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

Certification Regarding Vulnerable Background Faculty Loan Repayment Program

Institution Point of Contact Only: Please complete and return to the Bureau of Health Workforce, Faculty Loan Repayment Program applicant for submission with their program application.

Applicant: Upload this completed form to your application when prompted to do so for consideration of vulnerable background preference. The Faculty Loan Repayment Program cannot accept faxed or emailed copies.

Applicant's Name | **Application ID#**

Name of Applicant's Institution of Employment

FACULTY LOAN REPAYMENT PROGRAM VULNERABLE BACKGROUND ELIGIBLITY PREFERENCE

For the applicant named above to receive vulnerable background preference, the applicant must provide certification from a health professions school previously attended that identifies the individual as coming from an economically or geographically vulnerable background.

CRITERIA FOR DETERMINING WHETHER APPLICANT MEETS VULNERABLE BACKGROUND STATUS

An individual certified by the health professions school (previously attended by the applicant) as having come from an economically or geographically vulnerable background. This individual can be either economically or geographically vulnerable as described below:

1. Geographically Vulnerable

An individual from a "vulnerable background" comes from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health profession or nursing school (geographically vulnerable). The following are common

examples that describe students who are “geographically vulnerable”. These characteristics are for guidance only and are not intended to be all-inclusive:

- Students who graduate from a high school with low average SAT/ACT scores or below the average state test results.
- Students from a school district where 50 percent or less of graduates go to college.
- Students who have a diagnosed physical or mental impairment that substantially limits participation in educational experiences.
- Students for whom English is not their primary language and for whom language is still a barrier to academic performance.
- Students from a high school where at least 30 percent of enrolled students are eligible for free or reduced-price lunches.
- Students who come from a family that receives public assistance (e.g., Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program, Medicaid, public housing).
- Students who are the first generation in the family to attend college.

-OR-

2. Economically Vulnerable

The following are characteristics that describe students who are considered “economically vulnerable”:

- Students who come 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 (economically vulnerable). The Secretary of Health and Human Services defines a ‘‘low-income family’’ for various health professions and nursing programs included in Titles III, VII and VIII of the Public Health Service Act as having an annual income that does not exceed 200 percent of the Department’s poverty guidelines.
    - A family is a group of two or more individuals related by birth, marriage, or adoption who live together or an individual who is not living with any relatives.
- Students who received a Pell Grant.

CERTIFICATION BY INSTUTIONAL OFFICIAL

Place a check in the applicable box below indicating the vulnerable background status for this applicant based on the criteria described above. Please select one.

☐ I certify that the above named Faculty Loan Repayment Program applicant, while a student at the below institution, did come from a vulnerable background as indicated above.

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☐ I certify that the above named Faculty Loan Repayment Program applicant, while a student at the below institution, did NOT come from a vulnerable background as indicated above.

By signing this form, I certify that I am a responsible institutional official and that because of my official duties, I am knowledgeable about the demographics of the students enrolled here and can certify whether they meet the criteria stated above.

Signature: _____ **Date:** _____

Printed Name: _____ **Phone Number:** _____

Title _____ **Institution** _____

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.