Nursing Education
Loan Repayment Program

Fiscal Year 2011
Continuation Contract
Application & Program Guidance
March 2011

To apply for a Nursing Education Loan Repayment Program Continuation Contract, you must complete, print, and mail or fax these forms and the documentation listed in the Application Checklist. Do not fax and mail a copy of these forms and documentation. Failure to comply may result in a delay in processing your application.

Mail or Fax Completed Checklist and Forms to:
NELRP
c/o HRSA Document Center
12530 Parklawn Drive, Suite 350
Rockville, MD 20852
Fax: (855) 444-6034
Attention: Continuation Contract Department

For Questions, please call 1-800-221-9393 (TTY: 1-877-897-9910), Monday through Friday (except Federal holidays) 9:00 am to 5:30 pm EST. Email: CallCenter@hrsa.gov

OMB No. 0915-0140 Expiration 01/31/2011

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 current OMB control number. The information is being collected and will be used to evaluate an applicant’s eligibility, qualifications, and suitability for participating in the NELRP. Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Disclosure of information sought is voluntary; however, if not submitted, except for questions related to Race/Ethnicity on the online application, an application will be considered incomplete and therefore will not be considered for an award. The information applicants supply will be maintained in a system of records and subject to disclosure under the Privacy Act Notification Statement in the NELRP Application and Program Guidance. 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 Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.
NELRP APPLICATION CHECKLIST

Applicants must initial each item and sign and date the Checklist. Please make sure all forms are accurate and complete with signatures prior to submission of your application. Keep a copy of the Continuation Contract application package for your records.

1. I certify that I have read the Continuation Contract Application and Program Guidance.

2. NELRP Continuation Contract. Please print your name and sign and date the continuation contract. Remember that it is not effective until service under your initial NELRP contract is fulfilled.

3. Certification of No Other Service Obligation. Please print your name and sign and date the form to certify to the NELRP that you have no current service obligation with any entity other than the NELRP.

4. Certification Regarding Debarment, Suspension, Disqualification and Related Matters. To be completed by the NELRP Continuation Contract applicant.

5. Authorization to Release Information Form. To be completed by the applicant to authorize HHS’ release of information to lenders/holders and authorizes any program or entity to which the applicant owes a service obligation to release information to HHS.

6. Privacy Act Release Authorization Form. If an applicant wishes to authorize the Department of Health and Human Services to disclose information relating to his/her application (e.g., the status of the application) to a third party, the applicant must complete and sign the Privacy Act Release Authorization form.

7. Payment History. A payment history must be provided for each qualifying educational loan that was approved as part of your initial NELRP award to confirm that all disbursed NELRP funds have been used to repay qualifying educational loans. This payment history can be obtained from your lender(s) and should reflect payments from October 2009 through February 2011. Canceled checks and bank statements cannot be accepted as proof of payment.

8. Copy of BCRSIS “Receipt of Submission.” This verifies your banking information to ensure the proper routing of your Continuation Contract award. It can be accessed at https://nis.hrsa.gov/BANKLOGIN.ASPX


I certify that the information submitted in this application and all supplemental forms is true, accurate and complete to the best of my knowledge and belief and does not omit any materials facts. I understand that the information given may be investigated and that any knowing and willful false representation, or concealment, of a material fact is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for the return of all awarded funds and, further, that any such false statement or concealment may be punished as a felony under U.S. Code, Title 18, Section 1001, and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

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<th>Name (Please Print)</th>
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Consistent with paragraph 6 of the initial Nursing Education Loan Repayment Program (NELRP) Contract ("Initial Contract"), the Secretary of Health and Human Services ("Secretary") and the undersigned participant ("Participant") agree to amend the Participant’s Initial Contract for a third year. The terms and conditions of this amendment are set forth in the Initial Contract, this Continuation Contract, section 846 of the Public Health Service Act (42 United States Code (U.S.C.) section 297n), and 42 Code of Federal Regulations (C.F.R.) section 57.312.

The Participant agrees to provide a third consecutive year of full-time service at a Critical Shortage Facility ("CSF") as defined by the Secretary. Full-time service is working as a registered nurse at a CSF for a minimum of 32 hours per week, for a minimum of 45 weeks per service year.

In return, subject to the availability of funds, the Secretary agrees to pay, to or on behalf of the Participant, an amount equal to 25 percent of the Participant’s qualifying educational loans for nursing education which were unpaid on the effective date of the Participant’s Initial Contract. The Participant agrees to apply all NELRP payments received under this Continuation Contract after Federal tax withholding to repay his or her qualifying educational loans for nursing education. No portion of the NELRP payments shall be used to pay taxes due to Federal, State, or local authorities.

If the Participant fails to begin or complete a third year of full-time service at a CSF that has been approved by the Secretary, he or she shall repay all the NELRP funds received under this Continuation Contract (including the amounts withheld for Federal taxes), plus interest at the maximum legal prevailing rate from the date of the Participant’s breach of the service obligation, as required under 42 U.S.C. section 297n(g)(1)(B). The funds owed to the Federal Government must be repaid within 3 years of the service breach date.

The Participant agrees to permit the Secretary to collect any debt owed by the Participant as a result of an overpayment of NELRP payments, through the administrative offset of subsequent NELRP payments to the Participant under this Continuation Contract, until the debt is paid in full. An overpayment of NELRP payments may occur, for example, due to administrative error or when payments are made during any period when the Participant is not providing full-time service at a CSF approved by the Secretary.


This Continuation Contract will not be effective (1) until it has been signed and dated by the Participant and the Secretary, (2) until the Participant has completed 2 years of full-time service as required under his or her Initial Contract, and (3) unless the Participant has applied all NELRP payments received under his or her Initial Contract to reduce his or her original qualifying educational loan balances, prior to the completion of service under the Initial Contract.
NURSING EDUCATION LOAN REPAYMENT PROGRAM
CERTIFICATION of NO OTHER SERVICE OBLIGATION

This form is to certify that a Nursing Education Loan Repayment Program (NELRP) continuation contract applicant has no other service obligation that would conflict with the NELRP. Please print your name and sign and date the form.

I, ____________________________, hereby certify that, other than my current two-year service obligation with the NELRP, I currently have no other existing service obligations with any other entities (e.g., an active military duty obligation, an existing commitment to an institution or employer for educational pay back, a sign-on bonus to maintain employment at the facility where I am currently serving under the NELRP, a service commitment to a State or local government, or another Federal loan repayment program).

__________
Signature of Applicant

__________
Date
NURSING EDUCATION LOAN REPAYMENT PROGRAM
Certification Regarding Debarment, Suspension, Disqualification and Related Matters

The receipt of funding under the Nursing Education Loan Repayment Program (NELRP) is a “covered transaction” pursuant to Title 2 of the Code of Federal Regulations (CFR) Part 180, as adopted by HHS pursuant to 2 CFR Part 376. Before entering into a NELRP contract, the applicant is required, under Subpart C of Part 180, to report certain information, which is described below.

Individuals who are currently excluded (suspended or debarred) or disqualified by any Federal agency from participating in covered transactions are ineligible to receive an award under the NELRP. Individuals with reportable problems other than exclusion or disqualification may, or may not, be selected to participate in the NELRP, based on the Program’s consideration and evaluation of the applicant’s circumstances.

As a condition of participating in the NELRP, a participant must agree to comply with the requirements of Subpart C of Part 180, which include providing immediate written notice to the NELRP if the applicant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

**CERTIFICATION**

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 NELRP) 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;
  - 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; or
  - Commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, local) with the commission of any of the offenses set forth above; or
- Within the 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

The applicant must sign one certification below applicable to his or her situation.

I, ____________________________, certify that none of the above statements apply to me.

(Print Name)

__________________________________________  ____________
Signature  Date

OR

I, ____________________________, certify that one or more of the above statements apply to me.

(Print Name)

__________________________________________  ____________
Signature  Date
NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)  
AUTHORIZATION to RELEASE INFORMATION 

As a Nursing Education Loan Repayment (NELRP) continuation contract applicant, I __________________________, hereby authorize: 

i. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to determine my eligibility/qualifications to participate in the NELRP, and to determine the eligibility of my educational loans for repayment under the NELRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me. 

ii. Any program or entity to which I owe a service obligation, or defaulted on a service obligation, to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NELRP, this authorization shall remain in effect until the date my NELRP obligation, including any extension of the obligation pursuant to a continuation contract has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NELRP, this authorization shall remain in effect until September 30, 2011.

Signature of Applicant __________________________ Date ____________

Authorization to Release Information Form

This form authorizes HHS, and/or its contractors, to release information that identifies the applicant for purposes of obtaining the applicant’s educational loan information. It also authorizes any program to which the applicant owes a health profession service obligation to release information to HHS and/or its contractors.
NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)
PRIVACY ACT RELEASE FORM

I, ____________________________________________, residing at ____________________________________________________________, hereby authorize the Department of Health and Human Services and/or its contractors to disclose any information contained in its files relating to my participation in the Nursing Education Loan Repayment Program (NELRP) Loan Repayment Program.

To: ____________________________________________  (Individual)
    ____________________________________________  (Relationship/Name of Firm)
    ____________________________________________  (Address)
    ____________________________________________  (City, State, Zip Code)

This authorization will take effect on the date that I sign this release form. This authority shall remain in effect until I notify the NELRP otherwise in writing.

Signature of Participant: ____________________________ Date: ____________ Last 4 digits SSN: ______________

I certify that I am the above-named individual, to whom the applicant has authorized disclosure. I understand that the knowing and willful request for, or acquisition of, information pertaining to an individual from an agency under false pretenses is a criminal offense under the Privacy Act, subject to a $5,000 fine (5 U.S.C. 552a(ii)(3)).

Signature of Individual: ____________________________ Date: ____________