

Institution Employment/Loan Repayment Verification Form

(To be completed by institution)

Section 1 - Institution Information		
Name of institution	School of (e.g., medicine, nursing, allied health)	
The institution is accredited by	Profit status (select one) <input type="checkbox"/> Private non-profit <input type="checkbox"/> Public/government owned <input type="checkbox"/> Private for-profit	
Optional: The institution is (select all that apply): <input type="checkbox"/> Historically Black <input type="checkbox"/> Hispanic Serving <input type="checkbox"/> Tribal	Optional: The institution is located in a (select all that apply): <input type="checkbox"/> Medically Underserved Area <input type="checkbox"/> Health Professional Shortage Area	
Section 2 - Applicant Employment Information		
Applicant name	(Select one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	(Select one) <input type="checkbox"/> Tenured <input type="checkbox"/> Non-tenured
Teaching discipline	Number of hours/week	
Initial Employment start date (must be on or before June 27, 2024)	Fall term start date	
Number of months in an academic year	Number of months in an academic year that applicant serves as faculty	
This institution intends to employ the applicant indicated above for a minimum of 2 years after June 27, 2024 as able (select one): <i>To be eligible for the Faculty Loan Repayment Program, applicants must have an employment commitment from an eligible health professions school for a faculty position for a minimum of two years.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 3 - Institutional Match Agreement		
Regardless of selection below, the school must provide a letter detailing their award match agreement or waiver request and supporting documentation of undue financial hardship. Details of the award match requirement are found in the Application and Program Guidance.		
The institution (select one)*:		
<input type="checkbox"/> Full match The institution 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 payments(s) made by the Health & Human Services 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 Health & Human Services/Faculty Loan Repayment Program		
<input type="checkbox"/> Partial match Match amount from institution: _____ The institution is able to make payments of principal and interest on the educational loans of the applicant in the amount less than the amount of such payment(s) made by the Health & Human Services Secretary (maximum \$40,000 total for 2-year period) and requests a partial waiver, on the basis of undue financial hardship, of the requirement that it fully match the Health & Human Services Secretary's payment(s).		
<input type="checkbox"/> Full waiver The institution 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 Health & Human Services Secretary.		
<i>*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 Faculty Loan Repayment Program.</i>		

Please submit this form, the match letter/waiver, and the supporting documentation to the applicant for submission with their application.

Institution official's name	Title	Signature	Date
Mailing address		Phone/Fax/Email	



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. 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.