OMB No: 0906-0082
Expiration Date: xx/xx/xxxx
Bureau of Health Workforce
U.S. Department of Health and Human Services
Health Resources and Services Administration

Participant Screen:

Professional Information

Please verify the following information is correct for the time period from **03/17/2026 to 09/16/2026**.

Discipline	Specialty	Contract Status
Registered Nurse	None	Full Time

In Service Verification Details

The Faculty Loan Repayment Program uses the employer's definition for full-time and part-time service. Therefore, if the employer considers a participant to be working full-time, then the participant meets the program's full-time requirement. Likewise, if the employer considers a participant to be working part-time, then the participant meets the program's part-time requirement. Participants are required to work the number of hours/week listed in this verification.

SERVICE FROM **03/17/2026 – 09/16/2026**

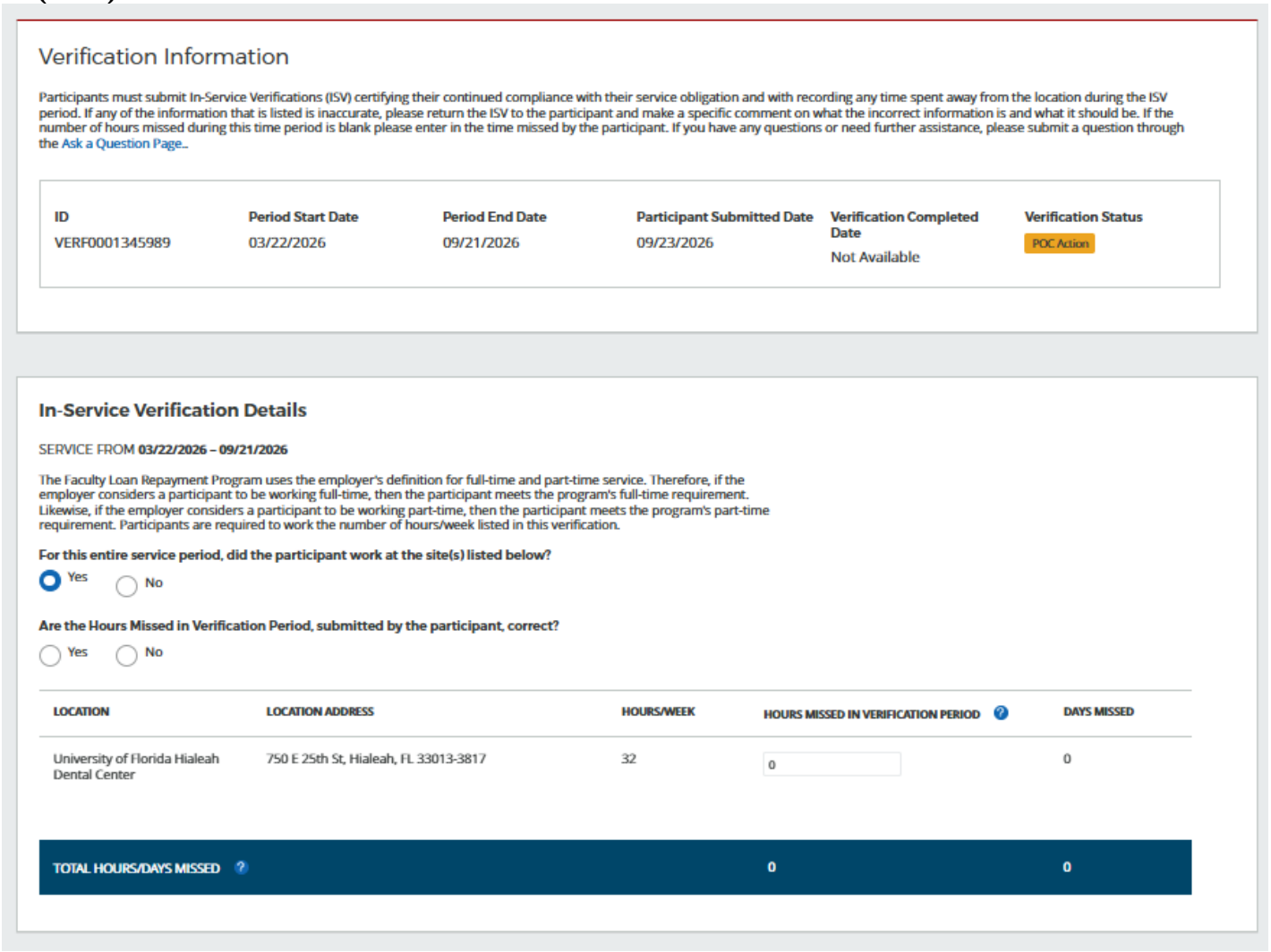
LOCATION	LOCATION ADDRESS	HOURS/WEEK	HOURS MISSED IN VERIFICATION PERIOD	DAYS MISSED	LOCATION VERIFICATION STATUS
Missouri Western State University - School of Nursing & Health Professions	4525 Downs Dr, Saint Joseph, MO 64507-2294	32	0	0	Due
TOTAL HOURS/DAYS MISSED			0	0	

Is your professional information correct and did you work at the site(s) listed above during the entire verification period?

◯ Yes ◯ No

OMB No: 0906-0082
Expiration Date: xx/xx/xxxx
Bureau of Health Workforce
U.S. Department of Health and Human Services
Health Resources and Services Administration

Point of Contact (POC) Screen:



Verification Information

Participants must submit In-Service Verifications (ISV) certifying their continued compliance with their service obligation and with recording any time spent away from the location during the ISV period. If any of the information that is listed is inaccurate, please return the ISV to the participant and make a specific comment on what the incorrect information is and what it should be. If the number of hours missed during this time period is blank please enter in the time missed by the participant. If you have any questions or need further assistance, please submit a question through the Ask a Question Page..

ID	Period Start Date	Period End Date	Participant Submitted Date	Verification Completed Date	Verification Status
VERF0001345989	03/22/2026	09/21/2026	09/23/2026	Not Available	POC Action

In-Service Verification Details

SERVICE FROM **03/22/2026 – 09/21/2026**

The Faculty Loan Repayment Program uses the employer's definition for full-time and part-time service. Therefore, if the employer considers a participant to be working full-time, then the participant meets the program's full-time requirement. Likewise, if the employer considers a participant to be working part-time, then the participant meets the program's part-time requirement. Participants are required to work the number of hours/week listed in this verification.

For this entire service period, did the participant work at the site(s) listed below?

(●) Yes ( ) No

Are the Hours Missed in Verification Period, submitted by the participant, correct?

( ) Yes ( ) No

LOCATION	LOCATION ADDRESS	HOURS/WEEK	HOURS MISSED IN VERIFICATION PERIOD	DAYS MISSED
University of Florida Hialeah Dental Center	750 E 25th St, Hialeah, FL 33013-3817	32	0	0
TOTAL HOURS/DAYS MISSED			0	0

OMB No: 0906-0082
Expiration Date: xx/xx/xxxx
Bureau of Health Workforce
U.S. Department of Health and Human Services
Health Resources and Services Administration

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 0906-0082 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit (Section 738(a) of the Public Health Service Act (42 USC 293b (a)). 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 or 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.