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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

deriproduce form to this traditional	1111dey 110c o 1 20 0 100
*Award Type	○ New ○ Renewal
*LRP Subcategory	Select LRP Subcategory
*Are you an independent researcher or a mentored research scientist?	O I am an independent researcher O I am a mentored research scientist
*Organization	Choose Organization ×
	Initiate Application Cancel

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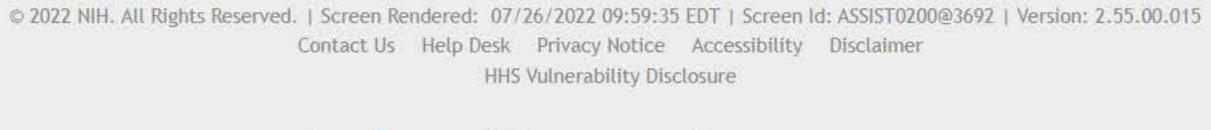
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LRP Application Information @

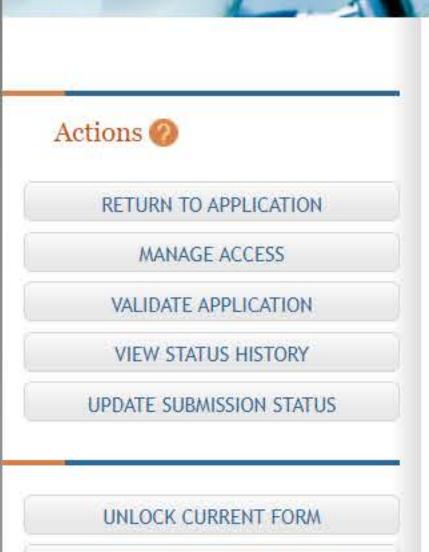
LRP Application Data v1.0 @		OMB Number: 0925-0361 Expiration Date: 10/31/2022 Expand All * Required field(s)
Application Data NIH 2674-1		
Award Type	NEW	
LRP	EXTRAMURAL	
LRP Subcategory	Contraception and Infertility Research	
*Award Length	O One Year • Two Years O Three Years	
Are you an independent 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. resident of the U.S. by the contr	national, or permanent resident of the U.S.? (if no) Will you be a U.S. citizen, U.S. national, or permanent act start date?	o Yes o No
	funding support or salary from a for-profit institution or organization?	o Yes o No
	ou be participating in a Federal Government fellowship (i.e., VA, CDC, DOD)? This does not include NIH	o Yes o No
THE RESERVE THE PROPERTY OF THE PARTY OF THE	reater) employee of a U.S. Government agency (CDC, DOD, or the Veteran's Administration)? Please note,	o Yes o No
77. 27. 27.	oort from Federal grants or fellowships does not equate employment by the Federal government. a judgment lien arising from a federal debt?	o Yes o No
		a Vec a Na
6) Do you owe a service obligat	ion to another program that cannot be deferred?	O Yes O 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)		o Yes o 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?		o Yes o No
	an educational loan or are you currently delinquent (more than 90 days past due) on an educational loan?	o Yes o No
10) Are your loans consolidated	with another individual, such as a spouse?	o Yes o No
11) Are you an allied health pro health profession?	ofessional such as a nurse, physician assistant, graduate student, or postgraduate research fellow training in a	o Yes o No
C.	research for an average of at least 20 hours per week over the course of each quarter (3 months) for the entire	o Yes o No
* Lundaretand that complete	ng this questionnaire is not a guarantee of eligibility for the program and that my eligibility will be further asses	ssed throughout the
process.		
The state of the s	oan Repayment Programs are competitive and the submission of an LRP application does not guarantee an awai. S. Department of Health and Human Services/National Institutes of Health can make commitments for the LRP.	











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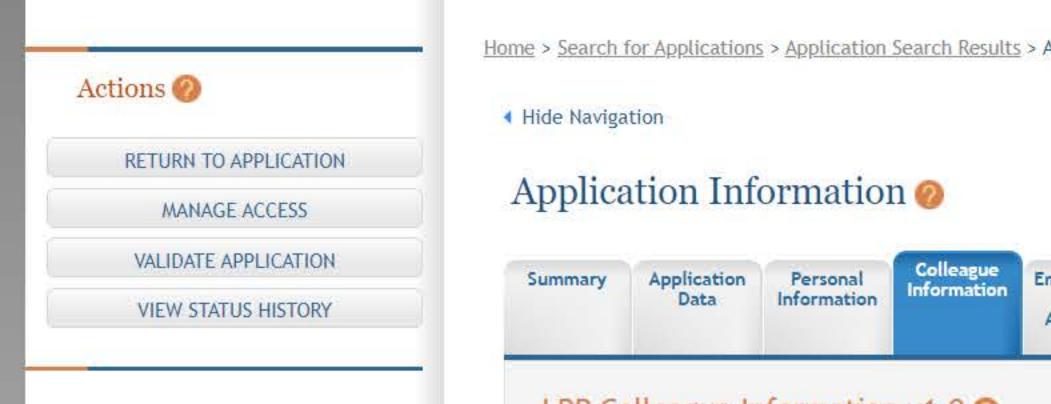
<u>Home</u> > <u>Search for Applications</u> > Application Information ◀ Hide Navigation Show Help LRP Application Information @ Personal Application Data Colleague Information Education Certify & Employment Funding Summary Research Information and Training Information Information Information Submit Affiliation LRP Personal Information v1.0 @ OMB Number: 0925-0361 Expiration Date: 10/31/2022 Expand All * Required field(s) Edit Personal Information NIH 2674-1 * NIH Commons ID NOORN_SO ORCID *First Name (Legal) Nigar Middle Name (Legal) *Last Name (Legal) Noor Suffix (Legal) ---Select Suffix--- v First Name (Other) Middle Name (Other) Last Name (Other) Suffix (Other) ---Select Suffix--- ∨ * 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 --Select State--* Zip Code * Country --Select Country--* Work Phone Ext. Home Phone Cell Phone * Preferred Contact --Select Preferred Contact-- > * Date of Birth O Male O Female O Transgender O None of the Above Do you currently describe yourself as Male, Female or Transgender? What is your race? Check American Indian, Native American, or Alaska Native all that apply. Asian ☐ Black or African American Native Hawaiian or other Pacific Islander ☐ White ☐ Prefer Not to Answer O Yes O No O Prefer not to answer Are you Hispanic, Latino/a, or of Spanish origin? if Hispanic, check all that Mexican, Mexican American, Chicano/a apply. 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 O Yes O No O Prefer not to answer Do you have a disability? Yes No 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? O Yes O No Do you have serious difficulty walking or climbing stairs? Do you have another type Yes No Please specify of disability? How did you learn about Conference Talk or Presentation Conference Exhibit Academic Journal or Publication the LRP? Please select all Academic Advisor, Professor, or Mentor Another LRP Applicant/Awardee ☐ An LRP Ambassador that apply. Other colleague LRP Website ☐ LRP Flyer ☐ LRP Email/Listserv ☐ NIH Institute/Center Website, News Item, ☐ Internet Search Talk, Exhibit, or Print Material Social Media Other Source Please specify How did you initially hear ---Select Initial Source--about the program? Cancel

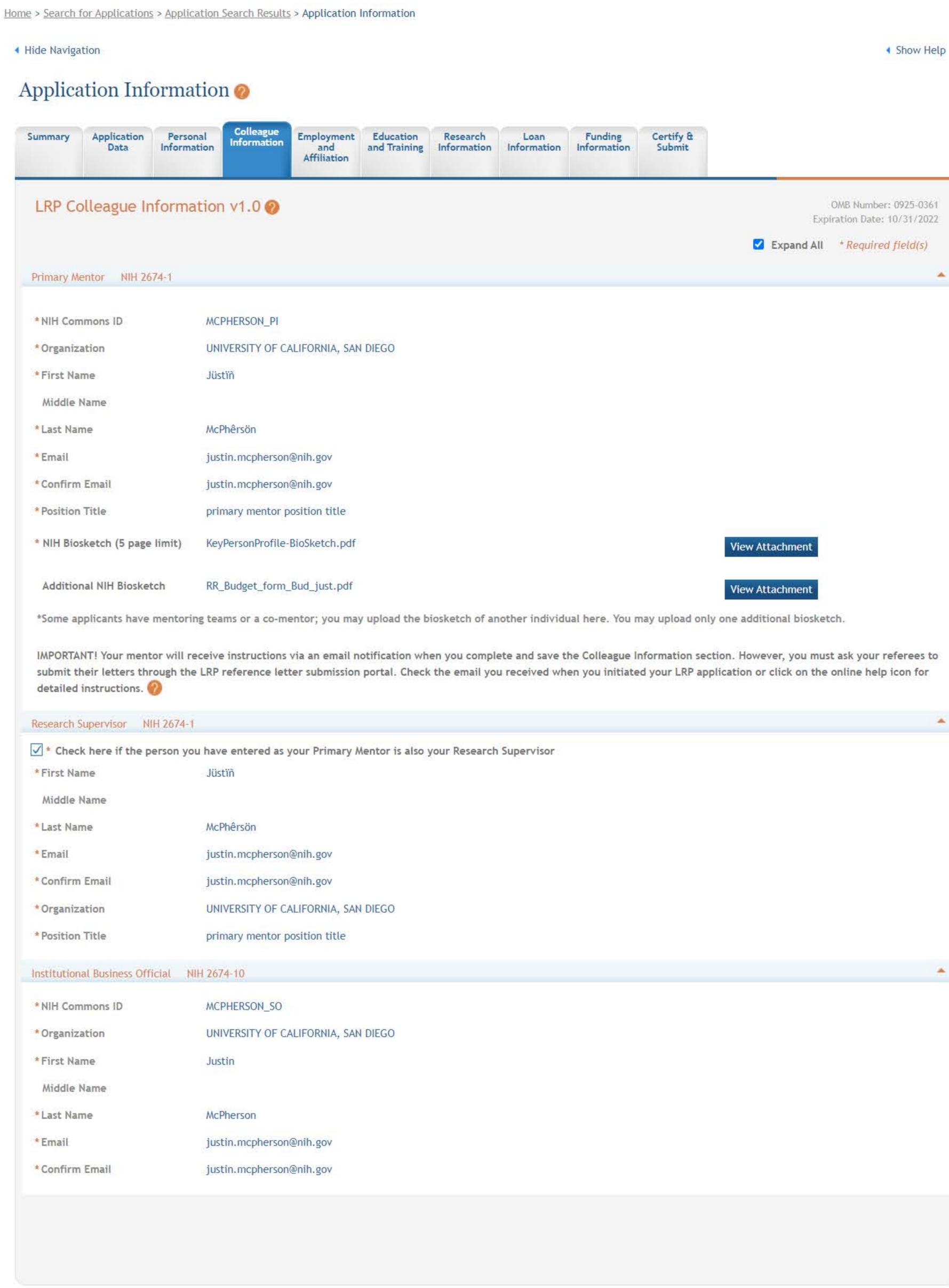


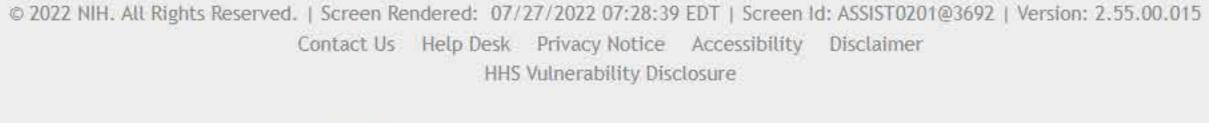


















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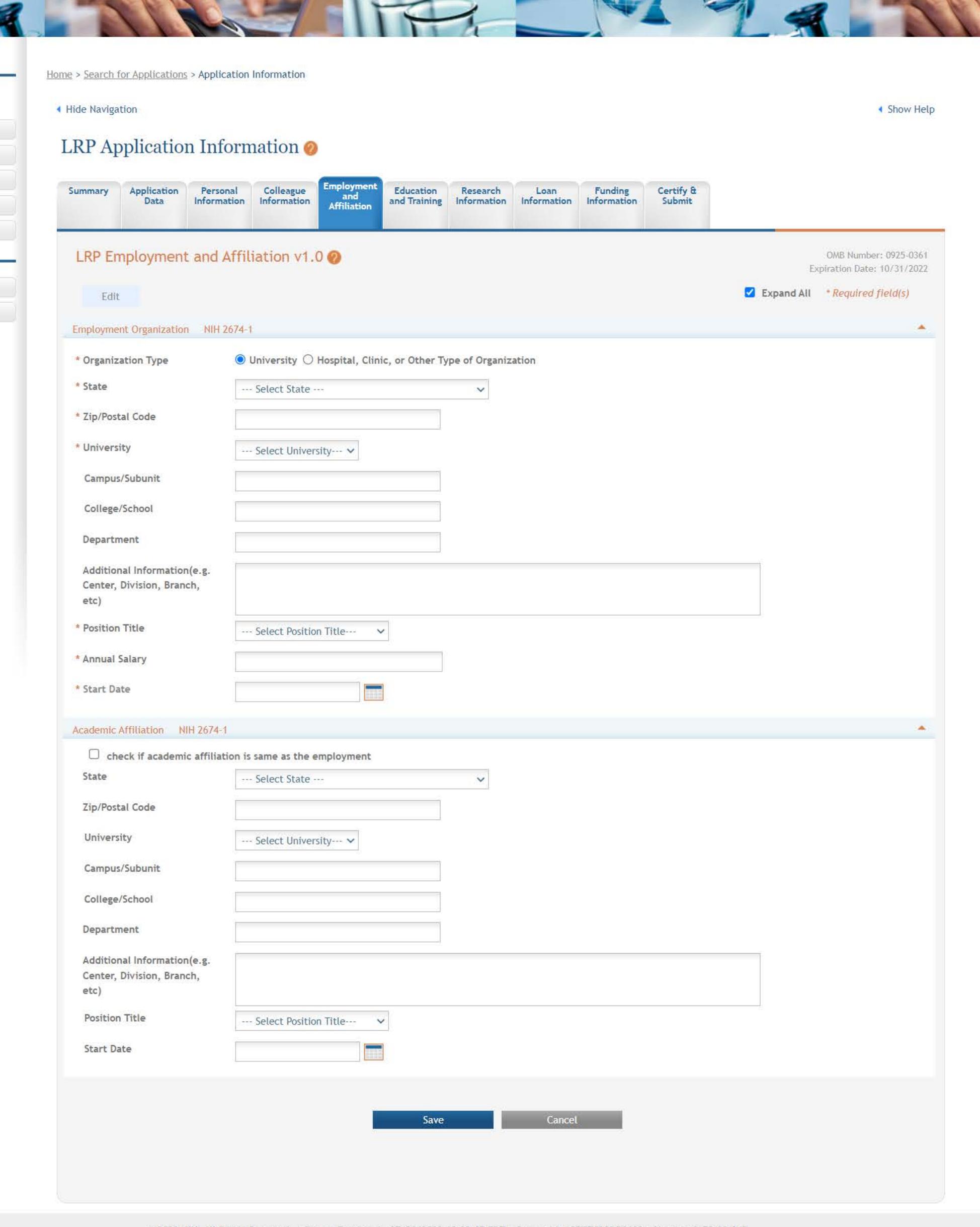
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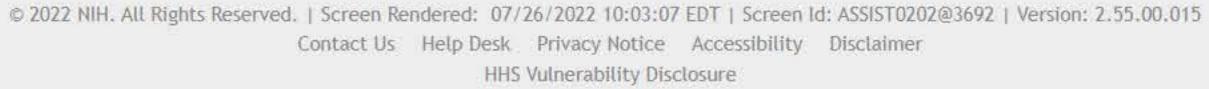
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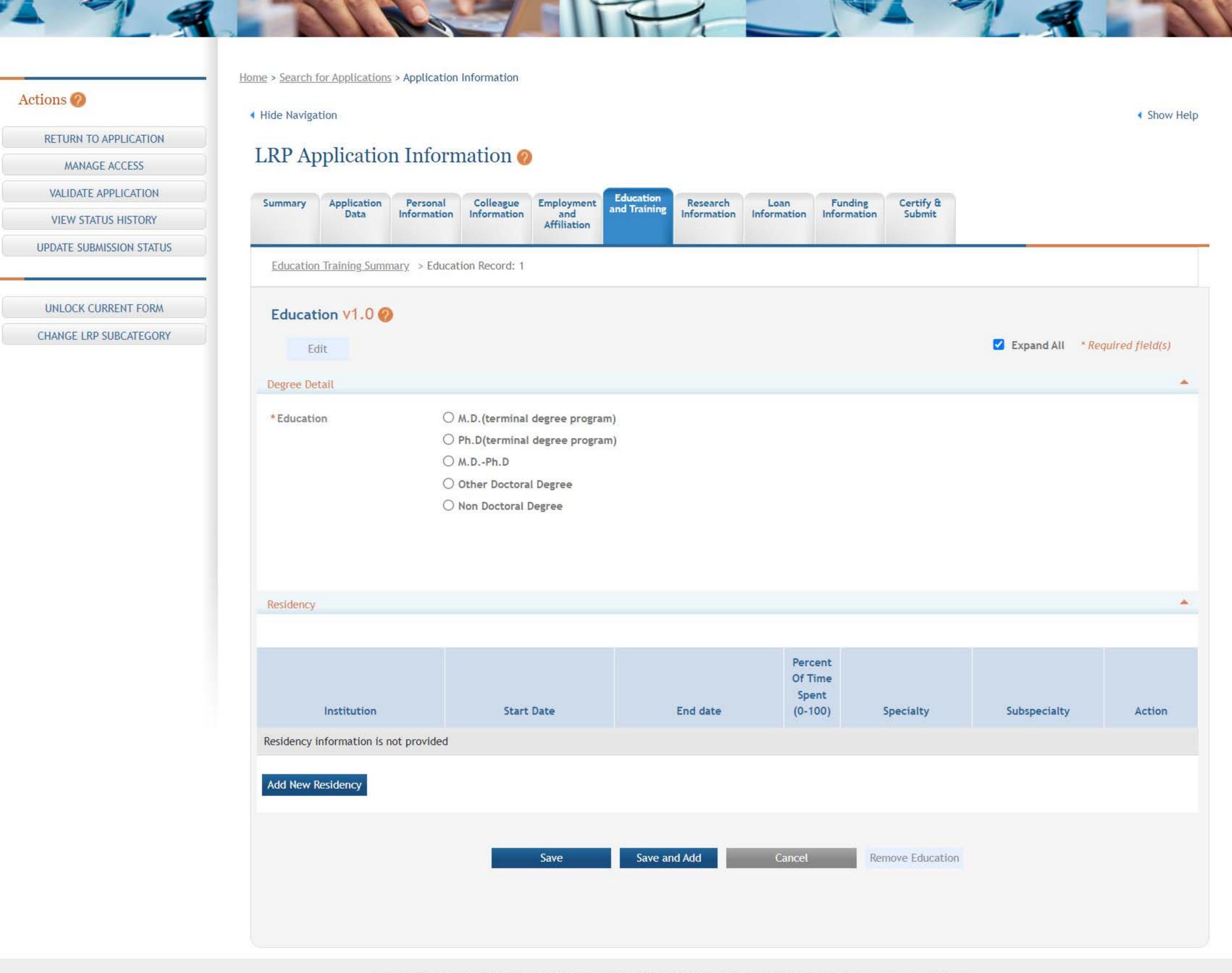
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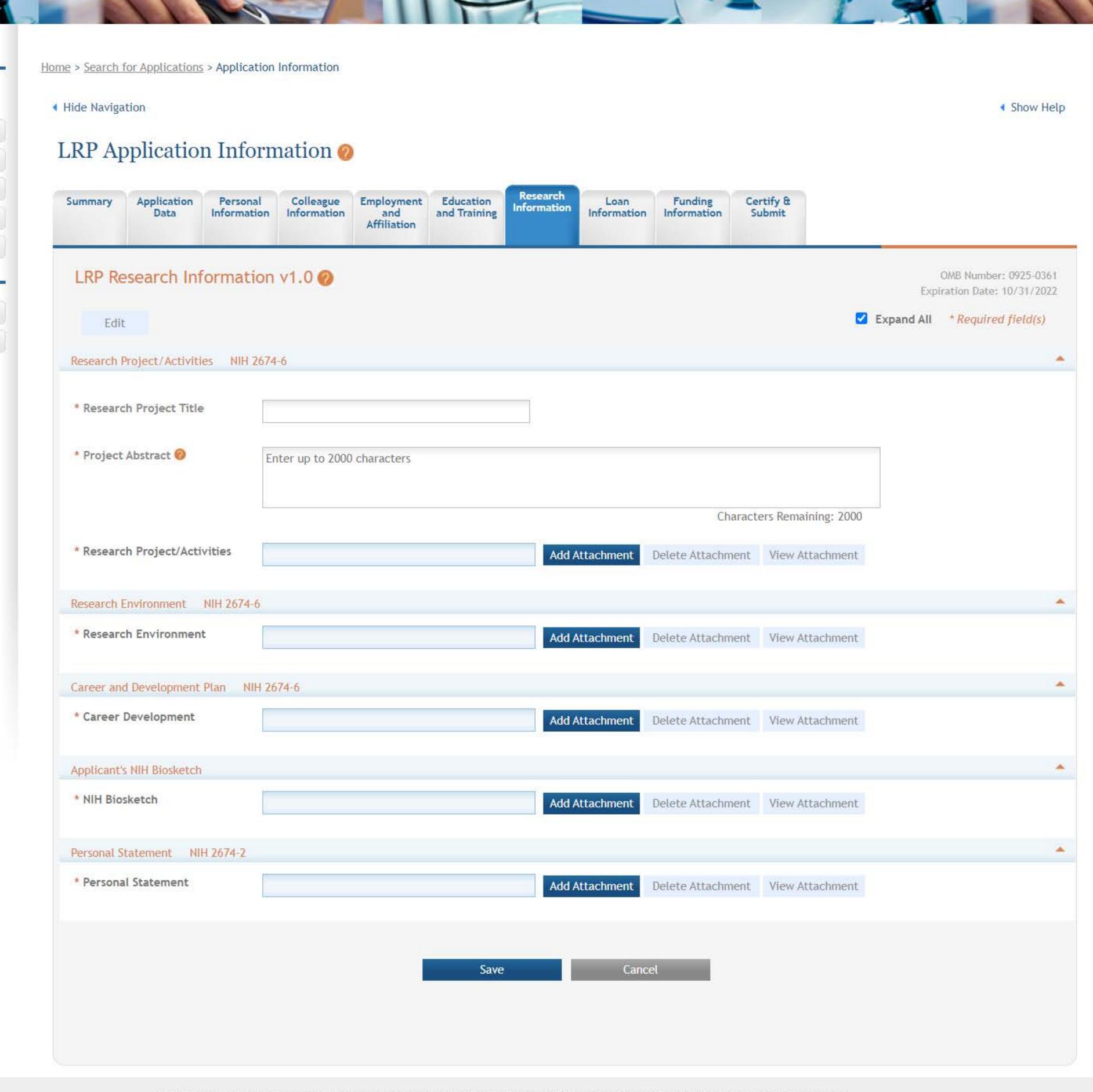
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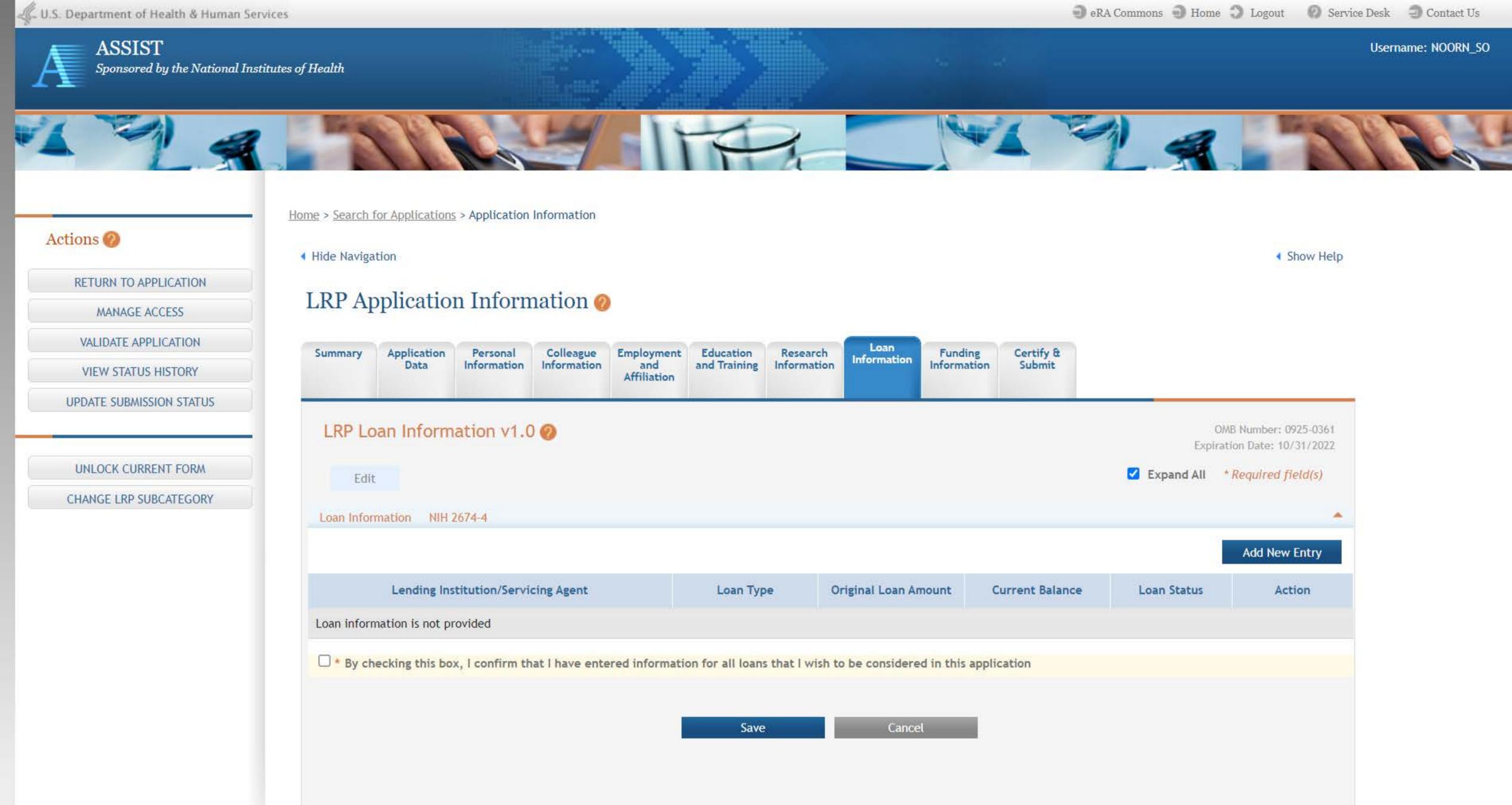


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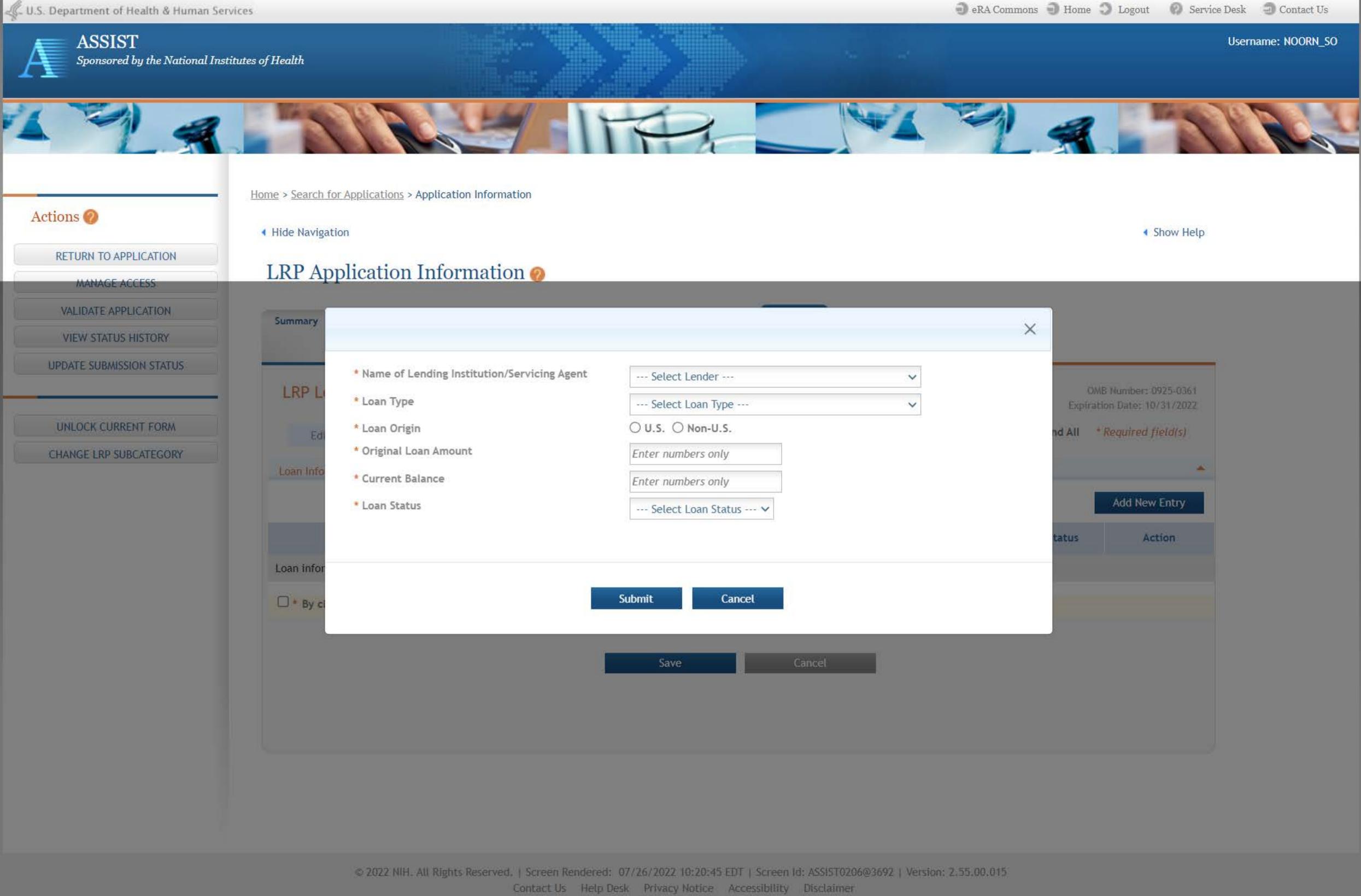












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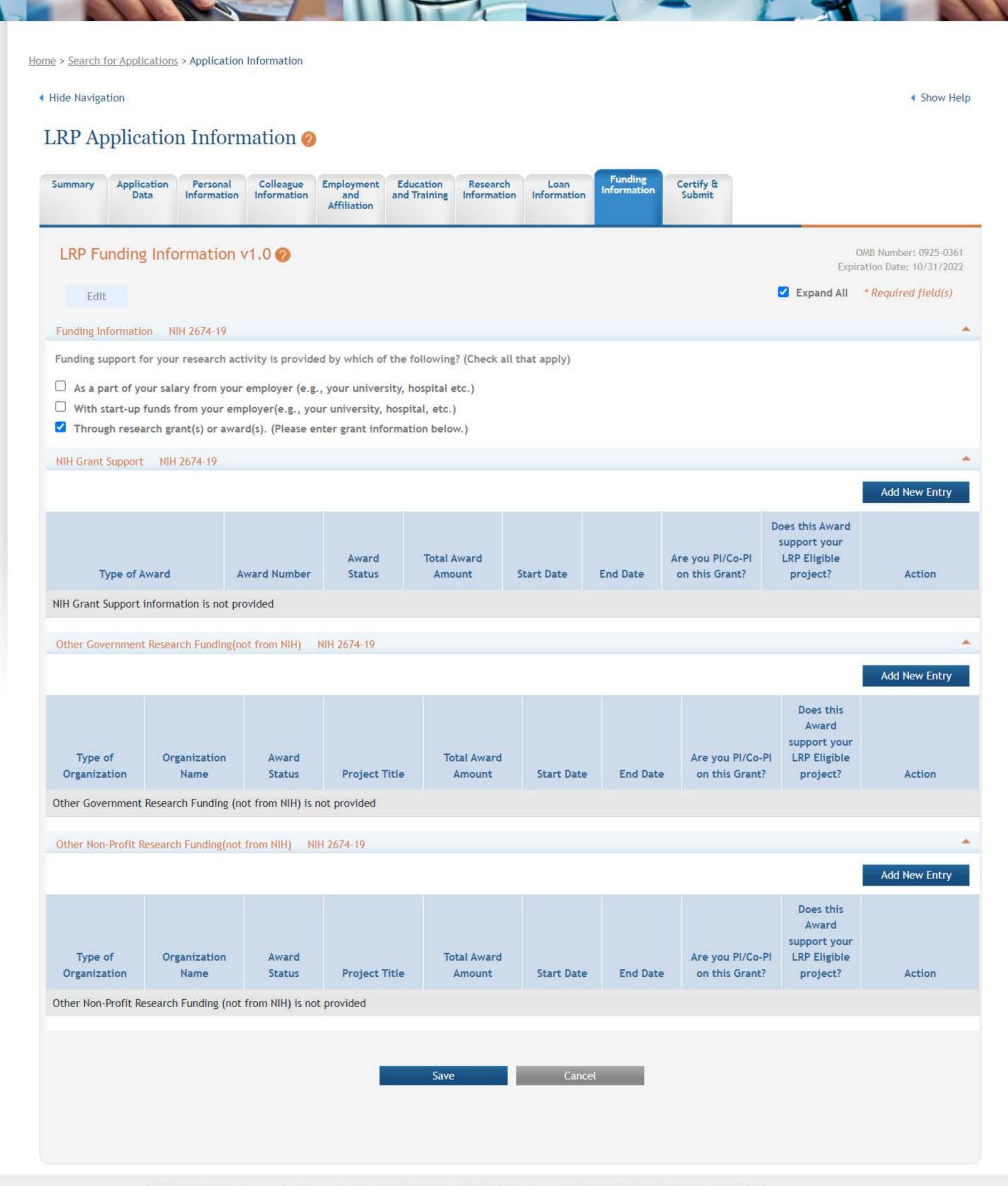
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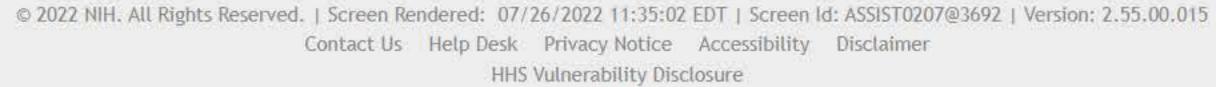
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OMB Number: 0925-0361

Expiration Date: 10/31/2022

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Certify & Colleague Application Employment Personal Education Research Funding Summary Loan Submit Information Information Information and Training Information Information Affiliation

Certify and Submit v1.0 @

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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

Last Name

* 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 Middle Name First 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:
 - 1. 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:
 - a. undergraduate, graduate, and health professional school tuition expenses;
 - b. other reasonable educational expenses required by the school(s) attended, including fees, books, supplies, educational equipment and materials, and laboratory expenses; and
 - c. the cost of room and board, and other reasonable living expenses as determined by the NIH Director.
 - 2. 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:
 - a. at the rate of one-fourth of the repayable debt for each year of qualified service up to a \$50,000 annual maximum;
 - b. 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;
 - c. 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;
 - d. 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 e. 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
 - 3. 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.
 - 4. 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.
 - 5. 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

participant.

- 1. 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;
- 2. 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;
- 3. 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;
- 4. 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;
- 5. Make payments to lenders on their own behalf for periods of Leave Without Pay (LWOP); and 6. 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:
- 1. 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.
 - a. 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.
 - b. 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:
 - I. 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.
 - II. 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.
- 2. 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.
- 3. 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:
 - a. 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:
 - I. 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; II. an amount equal to the product of the number of months of obligated service not completed by the applicant, multiplied by \$7,500; and
 - III. 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.
 - b. 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. c. 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

- 1. Any service or payment obligation incurred by the participant under this contract will be canceled upon the participant's death. 2. The NIH Director may waive or suspend the participant's service or payment obligation incurred under this contract if:
 - a. 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

- 1. 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: a. submits a written request for such termination; and
 - b. 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 Middle Name First Name ---Select Suffix--- V Last Name

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