



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

Login

Please log in using the fields below:

Your Email *

Your Password *

[Forgot your password?](#)

LOGIN

Create an Account

Not a registered user? [Create an account for the S2S LRP](#) ►

Note: If you have previously registered to apply to the NHSC, please use your existing account information to log in.

OMB Public Burden Statement

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 project is 0915-0146 and the expiration date is 07/31/2020. Public reporting burden for this collection of information is estimated to average .6 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 14N39, Rockville, Maryland, 20857.

Questions?

For more information or questions please:

- Refer to the [Portal FAQ](#)
- Contact the BHW Customer Care Center at 1-800-221-9393
- Use TTY for hearing impaired: 1-877-897-9910

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET c
[Contact Us.](#)


Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Students to Service Loan Repayment Program (NHSC S2S LRP) that is used to assess a loan repayment applicant's eligibility and qualifications. Clinicians interested in participating in the NHSC S2S LRP must submit an application to the NHSC S2S LRP through the My BHW online portal. 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 0915-0146 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit [Section 338B of the Public Health Service Act (42 USC 254l-1), as amended; Section 331(i) of the Public Health Service Act (42 USC 254d(i)), as amended]. The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. 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 14NWH04, Rockville, Maryland, 20857.



Create My Account

** required field*

Please enter the information below to create your account for the Online Application Form. Once you complete and submit the information, you will receive access to login and complete the Online Application Form. To ensure that your application is complete, please refer to the [Application and Program Guidance](#) which outlines the eligibility criteria.

| | |
|---|-------------------------------------|
| First Name * | <input type="text"/> |
| Last Name * | <input type="text"/> |
| Middle Initial | <input type="text"/> |
| Title | <input type="text" value="Select"/> |
| Suffix | <input type="text" value="Select"/> |
| Email * | <input type="text"/> |
| Confirm Email * | <input type="text"/> |
| Create Password *  | <input type="password"/> |
| Confirm Password * | <input type="password"/> |
| Security Question * | <input type="text" value="Select"/> |
| Security Answer * | <input type="text"/> |


CREATE

Welcome to
the **BHW**
portal



We have successfully created your account. Please check your email for instructions on how to enable your account.

Welcome Screen – Only seen the first time that an applicant logs on.



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

HomeAccount SettingsRolesLog Out

National Health Service Corps Students to Service Loan Repayment Program

Welcome to the FY19 National Health Service Corps Students to Service Loan Repayment Program Online Application

Thank you for your interest in the National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP). Please be sure to carefully read the [2019 NHSC S2S LRP Application and Program Guidance \(APG\)](#) before starting the application. The NHSC S2S LRP application consists of two parts: the online application and required supporting documents.

All applicants must be in their last year of medical or dental school at an accredited school located in a State, the District of Columbia, or a U.S. territory:

- A school of allopathic medicine, pursuing an M.D. degree, accredited by the Liaison Committee on Medical Education (sponsored by the American Medical Association and the Association of American Medical Colleges); or
- A school of osteopathic medicine, pursuing a D.O. degree, accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation; or
- A school of dentistry, pursuing a D.D.S or D.M.D degree, accredited by the American Dental Association, Commission on Dental Accreditation.

Postgraduate Training for Medical Students

Medical Students are required to complete an accredited primary care medical postgraduate training in an NHSC-approved specialty. The approved residencies and time period for each under the NHSC S2S LRP are:

| Approved Postgraduate Training for Medical Students | Time Period |
|---|-------------|
| Family Practice | 3 years |
| General Internal Medicine | 3 years |
| General Pediatrics | 3 years |
| General Psychiatry | 4 years |
| Obstetrics-Gynecology | 4 years |
| Internal Medicine/Family Practice | 4 years |
| Internal Medicine/Pediatrics | 4 years |
| Family Medicine/Psychiatry | 5 years |
| Internal Medicine/Psychiatry | 5 years |
| Rotating Internship with a request to complete postgraduate training in one of the above specialties (for students pursuing a D.O. degree only) | 1 year |
| Child Psychiatry Fellowship (following completion of residency training in General Psychiatry) | 2 years |
| Geriatrics Fellowship (following the completion of residency training in Family Medicine or General Internal Medicine) | 1 year |
| Geriatrics Fellowship (following completion of postgraduate training in Family Practice or General Internal Medicine) | 1 year |

The NHSC S2S LRP may approve, on a case-by-case basis, and consistent with the needs of the NHSC, additional postgraduate training programs not listed above. Proof of participation in an NHSC-approved postgraduate training program will be required before payment of the NHSC S2S LRP installment.

Postgraduate Training for Dental Students

Dental students are highly encouraged, but not required, to complete one accredited postgraduate training in an NHSC-approved specialty. The list of NHSC-approved postgraduate training programs, and the time period for each under the NHSC S2S LRP, are as follows:

Welcome screen is long - continued on next page

| Approved Postgraduate Training for Dental Students | Time Period |
|---|-------------|
| General Practice Dentistry | 1 year |
| Advanced Education in General Dentistry | 1 year |
| Pediatric Dentistry | 2 years |
| Public Health Dentistry | 2 years |
| Geriatrics Dentistry Fellowship following completion of postgraduate training | 1 year |

The NHSC will not approve any other postgraduate training programs and dental students who wish to pursue training other than the postgraduate training programs listed above are advised not to apply for participation in the NHSC S2S LRP.

Preparing to Submit the Online Application

It is recommended that prior to beginning the online application you prepare all electronic copies of the required supporting documentation. You are encouraged to submit application documents in PDF. All information provided in the supporting documents and online application must match exactly. Any disparities will cause your application to be deemed ineligible.

All of the following documents can be uploaded online:

- Proof of U.S. Citizenship or U.S. National
- [Authorization to Release Information](#)
- [Verification of Good Standing](#)
- Unofficial Transcript
- Application Essay
- CV/Resume
- Letters of Recommendation
- Proof of Passage of Required Licensure Exams
- Loan Information Verification
- [Verification of Disadvantaged Background \(If Applicable\)](#)
- Existing Service Obligation/Reserves Document (If Applicable)

The online application consists of the following sections:

1. Eligibility
2. General Information
3. Education
4. Letters of Recommendation
5. Loans
6. Supporting Documents
7. Self-Certifications
8. Review and Submit

The first section determines your eligibility. You will not be able to continue with the application if you are found ineligible based on your responses to the questions in the eligibility section. In addition, you will not be able to move forward to the next section of the application until you have completed all required fields in the previous section. You will have the opportunity to save your application to continue at a later date.


Prior to submission, you will have the opportunity to review and/or edit your application. Before submitting your application, you should review each section to verify that each is complete and represents the information you want to submit. Once the online application has been submitted, applicants will also have an opportunity to make edits or withdraw their applications. Final edits and resubmissions must be made before the close of the online application portal (December 13, 2018). You will not be able to edit your submitted application after the application deadline. Your submitted application will be available for download and print.

Please select "Start My Application" to begin your online application.

The final submission date is December 13, 2018 at 7:30 PM EST. Remember to log into the NHSC S2S LRP online application to check the status of your application!

START MY APPLICATION

Section 1 - Eligibility



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

[Home](#) [Account Settings](#) [Roles](#) [Log Out](#)

1 Eligibility

2 General Information

3 Education

4 Letters of Recommendation

5 Loans


6 Supporting Documents

7 Self-Certifications

8 Review & Submit

Eligibility

** required field*

1. Are you a U.S. Citizen or U.S. National? * 

☐ Yes ☐ No

2. Are you in your final year of medical, osteopathic, or dental school and planning to complete your last day of your course work by May 31, 2019? *


☐ Yes ☐ No

3. Which of the following programs are you currently enrolled in? *

☐ Accredited MD or DO Program ☐ Accredited DDS or DMD Program

4. Have you applied to a Post Graduate Training Program? *

☐ Yes ☐ No

5. Do you have an existing service obligation? * 

☐ Yes ☐ No

6. Do you have a judgment lien against your property from a Federal debt? *

☐ Yes ☐ No

7. Are you currently in default on any Federal debt? *

☐ Yes ☐ No

8. Are you eligible to hold an appointment as a Commissioned Officer of the Public Health Service or a Federal civil service? *


☐ Yes ☐ No

CONTINUE

OMB No. 0915-0146 Expiration Date: 07/31/2020

Section 1 Eligibility – Tool Tips and Drop Downs

You must be U.S. Citizen or U.S. National.

1. Are you a U.S. Citizen or U.S. National? * 

☐ Yes ☐ No

Applicants who respond “No” to “Are you a U.S. Citizen or U.S. National” will be ineligible

Applicants who are in an Accredited MD or DO program must have already applied to an PGT program or their application will be deemed ineligible

5. Do you have an existing service obligation? * ?

Applicants who are already obligated to a Federal, State, or other entity for professional practice or service after academic training are not eligible unless the entity to which the obligation is owed provides a written statement satisfactory to the Secretary that (i) there is no potential conflict in fulfilling the NHSC S2S LRP obligation and the entity's obligation and (ii) the NHSC S2S LRP obligation will be served first.

property from a Federal debt? *

debt? *

Applicants who respond “No” to “Will there be a conflict” and “Yes” to “Are you in a Reserve component...” are eligible
“Yes” to “Will there be a conflict” and “Yes” to “Are you in a Reserve component...?” are Not eligible

5. Do you have an existing service obligation? * i

☒ Yes ☐ No

Will there be a conflict in fulfilling the NHSC obligation? * i

☐ Yes ☐ No

Are you in a Reserve component of the Armed Forces, including the National Guard? *

☐ Yes ☐ No

Will there be a conflict in fulfilling the NHSC obligation? * ?

Applicants who are already obligated to a Federal, State, or other entity for professional practice or service after academic training are not eligible unless the entity to which the obligation is owed provides a written statement satisfactory to the Secretary that (i) there is no potential conflict in fulfilling the NHSC S2S LRP obligation and the entity's obligation and (ii) the NHSC S2S LRP obligation will be served first. Participants who subsequently enter into other service commitments and are not immediately available after completion of their degree to fulfill their NHSC service commitment will be subject to the breach of contract. An exception exists for individuals of a Reserve component of the Armed Forces (including the National Guard). Please refer to the APG for further details.

including the National Guard? *

on a Federal debt? *

Questions #6 & 7 - Federal Debt or Default on Federal Debt will make an applicant Ineligible

Question #8 “Are you eligible to hold an apointment as a commissioned officer....or Federal Service” a “No” response will make an applicant ineligible

If an applicant is deemed ineligible based on their responses in section 1, the following screen will be displayed.

The screenshot shows a web application interface for the National Health Service Corps Students to Service Loan Repayment Program. The top navigation bar includes the program title and links for Home, Account Settings, and Log Out. The main header features the National Health Service Corps logo and the program title. A central message box informs the user, Cindy, that her application status is 'NOT ELIGIBLE' with application ID 443778. It explains that one or more answers on the last page made her ineligible and provides a 'Go Back' option to correct responses. A 'BACK TO APPLICATION' button is located at the bottom right of the message box. The footer contains links for Log Out, Account Settings, and FAQs, along with the Privacy Policy and version number 10.7.3.

NATIONAL HEALTH SERVICE CORPS

STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

[Home](#) [Account Settings](#) [Log Out](#)

National Health Service Corps Students to Service Loan Repayment Program

Hello Cindy,

Your Application Status is: **NOT ELIGIBLE**

Application ID: **443778**


One or more of your answers on your last page has made you ineligible for applying to S2S.

If you feel that you may have made an error, click the Go Back button to correct your response.

[BACK TO APPLICATION](#)

[Log Out](#) [Account Settings](#) [FAQs](#) [Privacy Policy](#) | Version 10.7.3

Section 2 - General Information



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

HomeAccount SettingsLog Out

1 Eligibility2 General Information3 Education4 Letters of Recommendation5 Loans6 Supporting Documents7 Self-Certifications8 Review & Submit

General Information

** required field*

FULL NAME

First Name *Cindy

Last Name *Smith

Middle InitialL

TitleMs. ▼

SuffixSelect ▼

HOME (PERMANENT) ADDRESS

Address Line 1 *123 Main Street

Address Line 2

Country *United States ▼

State/Province/Region/Territory *Select ▼

City *

Zip/Postal Code *36207

PREFERRED MAILING ADDRESS

☒ My preferred mailing address is the same as my home address

PHONE

☐ My preferred phone is an international number

Preferred Phone *

☐ My alternate phone is an international number

Alternate Phone

If the Home address is not the preferred mailing address, then the Preferred Mailing address will expand with a mailing address section.

PREFERRED MAILING ADDRESS

☐ My preferred mailing address is the same as my home address

Address Line 1 *

Address Line 2

Country *Select ▼

State/Province/Region/Territory *Select ▼

City *

Zip/Postal Code *

General Information section continued on the next page

Section 2 – General Information continued

EMAIL

Preferred * ⓘ

Alternate ⓘ

SOCIAL SECURITY NUMBER

SSN ⓘ XXXXX3456 [Edit](#)

PLACE OF BIRTH

Country *

State/Province/Region/Territory *

City *

Date of Birth *

DEMOGRAPHICS

Award selection will not be determined by this section

Gender

☐ Male

☒ Female

Ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African-American

☐ Native Hawaiian or Other Pacific Islander

☒ White

☐ Other

You may multi-select different race values.

DISADVANTAGED BACKGROUND ⓘ

Has your school ever certified you as having a disadvantaged background? (If yes, you will be required to upload a supporting document). *

☐ Yes ☒ No

HOW DID YOU HEAR ABOUT S2S

How did you hear about the S2S Program? *

[SAVE & CONTINUE](#)

OMB No. 0915-0146 Expiration Date: 07/31/2020

Section 2 - General Information Tool Tips and Drop Downs

EMAIL

Preferred * ⓘ

Alternate ⓘ

The preferred email address is used as the main source of communication from BHW.

EMAIL

Preferred *

Alternate ⓘ

Your alternate email address will not be used unless all other forms of contact have been unsuccessful.

Section 2 - General Information Tool Tips and Drop Downs continued

SOCIAL SECURITY NUMBER

SSN ⓘ

XXXXX3456 [Edit](#)

PLACE

Country

State/Province

We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility, and to keep track of the federal funds you receive. We also use your SSN to determine whether you are eligible for the award. See Privacy Act information for additional information

Ethnicity

- ☐ Hispanic or Latino
☒ Not Hispanic or Latino

Race

You may multi-select different race values.

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or Other Pacific Islander
☒ White
☐ Other

An individual from a disadvantaged background is defined as someone who (1) comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions or nursing school (Environmentally Disadvantaged) OR (2) comes from a family with an annual income below a level based on low-income thresholds according to family size established by the U.S. Census Bureau, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for adaptation to this program (Economically Disadvantaged).

DISADVANTAGED BACKGROUND ⓘ

Has your school ever certified you as having a disadvantaged background? (If yes, you will be required to upload a supporting document). *

☐ Yes ☒ No

HOW DID YOU HEAR ABOUT S2S

How did you hear about the S2S Program? *

- Select ▼
Select
School or Faculty
Work Site
Friends
Family
Medical Conference
Web Search
Word of Mouth
Other

OMB No. 0915-0146 Expiration Date: 07/31/2020

[SAVE & CONTINUE](#)

Section 3 - Education

1 Eligibility2 General Information3 Education4 Letters of Recommendation5 Loans6 Supporting Documents7 Self-Certifications8 Review & Submit

Education

* required field

Please complete the fields below with your current school information.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Select

What specialty do you plan to pursue?

Select

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select

SCHOOL

Select the state where the school is located *

Select

Select the name of the school *

Select

If your school is not listed in the drop down, please contact NHSC at NHSCSP@hrsa.gov with the subject line "School Not Found."

On what date did you begin your education at the school identified above? *

What is the length of your program? *

Select

What year in school are you currently? *

Select

On what date will you graduate? *

CONTINUE

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Select

What specialty do you plan to pursue?

Select

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

Drop Down selections for Dental Discipline

1 Eligibility2 General Information3 Education4 Letters of Recommendation5 Loans6 Supporting Documents7 Self-Certifications8 Review & Submit

Education

* required field

Please complete the fields below with your current school information.

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Dentist

What specialty do you plan to pursue?

Select

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select

SCHOOL

Select the state where the school is located *

Select

Select the name of the school *

Select

If your school is not listed in the drop down, please contact NHSC at NHSCSP@hrsa.gov with the subject line "School Not Found."

On what date did you begin your education at the school identified above? *

What is the length of your program? *

Select

What year in school are you currently? *

Select

On what date will you graduate? *

CONTINUE

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

Dentist

What specialty do you plan to pursue?

Select

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

Discipline *

What specialty do you plan to pursue?

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select
Select
DDS
DMD

SCHOOL

Drop Down selections for Osteopathic Discipline

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

What specialty do you plan to pursue?

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select
Select
Family Practice
Internal Medicine
OB/GYN
Pediatrics
Psychiatry
Family Practice w/OB
Internal Medicine - Geriatrics
Family Practice - Geriatrics
Psychiatry - Geriatrics

SCHOOL

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

What specialty do you plan to pursue?

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select
Select
DO

Drop Down selections for Allopathic Physician

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

What specialty do you plan to pursue?

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select
Select
Family Practice
Internal Medicine
OB/GYN
Pediatrics
Psychiatry
Family Practice w/OB
Internal Medicine - Geriatrics
Family Practice - Geriatrics
Psychiatry - Geriatrics

SCHOOL

PROFESSIONAL HEALTH DISCIPLINE

Discipline *

What specialty do you plan to pursue?

Note: the selection of a specialty does not prohibit an applicant from selecting a different NHSC-approved specialty at the time of the residency match.

DEGREE

What Degree or certification will you receive upon completion of your program? *

Select
Select
MD



- 1 Eligibility
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Letters of Recommendation

* required field

All recommendations must be completed online. It is your responsibility to ensure that both recommendations are submitted by the application submission deadline date. You will not be able to submit your Students to Service application until both recommendations are completed and submitted through the application portal by your recommender. You will be able to continue to the next page of the application once both requests are sent out. Additionally, you may cancel and re-submit a request as long as the letter has not already been completed by the recommender. You will receive an email notification when the recommender completes the process, however you will not be able to see the completed letter of recommendation. The recommender will not be able to upload letters of recommendation after the application deadline or after you submit your application. All letters must be signed and/or be on letterhead and state the contact information for the recommender.

PRECEPTOR LETTER OF RECOMMENDATION

This letter may be from a primary care preceptor or another individual who can discuss the applicant's interest in and commitment to a career in primary care and service to underserved populations and communities. **The letter must be signed and/or be on letterhead and state the contact information for the recommender. If the requirements are not met the applicant will be deemed ineligible.**

Status: Not Started

Recommender Title *

Select ▼

First Name *

Last Name *

Email *

[Request Recommendation](#)

ADDITIONAL LETTER OF RECOMMENDATION

The second letter of recommendation should be from an individual who is familiar with the applicant and who is aware of the applicant's academic, professional, community, and/or civic activities, especially those related to primary care and underserved communities. A recommender can be a current or former employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation in providing primary care in underserved communities. **The letter must be signed and/or be on letterhead and state the contact information for the recommender. If the requirements are not met the applicant will be deemed ineligible.**

Status: Not Started

Recommender Title *

Select ▼

First Name *

Last Name *

Email *

[Request Recommendation](#)

[SAVE & CONTINUE](#)

Emails to Recommenders – Contains direct links to BMISS for uploading Letters of Recommendation

bmiss@voosh.de <bmiss@voosh.de>

7:43 AM (3 minutes ago)

Dear Dr. John Cunningham,

Cindy Smith has requested that you complete a letter of recommendation for his/her loan repayment application for the National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP).

In order to complete this recommendation, please select the following link:

<http://hrsangenapp1trn.nih.gov:8580/extranet/application/s2s/upload-letter.seam?requestId=4437771541421780078>

Once you navigate to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to upload the letter of recommendation. Please note that the applicant will be unable to submit their finalized application until your recommendation has been submitted. All letters of recommendation must be on letterhead or have a hand written signature.

If you have any questions, please contact the Customer Care Center at 1-800-221-9393 (TTY: 1-877-897-9910), Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

Sincerely,
NHSC Students to Service Loan Repayment Program

bmiss@voosh.de <bmiss@voosh.de>

7:44 AM (0 minutes ago)

Dear Ms. Lisa Brooks,

Cindy Smith has requested that you complete a letter of recommendation for his/her loan repayment application for the National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP).

In order to complete this recommendation, please select the following link:

<http://hrsangenapp1trn.nih.gov:8580/extranet/application/s2s/upload-letter.seam?requestId=4437771541421784257>

Once you navigate to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to upload the letter of recommendation. Please note that the applicant will be unable to submit their finalized application until your recommendation has been submitted. All letters of recommendation must be on letterhead or have a hand written signature.

If you have any questions, please contact the Customer Care Center at 1-800-221-9393 (TTY: 1-877-897-9910), Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

Sincerely,
NHSC Students to Service Loan Repayment Program



Instructions for Uploading a Letter of Recommendation

Please upload your letter of recommendation as soon as possible. The applicant cannot submit his/her application until the letters of recommendation are uploaded. You will not be able to upload your letter of recommendation after the application deadline (December 20, 2018 at 7:30 PM EST) has passed.

Please review your contact information and update it if necessary. Once the application closes, this page will expire. If you have any questions, please contact the Customer Care Center at 1-800-221-9393. The recommendation letter **MUST** include the following:

- Student's first initial, last name, and Application ID;
- Student's discipline;
- Your Name (Printed);
- Your Title or Organization;
- Your Address (unless already on letterhead);
- Signature;
- A description of your relationship to the student and the length of time you have known the student;
- A discussion of the following points:
 - The student's education/work achievements,
 - The student's ability to work and communicate constructively with other people, and
 - Your assessment of the student's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include your knowledge of the student's work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest in and commitment to serving underserved populations

APPLICANT INFORMATION

| | | | |
|-----------------------|-----------------------|--|------------------------|
| Applicant Name | Application ID | Program | Applicant Email |
| Cindy Smith | 444052 | Students to Service Loan Repayment Program | cstest1530@gmail.com |

YOUR INFORMATION

Recommender Title *

Dr. ▼

First Name *

John


Last Name *

Cunningham

Documents cannot be larger than 5MB. TIFFs, JPEG, PNG files are not acceptable forms. Taking a picture of the document is not accepted.

File to Upload *

 No file chosen



Instructions for Uploading a Letter of Recommendation

Please upload the letter of recommendation as soon as possible in order for the applicant to submit his/her application on time. You will not be able to upload the recommendation after the application deadline (December 20, 2018 at 7:30 PM EST) or once the applicant submits his/her application. The instructions for uploading are provided below. Please review your contact information and update if necessary. Once the application process is complete this page will expire. If you have any questions please contact the Customer Care Center at 1-800-221-9393. The letter should include the following:

- Applicant's first initial and last name, and Application ID;
- Applicant's discipline;
- Your Name (Printed);
- Your Title or Organization;
- Your Address (unless already on letterhead);
- Signature;
- A description of the your relationship to the applicant and the length of time you have known the applicant;
- A discussion of the following points:
 - The applicant's community/civic or other non-academic achievements,
 - The applicant's ability to work and communicate constructively with other people, and
 - An assessment of the applicant's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include your knowledge of the applicant's work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest and commitment to serving underserved populations.

If you represent a particular organization or institution that the applicant has been involved in, the letter should be on official letterhead.

APPLICANT INFORMATION

| | | | |
|-----------------------|-----------------------|--|------------------------|
| Applicant Name | Application ID | Program | Applicant Email |
| Cindy Smith | 444052 | Students to Service Loan Repayment Program | cstest1530@gmail.com |

YOUR INFORMATION

Recommender Title * ▼

First Name *

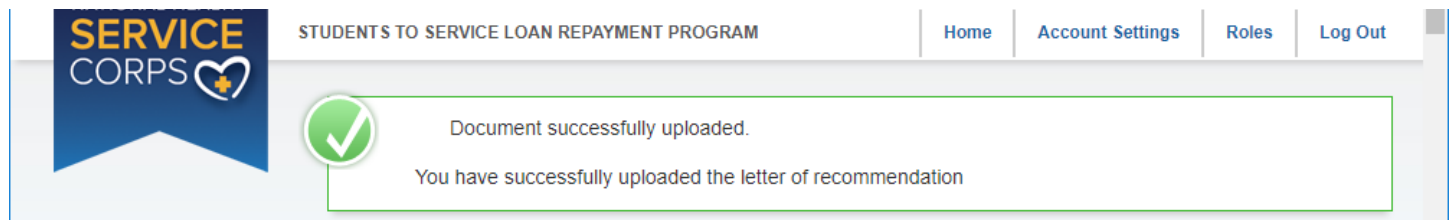
Last Name *

Documents cannot be larger than 5MB. TIFFs, JPEG, PNG files are not acceptable forms. Taking a picture of the document is not accepted.

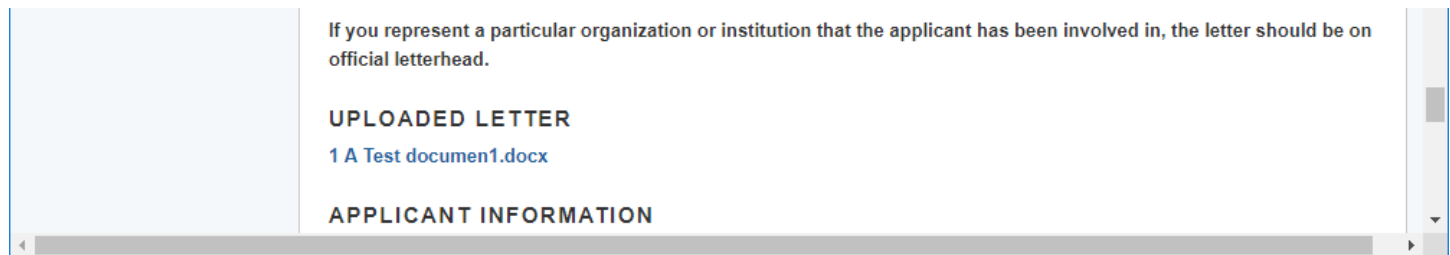
File to Upload * No file chosen

SUBMIT LETTER OF RECOMMENDATION

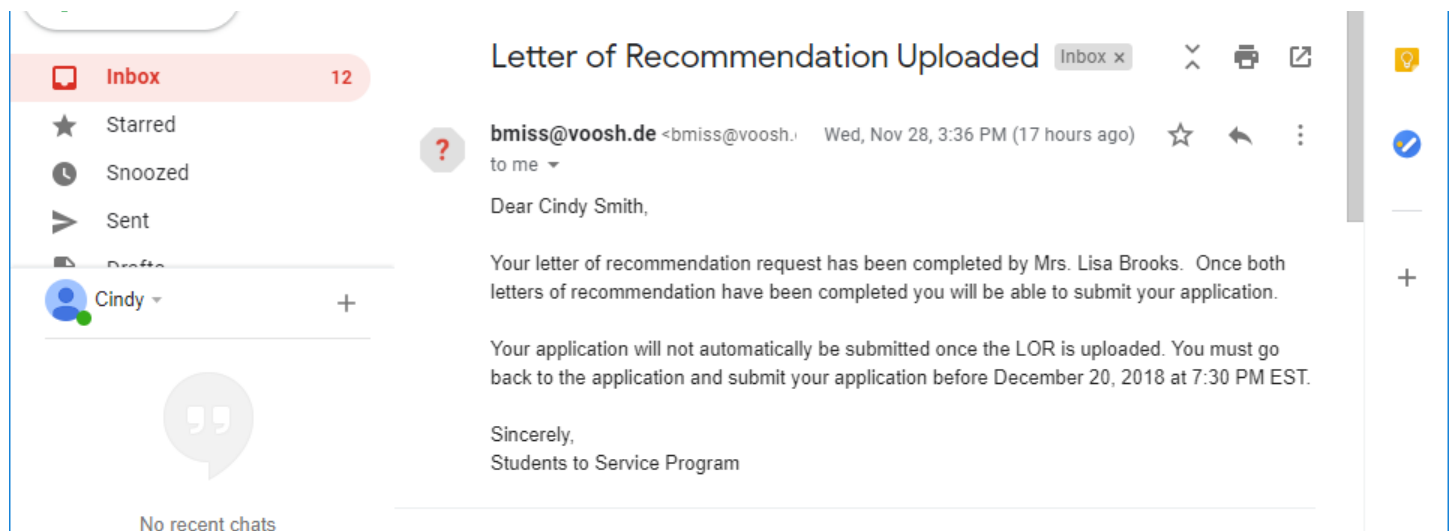
Recommender will receive a notice at the top of the screen when the LOR has been successful uploaded and document name will be listed under 'Uploaded Letter'



Document name will display under Uploaded Letter



The Applicant will receive an email when each Letter of Recommendation is uploaded



Section 5 – Loan Information

- 1 Eligibility
- 2 General Information
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- 5 Loans
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- 8 Review & Submit

Loan Information

In this section, you will be required to add the loans that you want approved for repayment under the National Health Service Corps (NHSC) Students to Service Loan Repayment Program.

To expedite this process, you may import your federal student loan(s) from the U.S. Department of Education's National Student Loan Data System (NSLDS) directly into the online application. For loans imported from the NSLDS, no supporting documents are required.

To access your federal student loan(s) use the "Access your Loans" button below. You will be directed to the Department of Education's Federal Student Aid login page and required to log in using your Federal Student Aid ID (FSA ID). If you have any questions about your FSA ID, please visit: <https://www.nsls.ed.gov/npas/pub/faq.htm>

After successfully logging in to FSA, you will be automatically directed back to your application with your loans displayed below. Once your loans have been imported, please ensure all loans you wish to submit are listed. You may also select the 'Return to Source' button from the FSA ID Login screen at any time.

For additional loans that are not covered in the NSLDS and may be private education loans, you can still manually enter the loans along with supporting documents. Any loans that do not appear in your NSLDS account must be added to your application manually. If you attempt to add a loan that you believe is NOT a federal student loan(s), but receive an error message, please check the loan data and try again. It is possible that the loan is a duplicate to one that you have added electronically.

Important Note: If you experience any technical difficulties, please contact the Customer Care Center at 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET or [email us](#). If you are unable to resolve your technical difficulties or concerns in time to submit your complete application prior to December 13, 2018, the application deadline, please enter your loans manually. The period for submitting applications will not be extended due to difficulties with submitting your loans.

To manually add loans, click the "Need Help?" link to manually add loans you wish to submit for loan repayment.

When entering your loan information manually, you must enter loan information and supporting documentation for each servicing lender that you wish to be considered for repayment. The following documents will be required:

- **Account Statement (both private and federal)** - Most recent statement from your lender/servicer that has your name, current loan balance and interest rate. This may be the official paper version, or a printed web version, that is scanned, uploaded, and not older than 30 days from the date you will submit your application.
- **NSLDS Aid Summary Report (federal loans)** - Most recent summary report taken from your National Student Loan Data Systems (NSLDS) account. This may be the official paper version, or a printed web version, that is scanned and uploaded. Note: This is the summary report only, which lists your federal student loans in one document and is available at <http://www.nsls.ed.gov>.
- **Disbursement Report or Promissory Note (non-federal loans)** - A copy of the document provided by your lender/servicer that outlines the details of your loan agreement, including your name, the date the loan was obtained, the purpose of the loan, account numbers, and the loans included in a consolidation (if applicable).

If you have a consolidated loan, you must enter in all of the information in the table. All of the information must coincide with the information in the loan documents. If they do not coincide, the loan will be deemed ineligible.

You have not added any loans yet.

LOG INTO YOUR NATIONAL STUDENT LOAN DATA SYSTEM ACCOUNT

[Access your Loans](#)

NEED HELP?

[Don't have a Federal Student Aid ID or want to enter loans manually?](#)

CONTINUE

Federal Student Aid Screen when you select "Access your Loans"

The screenshot shows the Federal Student Aid login interface. At the top, there are links for "English", "Español", and "Help". The main header features the "Federal Student Aid" logo, with the text "An OFFICE of the U.S. DEPARTMENT of EDUCATION" and "PROUD SPONSOR of the AMERICAN MIND®". Below the header, a "Log in" section instructs users to enter their username and password and select "LOG IN" if they already have an FSA ID, or "Create An FSA ID" if they do not. A navigation bar contains three tabs: "Log in to HHS" (selected), "Create an FSA ID", and "Manage My FSA ID". The "Log in to HHS" section prompts the user to enter their "Username (or Verified E-mail Address)" and "Password". Each input field has a help icon (?) and a "Forgot My Username" or "Forgot My Password" link. A "LOG IN TO HHS" button is located at the bottom right of the login section. A "RETURN TO HHS" button is located at the bottom left of the page.

English | Español | Help

Federal Student Aid
An OFFICE of the U.S. DEPARTMENT of EDUCATION

PROUD SPONSOR of
the AMERICAN MIND®

Log in

Enter your username and password and select LOG IN if you already have an FSA ID. If you do not have an FSA ID, select the Create An FSA ID tab.

Log in to HHS | Create an FSA ID | Manage My FSA ID

Please enter your:

Username (or Verified E-mail Address)

Password

[Forgot My Username](#)

[Forgot My Password](#)

LOG IN TO HHS

RETURN TO HHS

Screen when you select "[Don't have a Federal Student Aid ID or want to enter loans manually?](#)"

The screenshot shows a help dialog box titled "Having Trouble with your Federal Student Aid ID?". The dialog box contains the following text: "An FSA ID is a username and password that you must use to log in to certain U.S. Department of Education (ED) websites. Your FSA ID identifies you as someone who has the right to access your own personal information on ED websites such as https://www.nslds.ed.gov/nslds/nslds_SA/. The HHS web service connecting to the NSLDS web site only supports the current FSA ID login. If you have any questions about your FSA ID visit: <https://studentaid.ed.gov/npas/pub/faq.htm>. If you don't have an FSA ID and would like to create one now, visit: <https://www.nslds.ed.gov/npas/index.htm>. If you would like to enter loans manually, select the button below." At the bottom of the dialog box, there are two buttons: "Add Loans Manually" and "Close".

Having Trouble with your Federal Student Aid ID?

An FSA ID is a username and password that you must use to log in to certain U.S. Department of Education (ED) websites. Your FSA ID identifies you as someone who has the right to access your own personal information on ED websites such as https://www.nslds.ed.gov/nslds/nslds_SA/.


The HHS web service connecting to the NSLDS web site only supports the current FSA ID login. If you have any questions about your FSA ID visit: <https://studentaid.ed.gov/npas/pub/faq.htm>

If you don't have an FSA ID and would like to create one now, visit: <https://www.nslds.ed.gov/npas/index.htm>

If you would like to enter loans manually, select the button below.

Add Loans Manually | Close

Screen when “Add Loans Manually” Selected



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

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Loan Details

** required field*




[← Back to Loan Information](#)

You have elected to add your qualifying education loans to your application manually. This method is required for adding ALL loans that are NOT federal student loan(s). If you have elected to add your federal student loan(s) using this method you must not attempt to add them using the electronic import method, or you will receive an error message and put you at risk of missing the application deadline.

Include all qualifying education loans, even if they exceed the maximum award amount. Please exclude letters, special characters (i.e. \$, %), and commas when entering outstanding loan balances and interest rates. If you have multiple loans with the same servicer/lender, you must enter each loan separately.

To add your loans successfully and to ensure that your loans have the best chance to qualify for repayment when reviewed, you must retrieve, scan and upload the current account statements from your loan servicers and the Aid Summary Report from your NSLDS online account (federal student loan(s)) or a disbursement report for any private loans, for each loan.



For each field completed below, the supporting documents must verify the information you have entered.


| | | |
|---|---|---|
| Name of current servicing lender * | <div>Select</div> | |
| Loan account number * | <div></div> | |
| Original date of the loan *  | <div></div> |  |
| Original amount of the loan * | <div></div> | |
| Current balance (Principal & accrued Interest) * | <div></div> | as of <div></div>  |
| Type of loan * | <div>Select</div> | |
| Is this loan in default? * | <div><input type="radio"/> Yes <input type="radio"/> No</div> | |
| Is this Loan under Federal court judgment? * | <div><input type="radio"/> Yes <input type="radio"/> No</div> | |
| Interest rate | <div></div> | |
| Purpose of loan * | <div>Select</div> | |
| Is this a consolidated loan? * | <div><input type="radio"/> Yes <input type="radio"/> No</div> | |

CONTINUE TO DOCUMENTS


Section 5 – Tool Tips and Drop downs on Manual Loan Entry page

Current Servicing Lender drop down too long to display all choices

| | |
|---|--|
| Name of current servicing lender * | Select |
| Loan account number * | Select |
| Original date of the loan *  | Access Group |
| Original amount of the loan * | Albany Medical College |
| Current balance (Principal & accrued interest) | Alliant International University |
| Type of loan * | American Collegiate Services (ACS) |
| Is this loan in default? * | American Education Services (AES) |
| Is this loan under federal court judgment? | ASAP/ Union Bank & Trust |
| Interest rate | Bank of America |
| Purpose of loan  | Bank One |
| | Baylor College of Medicine |
| | Boston College |
| | Brazos Higher Education |
| | Bremer Bank Student Loan (serviced by Student Loan Finance Corporation - SLFC) |
| | Butler University |
| | Campus Partners |
| | Case Western University |
| | Chase Student Loan Servicing |
| | Citibank |
| | College Foundation of North Carolina |
| | College Foundation, Inc. |


| | |
|---|---|
| Loan account number * | If this is a consolidated loan, please enter the date of consolidation. |
| Original date of the loan *  | |

Applicants must enter a current balance that is within 30 days of current date.



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

Home | Account Settings | Roles | Log Out

 Date of verified current balance cannot be more than 30 days from current date.

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Section 5 – Tool Tips and Drop downs on Manual Loan Entry page continued:

Drop down options for Type of Loan

| | |
|---|--|
| Type of loan * | Select |
| Is this loan in default? * | Select |
| Is this loan under federal court judgment? * | ALPN |
| Interest rate | ALTERNATIVE LOAN |
| Purpose of loan  | CITIASSIST |
| Is this a consolidated loan? * | CONSUMER (EQUITY LINE, CREDIT CARD) |
| OMB No. 0915-0148 Expiration Date: 07/31/2020 | DIRECT CONSOLIDATED SUBSIDIZED |
| | DIRECT CONSOLIDATED SUBSIDIZED (SULA ELIGIBLE) |
| | DIRECT CONSOLIDATED UNSUBSIDIZED |
| | DIRECT PLUS CONSOLIDATED |
| | DIRECT PLUS GRADUATE |
| | DIRECT PLUS PARENT |
| | DIRECT STAFFORD SUBSIDIZED |
| | DIRECT STAFFORD SUBSIDIZED (SULA ELIGIBLE) |
| | DIRECT STAFFORD UNSUBSIDIZED |
| | DIRECT UNSUBSIDIZED (TEACH) |
| | FEDERAL PERKINS |
| | FEDERALLY INSURED (FISL) |
| | FFEL CONSOLIDATED |
| | FFEL PLUS GRADUATE |
| | FFEL PLUS PARENT |
| | FFEL REFINANCED |
| | FFEL STAFFORD NON-SUBSIDIZED |
| | FFEL STAFFORD SUBSIDIZED |
| | FFEL STAFFORD UNSUBSIDIZED |
| | FFEL SUPPLEMENTAL LOAN (SLS) |
| | FOUNDATION LOAN |
| | HEAL (HEALTH EDUCATION ASSISTANCE LOAN) |
| | INCOME CONTINGENT (ICL) |
| | INSTITUTIONAL LOAN (SCHOOL FUNDED) |
| | NATIONAL DEFENSE LOAN (PERKINS) |
| | NATIONAL DIRECT STUDENT LOAN (PERKINS) |
| | NURSING STUDENT LOAN (NSL) |
| | OTHER COMMERCIAL LOAN |
| | OTHER CONSOLIDATION |
| | PEPLN |
| | PERKINS EXPANDED LENDING |
| | PRIVATE CONSOLIDATION (NON-FEDERAL) |
| | PRIVATE LOAN (NON-FEDERAL) |
| | SALLIE MAE PRIVATE CONSOLIDATION |
| | SIGNATURE (NON-EDUCATION) |
| | STUDENT EXCEL |
| | TUITION ANSWER |
| | WELLS FARGO PRIVATE CONSOLIDATION |

If the loan is a Direct Plus loan type, then more information is requested

| | |
|--|---|
| Type of loan * | DIRECT PLUS GRADUATE |
| Was this loan taken out for your dependent child enrolled at least half-time at a school that participated in the Direct Loan Program? * | |
| | <input type="radio"/> Yes - This loan is ineligible for LRP consideration. |
| | <input type="radio"/> No - This Loan is eligible for LRP Consideration, the applicant took out the loan for themselves. |

If a loan is in default, Date of Default field will appear

| | |
|----------------------------|---|
| Is this loan in default? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Date of default * | <input type="text"/>  |

If a loan is under Federal court judgement, then Date of judgement field will appear

| | |
|--|---|
| Is this Loan under Federal court judgment? * | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Date of judgment * | <input type="text"/>  |

Purpose of Loan dropdown

| | |
|---|--|
| Purpose of loan * | <div>Select Select Tuition Books & Supplies Tuition, Books and Reasonable Living Expenses Consolidation of Federal Student Loans Consolidation of Private Student Loans Relocation Residency Board Exams</div> |
| Is this a consolidated loan? * | |
| OMB No. 0915-0148 Expiration Date: 07/31/2020 | |


DOCUMENTS

If the loan is a consolidated loan then instructions for required documentation is displayed and a drop down for the number of loans that were consolidated.

| | | |
|--|---|---|
| Is this a consolidated loan? * | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Please provide the original date of each loan included in the consolidation. It is required to provide either (1) an Aid Summary Report, Disbursement Report, and/or Promissory Note or (2) a copy of the consolidated/refinanced promissory note from the current servicing lender. The documentation must show, for each loan consolidated, the original amount, original date of loan, original type of loan, and the dates must coincide with the nursing education period entered on the Qualifying Education section of the application. | | |
| How many loans do you have in this consolidation loan? * | 3 | |
| Account Number 1 * | <input type="text"/> | |
| Original Date of Loan 1 * | <input type="text"/> | Original loan amount 1 * <input type="text"/> |
| Account Number 2 * | <input type="text"/> | |
| Original Date of Loan 2 * | <input type="text"/> | Original loan amount 2 * <input type="text"/> |
| Account Number 3 * | <input type="text"/> | |
| Original Date of Loan 3 * | <input type="text"/> | Original loan amount 3 * <input type="text"/> |
| <div>CONTINUE TO DOCUMENTS</div> | | |

OMB No. 0915-0148 Expiration Date: 07/31/2020

Loan Supporting Document page



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Supporting Documents

[Back to Loan Information](#)

Please select the document you would like to upload from the "Browse" selection and then click "Upload." The loan supporting documents are required in order to establish that this loan coincides with the education periods entered on the Education section of the application.

You are required to upload the Account Statement for this loan ONLY. Additionally, you are required to upload either the Aid Summary Report (for Federal loans) or the Disbursement Report (for non-Federal loans) for this loan ONLY. Uploading supporting documents for different loans will slow down processing time. You may add additional loans on the Loan Summary Page, once you save the current loan you have just added.

Please note: The following file types are not suitable for being uploaded: jpg, doc, xls & tif. Password protected files are not acceptable and will disqualify the loan. Loan documents must be official and obtained directly from the lender/servicer. Copies of website versions are acceptable.

UPLOADED DOCUMENTS

You have not uploaded any documents yet.

UPLOAD DOCUMENT

☐ Account Statement

☒ NSLDS/Aid Summary Report

Choose File

No file chosen

Upload

SAVE

If the loan is a consolidated loan an additional document is listed

UPLOAD DOCUMENT

☐ Account Statement

☒ NSLDS/Aid Summary Report

☐ Consolidated Loan Supporting Document

Choose File

No file chosen

Upload

SAVE

All manually added loans will be listed at the bottom of the Loan Information page and will indicate if all documents have been submitted

NEED HELP?

Don't have a Federal Student Aid ID or want to enter loans manually?

—

MANUALLY ADDED LOANS

| Name | Account # | Balance | Submitted All Required Docs ? | Action |
|----------|-----------|-------------|-------------------------------|----------------------|
| Citibank | 12345678 | \$80,000.00 | No | Edit |

Add a New Loan

CONTINUE

Section 6 – Supporting Documents



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Supporting Documents

* required field

Select the document you would like to upload and then click "Upload". Once uploaded, documents will appear under the "Uploaded Documents" section. You may download a blank form to the corresponding document by clicking the title of the document in the "Additional Documents" section below

Please upload PDF documents when possible to enhance processing time. Documents cannot be larger than 5MB in size. TIFF, JPEG, PNG, and HTML are NOT acceptable file types. Multiple documents uploaded in the incorrect location may cause delays in processing your application.

*Application Essay: Please discuss your commitment to pursue a career in primary health care and how you plan to contribute to the mission of the NHSC in providing care to underserved communities.

The essay should be a maximum of two pages (500 word count), with Times New Roman 12 font.

* National Board Scores: Medical students will be required to submit documentation verifying that they have passed Step/Level 1 of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX). Dental students will be required to submit documentation verifying that they have passed Part I of the National Board Dental Examination.

Please Note: All information provided in the supporting documents and the online application must be consistent. Applications with discrepancies will not be considered for an award.

ADDITIONAL DOCUMENTS

- [Authorization to Release Information](#)
- [Verification of Good Standing Report](#)
- [Verification of Disadvantaged Background](#)

UPLOAD DOCUMENTS


| Document Title | Document File | Status | Delete |
|--|---------------|--------------|--------|
| <input type="radio"/> Application essay document | | Not Received | |
| <input type="radio"/> Authorization to Release Information | | Not Received | |
| <input type="radio"/> CV/Resume | | Not Received | |
| <input type="radio"/> National Board Scores | | Not Received | |
| <input type="radio"/> Proof of US Citizenship | | Not Received | |
| <input type="radio"/> Unofficial Transcript | | Not Received | |
| <input type="radio"/> Verification of Good Standing Report | | Not Received | |
| <input type="radio"/> Additional Supporting Document | | Not Received | |

No file chosen

LOAN DOCUMENTS


| Servicing Lender & Account # | Document Title | Document File | Status |
|------------------------------|---------------------|---|----------|
| Citibank 12345678 | Account Statement | 1 A Test document1.docx | Received |
| Citibank 12345678 | Disbursement Report | 1 Test Document.docx | Received |

Alert if applicant is missing documentation



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

[Home](#) | [Account Settings](#) | [Roles](#) | [Log Out](#)



Please upload Proof of US Citizenship

Please upload CV/Resume

Please upload Application essay document


Please upload National Board Scores

Please upload Verification of Good Standing Report

Please upload Authorization to Release Information

Please upload Unofficial Transcript

Section 7 – Self Certifications

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Self Certification

1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM:

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in the S2S LRP) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
 - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
 - violation of Federal or State antitrust statutes; or
 - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

☐ I certify that the above statements do not apply to me. *

2. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION:


☐ Pursuant to the Rights to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the [statement of my RFPA rights](#), I hereby authorize the government or financial institution named in item 1 and/or 9 on each Loan Details page to release financial records relating to educational loans(s) identified on the Loan Details page to the S2S LRP for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the S2S LRP. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed. *

3. APG CERTIFICATION:


☐ I certify that I have read and understand the terms to the [2019 NHSC S2S LRP Application and Program Guidance \(APG\)](#) *

CONTINUE


OMB No. 0915-0146 Expiration Date: 07/31/2020

STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

HomeAccount SettingsRolesLog Out

You must select all checkboxes to continue.

Section 8 – Review and Submit



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Review & Submit

Please review each of the sections listed below prior to submitting your application.

Please Note: Do not submit your application until you are certain it is complete. You will not be able to edit your submitted application after the application deadline. After submission, your final application will be available to download, and print in PDF format on the Home page. All supporting documents will be listed on the Home page. All applications must be submitted by December 13, 2018 at 7:30 PM EST.


| Page Name | Status |
|---------------------------|-------------|
| Eligibility | Complete |
| General Information | Complete |
| Education | Complete |
| Letters of Recommendation | In Progress |
| Loans | Complete |
| Supporting Documents | Complete |
| Self-Certifications | Complete |
| Review & Submit | In Progress |

SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into this application, is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79)"

Password *


SUBMIT



STUDENTS TO SERVICE LOAN REPAYMENT PROGRAM

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1 Eligibility2 General Information3 Education4 Letters of Recommendation5 Loans



Please make sure that both Letters of Recommendation have been completed by the recommenders before submitting.



National Health Service Corps Students to Service Loan Repayment Program

Hello Cindy,

You have submitted your 2019 National Health Service Corps Students to Service Loan Repayment Program online application!

Your Application Status is: **Submitted**

Application ID: **444052**

[VIEW YOUR SUBMITTED APPLICATION](#)

To edit your application or upload additional documentation, you may do so prior to the application deadline, **December 20, 2018 at 7:30 PM EST**, by clicking **EDIT YOUR APPLICATION**. If the deadline has passed, the contents and status of your application is final and cannot be edited by you or the NHSC.

Important Note: By selecting the "Edit Your Application" button, you will reset the application and your application status reverts back to "In Progress" and must repeat the process to **resubmit** your application prior to the application deadline **December 20, 2018 at 7:30 PM EST**, even if changes were not made. If you do not resubmit your application by the application deadline your application cannot be reviewed. If you would like to view a read-only copy of your full application, without the need to resubmit, please click the **VIEW YOUR SUBMITTED APPLICATION** button at the top of this page.

[Edit Application](#)

If you are no longer interested in having your application considered, please click the **Withdraw** button below. If after withdrawing your application you wish to have it considered, you may log into the application until **December 20, 2018 at 7:30 PM EST**, and select "Undo Withdrawal". You must complete the steps to resubmit your application prior to the application deadline.

[Withdraw](#)

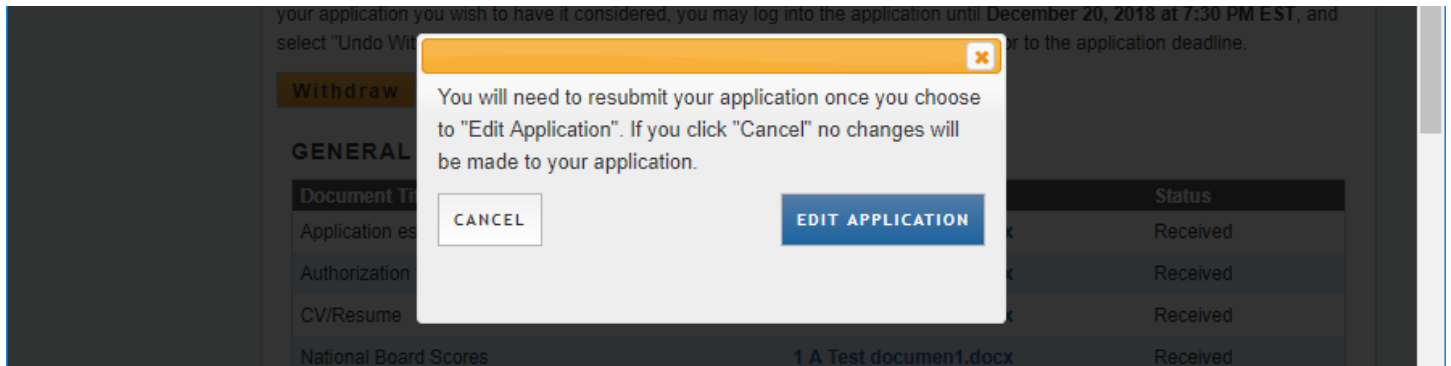
GENERAL SUPPORTING DOCUMENTS

| Document Title | Document Name | Status |
|--------------------------------------|------------------------|--------------|
| Application essay document | 1 A Test documen1.docx | Received |
| Authorization to Release Information | 1 A Test documen1.docx | Received |
| CV/Resume | 1 A Test documen1.docx | Received |
| National Board Scores | 1 A Test documen1.docx | Received |
| Proof of US Citizenship | 1 A Test documen1.docx | Received |
| Unofficial Transcript | 1 A Test documen1.docx | Received |
| Verification of Good Standing Report | 1 A Test documen1.docx | Received |
| Additional Supporting Document | | Not Received |

LOAN SUPPORTING DOCUMENTS

| Servicing Lender & Account # | Document Title | Document File | Status |
|------------------------------|--------------------------|------------------------|----------|
| Access Group 123789 | Account Statement | 1 A Test documen1.docx | Received |
| Access Group 123789 | NSLDS/Aid Summary Report | 1 A Test documen1.docx | Received |

If an applicant selects to edit their application an alert will appear



If an applicant selects to withdraw their application

