v1.0

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Edit

Expand All \* Required field(s)

Employment Organization NIH 2674-1

\* Organization Type  University  Hospital, Clinic, or Other Type of Organization

\* State

\* Zip/Postal Code

\* University

Campus/Subunit

College/School

Department

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

\* Position Title

\* Annual Salary

\* Start Date

Academic Affiliation NIH 2674-1

check if academic affiliation is same as the employment

State

Zip/Postal Code

University

Campus/Subunit

College/School

Department

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

Position Title

Start Date

Save

Cancel







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### Education and Training v1.0 ?

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Edit

Expand All \* Required field(s)

#### Education Information NIH 2674-1

Add New Entry

Entry #	Degree	Conferring Institution	Year	Specialty	Subspecialty	Residency	Action
Nothing found to display.							

#### Postdoctoral Fellowship Information NIH 2674-1

Add New Entry

Conferring Institution	Start Date	End date	Percent Of Time Spent	Specialty	Subspecialty	Action
Postdoctoral Fellowship information is not provided						

Save

Cancel





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Education Training Summary > Education Record: 1

### Education v1.0

Edit

Expand All \* Required field(s)

#### Degree Detail

- \* Education
- M.D.(terminal degree program)
  - Ph.D(terminal degree program)
  - M.D.-Ph.D
  - Other Doctoral Degree
  - Non Doctoral Degree

#### Residency

Institution	Start Date	End date	Percent Of Time Spent (0-100)	Specialty	Subspecialty	Action
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Residency information is not provided

Add New Residency

- Save
- Save and Add
- Cancel
- Remove Education





**Actions** 

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### LRP Research Information v1.0

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 Expand All \* Required field(s)

#### Research Project/Activities NIH 2674-6

\* Research Project Title

\* Project Abstract 

Enter up to 2000 characters

Characters Remaining: 2000

\* Research Project/Activities





#### Research Environment NIH 2674-6

\* Research Environment





#### Career and Development Plan NIH 2674-6

\* Career Development





#### Applicant's NIH Biosketch

\* NIH Biosketch





#### Personal Statement NIH 2674-2

\* Personal Statement





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### LRP Loan Information v1.0 ?

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Edit

Expand All \* Required field(s)

Loan Information NIH 2674-4

Add New Entry

Lending Institution/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

Save

Cancel







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Loan Info

Loan info

\* By c

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nd All \*Required field(s)

Add New Entry

status	Action

**\* Name of Lending Institution/Servicing Agent**

**\* Loan Type**

**\* Loan Origin**  U.S.  Non-U.S.

**\* Original Loan Amount**

**\* Current Balance**

**\* Loan Status**





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### LRP Funding Information v1.0

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Edit

Expand All \* Required field(s)

#### Funding Information NIH 2674-19

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.)

#### NIH Grant Support NIH 2674-19

Add New Entry

Type of Award	Award Number	Award Status	Total Award Amount	Start Date	End Date	Are you PI/Co-PI on this Grant?	Does this Award support your LRP Eligible project?	Action
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NIH Grant Support information is not provided

#### Other Government Research Funding(not from NIH) NIH 2674-19

Add New Entry

Type of Organization	Organization Name	Award Status	Project Title	Total Award Amount	Start Date	End Date	Are you PI/Co-PI on this Grant?	Does this Award support your LRP Eligible project?	Action
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Other Government Research Funding (not from NIH) is not provided

#### Other Non-Profit Research Funding(not from NIH) NIH 2674-19

Add New Entry

Type of Organization	Organization Name	Award Status	Project Title	Total Award Amount	Start Date	End Date	Are you PI/Co-PI on this Grant?	Does this Award support your LRP Eligible project?	Action
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Other Non-Profit Research Funding (not from NIH) is not provided

Save

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**Certify and Submit v1.0**

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Expand All \* Required field(s)

Certifications for Online Applications NIH 2674-9

**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.

**Confidentiality Agreement and Request for Supporting Application Materials**

By checking this box, I understand that I voluntarily waive my right to inspect, view or otherwise obtain any letters of reference submitted by my mentor or recommenders in support of my NIH LRP application. I certify that I am requesting information and materials provided by these individuals to be included as components of my NIH LRP application. My application, including information and materials submitted by my recommenders and mentor, will be used by NIH officials to determine my eligibility/suitability for participation in an NIH LRP. I authorize administrators of the NIH LRP and other authorized U.S. Federal Government officials to contact the individual(s) who have submitted information on my behalf to request any additional information that may be needed to provide an appropriate review of my application. I understand that all materials submitted by other persons in support of my application shall be held in confidence and protected from unauthorized disclosure by officials of the NIH LRP according to Privacy Act System of Records #09-25-0165 (see Confidentiality and Privacy Act Notice).

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

First Name	Middle Name
Last Name	--Select Suffix--

NIH Loan Repayment Program Contract NIH 2674-12

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 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.

The Terms and Conditions for participating in the LRP follow:

**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:

- 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:
  - undergraduate, graduate, and health professional school tuition expenses;
  - other reasonable educational expenses required by the school(s) attended, including fees, books, supplies, educational equipment and materials, and laboratory expenses; and
  - the cost of room and board, and other reasonable living expenses as determined by the NIH Director.
- 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:

  - at the rate of one-fourth of the repayable debt for each year of qualified service up to a \$50,000 annual maximum;
  - 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;
  - 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;
  - 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 \$50,000 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
  - 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.
- 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.
- 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.
- 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**

- 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;
- 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;
- 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;
- Make payments to lenders on their own behalf for periods of Leave Without Pay (LWOP); and
- 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**

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

- 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.
  - 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.
  - 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:
    - 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.
    - 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.
- 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.
- 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:
  - 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:
    - 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;
    - an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
    - 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.
  - 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.
  - 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**

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

**Section E - Contract Termination**

- 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:
  - submits a written request for such termination; and
  - 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 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

First Name	Middle Name
Last Name	--Select Suffix--

Save Cancel

