

**STUDENT FINANCIAL AID GUIDELINES**

**HEALTH PROFESSIONS PROGRAMS**

**EXCEPTIONAL FINANCIAL NEED SCHOLARSHIPS  
AND  
FINANCIAL ASSISTANCE FOR DISADVANTAGED HEALTH PROFESSIONS  
STUDENTS  
(EFNS/FADHPS Programs)**

U.S. DEPARTMENT  
OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Health Resources and Services Administration  
Bureau of Health Professions  
Division of Student Assistance

**EXCEPTIONAL FINANCIAL NEED SCHOLARSHIPS  
AND  
FINANCIAL ASSISTANCE FOR DISADVANTAGED HEALTH PROFESSIONS  
STUDENTS**

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## Chapter 1 INTRODUCTION

With the passage of the Health Professions Extension Act of 1992 (P.L. 102-408), the administration of the Exceptional Financial Need Scholarship Program (EFN) and the Financial Assistance for Disadvantaged Health Professions Students Program (FADHPS) was identical, with one exception. FADHPS awards must be made to students who came from disadvantaged backgrounds.

With the current passage of the Health Professions Education Partnership Act of 1998, signed on November 13, 1998, the authority for the EFN/FADHPS programs were repealed. However, it provides funding for existing recipients of EFN and FADHPS scholarships who will continue to be enrolled after Academic Year 1998-99 as part of the amendments to the Scholarships for Disadvantaged Students (SDS) program (Section 737(b) of the PHS Act). Brief histories of each program appear below.

### Section 1 EFN

The EFN Scholarship Program was established by the Health Professions Educational Assistance Act of 1976. The first awards were made in 1978.

Like the Health Professions Student Loan Program (HPSL)/Primary Care Loan (PCL) and the Loans for Disadvantaged Students (LDS), EFN program funds were provided to institutions directly from HHS based on an application submitted by the institutions. Institutions then distributed the funds according to program rules contained in statute, regulations and through Department of Health and Human Services guidance in other documents.

EFN scholarships underwent significant change with the enactment of the Health Omnibus Programs Extension Act of 1988 (P.L. 94-484). Prior to enactment, only first-year health professions students were eligible for EFN scholarships and awards provided grants that virtually covered the recipient's entire budget. With the passage of P.L. 94-484, the requirement restricting funds to first-year students was no longer in effect. Schools were then able to make awards for all or part of a student's total budget.

### Section 2 FADHPS

The FADHPS program began in 1987. Like EFN, FADHPS had been administered similarly to the HPSL/PCL and LDS programs. That is, institutions applied to the Secretary of Health and Human Services for FADHPS funds, which the schools then distributed to eligible students based on program rules contained in statute, regulations and other HHS documents.

Each school participating in the FADHPS program was responsible for selecting the recipients.

### Section 3 OVERVIEW OF THE CURRENT EFN AND FADHPS PROGRAMS

The Health Professions Education Partnerships Act of 1998, which was signed into law on November 13, 1998, affected the EFN and FADHPS program as follows:

- provides funding for existing recipients of EFN and FADHPS scholarships who will continue to be enrolled after Academic Year 1998-99 as part of the amendments to the Scholarships for Disadvantaged Students (SDS) program (new Section 737(b) of the PHS Act).
- clarifies that EFN and FADHPS primary care service agreements remain in effect, in accordance with the terms of the agreement, until the service obligation has been fulfilled (Section 101(b)(2) of P.L.105-391). In other words, students (prior recipients) must continue to sign the agreement for primary health care service each year they receive EFN/FADHPS and must agree to practice in primary care as a condition for receiving EFN/FADHPS to fulfill their primary care service obligation.

## Chapter 2 INSTITUTIONAL PARTICIPATION IN THE PROGRAM

### Section 1 ELIGIBILITY CRITERIA

Institutions must meet certain criteria in order to be eligible to participate in the EFN and FADHPS programs. The criteria fall into the following categories:

- disciplines and degree programs;
- location of the institution;
- accreditation;
- written agreement between the institution and the Secretary of Health and Human Services;
- non-discrimination requirements;
- drug-free workplace, schools and campuses requirements;
- lobbying and disclosure of lobbying requirements; and
- debarment and suspension provisions.

#### A. DISCIPLINES AND DEGREE PROGRAMS

Any public or other nonprofit institution that offers degrees to full-time students in disciplines as specified below may apply for EFN and FADHPS funds:

- doctor of allopathic medicine;
- doctor of osteopathic medicine; and
- doctor of dentistry.

*[Sections 736(a) and 740(d)(2)(B) of the Public Health Service Act]*

#### B. LOCATION OF THE INSTITUTION

The health professions school must be located in a State, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa or the Trust Territory of the Pacific.

*[Section 799(9) of the Public Health Service Act]*

#### C. ACCREDITATION

A health professions school that is interested in participating in the EFN and FADHPS programs must be accredited by an appropriate accrediting body that is recognized by the Secretary of Education.

The approved accrediting bodies for health professions schools are as follows:

- allopathic medicine: Liaison Committee on Medical Education, the American Medical Association, and the Association of American Medical Colleges
- osteopathic medicine: American Osteopathic Association
- dentistry: Commission on Dental Accreditation

*[Section 799(1)(A) of the Public Health Service Act]*

#### **D. WRITTEN AGREEMENT**

Health professions schools entered into an agreement with the Secretary of Health and Human Services as a criterion for obtaining EFN and FADHPS funds. The agreement was incorporated into the application for EFN and FADHPS funds.

#### **E. NON-DISCRIMINATION REQUIREMENTS**

Participating health professions institutions must adhere to statutes and regulations addressing non-discrimination. These include:

- Section 704 of the Public Health Service Act and its implementing regulations 45 CFR Part 83, which prohibit discrimination in the admissions process on the basis of sex;
- Title VI of the Civil Rights Act of 1964 and its implementing regulations 45 CFR Part 80, which prohibit discrimination in federally assisted programs on the basis of race, color or national origin;
- Title IX of the Education Amendments of 1972 and its implementing regulations 45 CFR Part 86, which prohibit discrimination in federally assisted education programs on the basis of sex;
- Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, 45 CFR Part 84, which prohibit discrimination in federally assisted programs on the basis of handicap;
- Section 710 of the Public Health Service Act, which prohibits institutions from charging higher tuitions to students that benefit from Federal financial aid funds;
- Section 401 of the Health Programs Extension Act, which prohibits institutions from denying admissions to individuals on the basis of their stand on abortion and sterilization; and
- 45 CFR Part 91, which prohibits discrimination on the basis of age.

In addition, institutions may not discriminate on the basis of religion in the admissions process.

#### **F. DRUG-FREE WORKPLACE, SCHOOLS AND CAMPUSES**

Participating schools must comply with the requirements in 45 CFR Part 76, Subpart F. This section of the regulations stipulates that institutions must certify that they will provide and maintain a drug-free workplace.

The Drug-Free Schools and Communities Act Amendments of 1989 and its implementing regulations 34 CFR Part 86 apply to any public or private institution of higher education (including independent hospitals conducting training programs for health care personnel), State educational agency, or local educational agency. As a condition of funding from Federal financial assistance programs, the statute requires these entities to certify to the Secretary of Education that they have adopted and implemented a drug prevention program. These provisions also apply to subgrantees of Federal funds whether or not the primary grantee is an institution of higher education, a State educational agency, or a local educational agency.

#### **G. NON-DELINQUENCY OF THE INSTITUTION ON FEDERAL DEBT**

Participating institutions must comply with non-delinquency on Federal debt requirements. Examples of Federal debt or possible sources include delinquent taxes, audit disallowances, FHA loans, and other unpaid administrative debts. Specific examples include:

- a scheduled payment on a direct loan that is more than 31 days past due;
- the unpaid disallowed amount in a "Notice of Grants Cost Disallowance" unless otherwise unresolved; and
- unpaid Social Security tax payment or other administrative payment owed to the Federal Government.

#### **H. LOBBYING AND DISCLOSURE OF LOBBYING**

Institutions must adhere to restrictions on lobbying and provide a disclosure statement about lobbying activities for each Federal award to the institution in excess of \$100,000. The Office of Management and Budget periodically publishes guidance in *Federal Register* that describes restrictions on lobbying.

#### **I. DEBARMENT AND SUSPENSION OF CAMPUSES**

According to regulations in 45 CFR Part 76, an institution must certify that neither it nor any of its principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily



excluded from covered transactions by any Federal dependent or agency. Subawardees (e.g., other corporations, partnerships, or other legal entities) also must provide the same certification to the institution.

## **Section 2 DESIGNATION OF INSTITUTIONAL CONTACT PERSON**

The program contact person is the individual who will be responsible for distributing DSA program mailings to the appropriate offices and individuals within the institution and will be responsible for ensuring the return of material. Any changes to the contact person, refer to Appendix I.

## **Section 3 AWARDS TO INSTITUTIONS**

### **A. DETERMINATION OF AMOUNTS**

The Department of Health and Human Services determines allocation of EFN and FADHPS funds to institutions based on the information provided for existing EFN and FADHPS scholarships who will continue to be enrolled after Academic Year 1998-99 as part of the amendments to the SDS program (Section 737(b) of the PHS Act).

To the extent funds are sufficient, the equivalent of one full scholarship--whether EFN or FADHPS--is awarded to each school on the list. Note that one full EFN or FADHPS scholarship is equal to the tuition of the student and other reasonable educational expenses, including fees, books and laboratory expenses. A full scholarship may not exceed these costs as established by the school in its standard budgets, nor may it include living expenses.

### **B. NOTIFICATION**

The Department sends a Notice of Award to the designated school official notifying the school of the amount of Federal funds awarded for the EFN and FADHPS programs.

Schools that fail to complete Financial Status Reports or fail to use prior year allocations are not eligible to receive future funds.

## Chapter 3 STUDENT AWARDS

### Section 1 STUDENT ELIGIBILITY CRITERIA

Institutions must be sure that students who receive EFN and FADHPS scholarships meet the set eligibility requirements specified in statute and in regulations. *Only prior recipients are eligible.* A description of the eligibility requirements follows.

#### A. CITIZENSHIP STATUS

A student applicant must be a citizen or national of the United States, or a lawful permanent resident of the United States, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the Virgin Islands, Guam, American Samoa or the Trust Territory of the Pacific. A student who remains in this country on a student or visitor's visa is not eligible.

#### B. ACADEMIC STATUS

Students must be enrolled full-time in programs leading to the following degrees in order to be eligible for EFN and FADHPS funds:

- doctor of allopathic medicine;
- doctor of osteopathic medicine; and
- doctor of dentistry.

EFN and FADHPS recipients are not required under statute or regulations to maintain good academic standing. However, a school has the option of stipulating that recipients must be in good academic standing as defined by the school for other programs, such as HPSL.

*[Section 736(a) of the Public Health Service Act]*

#### C. EXCEPTIONAL FINANCIAL NEED

The student must demonstrate exceptional financial need for assistance in order to pursue the full-time course of study at the health professions school in which he or she is enrolled or accepted for enrollment. Exceptional financial need is defined as the condition in which a student's financial resources do not exceed the lesser of \$5,000 or one-half the cost of attendance at the school in which the student is enrolled.

*[Section 736(a) of the Public Health Service Act]*

## 1) GENERAL REQUIREMENTS FOR CALCULATING FINANCIAL NEED

All schools participating in the EFN and FADHPS programs must:

- use the expected family contribution calculated from the need analysis formulas legislated under the Higher Education Act of 1965, as amended;
- collect and assess parents' financial information even if the student is considered independent according to the definitions under the need analysis formula in Title IV of the Higher Education Act; and
- consider estimated resources and other financial aid.

Resources for determining exceptional financial need include expected family contribution from the:

- student;
- spouse (if applicable);
- parents (without regard to the independent status of the student); and
- other family members.

Resources for determining exceptional financial need do not include:

- summer earnings;
- educational loans;
- veterans benefits; and
- school-year earnings.

Exceptional financial need notwithstanding, schools must consider all resources to determine the amount of EFN and FADHPS scholarships that students may receive.

## 2) PARENTS' FINANCIAL INFORMATION

Beginning with the 1993-94 academic year, all graduate students must be considered independent according to the need analysis formula in Title IV of the Higher Education Act. Nonetheless, institutions still must take parents' information into account for the purpose of awarding EFN and FADHPS funds. This requirement cannot be waived. In cases where the parents refuse to provide income information, an affidavit documenting such a refusal cannot be accepted in lieu of the required information. Unless the parents are deceased, a student who does not provide parental income information may not be considered for EFN or FADHPS funds.

The amount of EFN and FADHPS funds awarded to students plus the amount of the expected family contribution--including parents' contribution--may not exceed the cost of attendance.

Note that Department of Education programs authorized under Title IV of the Higher Education Act, such as Federal Stafford Loans, Federal Perkins Loans and Federal College Work-Study, do not require parents' contribution to determine eligibility for independent students. EFN and FADHPS, however, require parents' contribution for all students without regard to age, tax, marital or independent status. It is possible, therefore, that an independent student's expected family contribution figure will be lower for these Department of Education programs than for the EFN and FADHPS programs, because parents' financial information is not taken into account. For the purpose of awarding EFN and FADHPS, the Department of Education funds may replace the parents' contribution for students who meet the Higher Education Act's independent student definition. An overaward will not result as long as the total of the independent student's contribution plus financial aid from all sources and actual other resources does not exceed the cost of attendance.

### 3) COST OF ATTENDANCE

Developing student budgets requires careful identification of reasonable costs necessary for the student's attendance at the school, including any special needs or obligations of each student or costs common to particular groups of students. The school must develop student budgets which treat students within groups consistently, but are sensitive to individual circumstances. Schools must be able to document the various student budgets used in determining financial need. Using the Title IV requirements for developing costs of attendance is an appropriate approach for administering EFN and FADHPS funds.

The Department of Health and Human Services recognizes that from time to time an individual student's budget may deviate from the standard cost of attendance because of unusual circumstances. Financial aid administrators should use their authority to make changes to the standard student budget judiciously. Further, the school must carefully document all such changes.

### D. DISADVANTAGED BACKGROUND

Only students who come from disadvantaged backgrounds may obtain FADHPS awards. *This eligibility requirement does not apply to students who receive EFN awards.*

To identify students who come from disadvantaged backgrounds, the school must determine if students meet one of the following two criteria:

- the student 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 school; or

- the student comes from a family with an annual income below a level based on the low income thresholds by family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and which has been multiplied by a factor to be determined by the Secretary for adaptation to this program.

The Department of Health and Human Services publishes the requisite income levels in the *Federal Register* periodically.

[42 CFR Part 57.1804]

### **E. PRIMARY HEALTH CARE SERVICE OBLIGATION**

EFN and FADHPS scholarships carry two primary health care service obligations for recipients. First, recipients must agree to complete the program of education for which the EFN and FADHPS has been awarded. Second, EFN and FADHPS programs:

- require an individual attending a school of allopathic or osteopathic medicine to enter and complete a residency training program in primary health care not later than four years after completing the program of education for which the scholarship funds were received and practice in primary health care for five years after completing the residency training program; and
- require an individual attending a school of dentistry to practice in general dentistry for five years, exclusive of any period during which the individual is attending a residency training program in general dentistry.

### **1) ALLOWABLE RESIDENCY TRAINING AND SERVICE OBLIGATION ACTIVITIES**

Following are the acceptable and unacceptable residency training/practice activities:

#### **Statuary Definition of Primary Care:**

- **Medicine/Osteopathic Medicine:**
  - family medicine
  - general internal medicine
  - general pediatrics
  - preventive medicine
  - osteopathic general practice

- **Dentistry:**
  - general dentistry

**Acceptable Residency Training:**

*Medicine/Osteopathic Medicine:*

3-year residency approved by ACGME or AOA in--

- family medicine
- internal medicine
- pediatrics
- combined medicine/pediatrics
- preventive medicine
- general practice

*Dentistry:*

Advanced Education/Residency programs accredited by the Commission on Dental Accreditation in--

- general dentistry
- general practice
- dental public health

Programs accredited by the Council on Education for Public Health leading to a Master's in Public Health or similar degree

Advanced education programs in general dentistry sponsored by an institution of higher education, as approved by the Secretary on a case-by-case basis

**Acceptable Practice Activities:***Medicine/Osteopathic Medicine:*

- Primary Care Clinical Practice
- Clinical Preventive Medicine
- Occupational Health
- Senior/Chief Resident in primary care residency program
- Faculty, Administrators, or Policy Makers certified in one of the primary health care disciplines
- Geriatrics
- Adolescent Medicine Adolescent Pediatrics
- Sports Medicine
- Training for Primary Care Faculty Career
- Training for Public Policy Career
- Masters in Public Health
- Public Policy Fellowship
- Faculty Development Training
- Primary Care Fellowship

*Dentistry:*

- General Dentistry Practice
- Pediatric Dentistry
- Dental Public Health
- Dental Faculty
- Policy Makers with General Dentistry Training
- Administrators with General Dentistry Training

**Unacceptable Practice Activities:***Medicine/Osteopathic Medicine:*

- Cardiology
- Gastroenterology
- Obstetrics/Gynecology
- Surgery
- Dermatology
- Radiology
- Rehabilitative Medicine
- Physical Medicine
- Emergency Medicine
- Other Subspecialty Training or Certification

*Dentistry:*

- Orthodontics
- Endodontics
- Oral Surgery
- Prosthodontics
- Periodontics
- Oral Pathology

## 2) GENERAL REQUIREMENTS ON SERVICE OBLIGATION

Any form of subspecialization (non-primary care) during residency or practice would constitute a breach of service obligation on the date recipients enter into non-primary care residency/practice. It is not required that the 3 years of primary care residency training be consecutive. Recipients who spend up to 1 year of the 4 years doing something other than residency training (e.g., leave of absence, family leave, fellowships in primary care, etc.) are not in breach of their contract.

## 3) SERVICE OUTSIDE THE UNITED STATES/MILITARY SERVICE

To assure that the EFN/FADHPS programs are most effective in helping to achieve the national goal of making primary care more widely available, and in contributing to the success of health care reform, the Department requires that EFN and FADHPS recipients fulfill their primary care service obligation in the United States. Service outside of the United States is only permitted if the borrower is in military service and is assigned to serve at a location outside of the United States.

A service obligation with the military or a service obligation with EFN/FADHPS does not have precedence over the other. Both must be fulfilled in accord with the terms of the contract and may be fulfilled concurrently. For example, a student who has taken EFN or FADHPS and has a military service obligation would be required to practice primary care in accord with the EFN or FADHPS agreement and would also be required to comply with the military obligation.

## 4) BREAK IN SERVICE

It is not required that the 3 years of primary care residency training be consecutive. Recipients who spend up to 1 year of the 4 years doing something other than residency training (e.g., leave of absence, family leave, fellowships in primary care, etc.) are not in breach of their contract. Any form of subspecialization (non-primary care) during residency or practice would constitute a breach of service obligation on the date recipients enter into non-primary care residency/practice.

An EFN/FADHPS recipient must complete residency training within 4 years of graduation (except for dental recipients of EFN and FADHPS, who do not have a statutory time limit for completion of residency training). Upon completion of residency training, the recipient must enter and remain in primary care practice for 5 years unless there are extenuating circumstances for which the school determines that a break in service is appropriate, such as extended illness, maternity/family leave, or time to establish a practice or secure employment.

The school must obtain documentation which supports the recipient's request for a break in service (e.g., a signed statement from the recipient stating the reason for the break in service). The school has discretion to approve a break in service that does not exceed 12 months. Any break in service exceeding 12 months must be approved by the Department. Requests for approval of such must be submitted to:



DHHS/HRSA/BHPr  
Division of Student Assistance  
Office for Campus Based Programs  
Scholarship Team  
5600 Fishers Lane, Room 8-34  
Rockville, MD 20857

## 5) FULL-TIME/PART-TIME PRACTICE

The law requires that EFN/ FADHPS recipients practice in primary care, but does not specify that the practice be full-time or that it involve a minimum number of hours per week. Even though part-time practice is acceptable, the recipient would be in breach of the service obligation if he or she were to obtain any type of subspecialty training that would allow him or her to subspecialize during his or her remaining service.

## 6) TRACKING RECIPIENTS

The first documentation of the recipient's annual activities is due at the time of graduation. Information on where graduates have matched would be sufficient to satisfy this documentation requirement for the first year. In the absence of residency matching information, the recipient has up to 120 days from graduation to provide documentation of his or her activities. The recipient is considered in default, for purposes of calculating the 3-year repayment period, at the point that the recipient breaches the terms of the contract, or on the date documentation was due and not submitted, whichever occurs first.

**RESIDENCY TRAINING:** The Department has modified the Health Professions Student Loan (HPSL) deferment form to include a section for EFN and FADHPS recipients to complete to certify that they are in an eligible residency program (see [Exhibit B](#)). This form is sufficient for documenting compliance with the agreement to enter primary care during residency training.

**PRIMARY CARE PRACTICE:** Upon completing residency and entering primary care practice, the recipient can begin using the self-certification form (see [Exhibit C](#)), or the school can develop its own form or documentation procedures for its recipients to use for the purpose of self-certifying compliance with the service obligation on an annual basis. At a minimum, the certification must state that the recipient is practicing primary care in accordance with the terms of the EFN/FADHPS contract and must be signed and dated by the recipient.

*[Section 795(a) of the Public Health Service Act]*

## **F. PENALTIES FOR NOT FULFILLING THE PRIMARY HEALTH CARE SERVICE OBLIGATION**

EFN and FADHPS recipients who do not fulfill their primary health care service obligations are subject to financial penalties. The law requires them to repay the amount of their scholarships plus interest to the Federal Government--not to the school--within three years of being in breach. The interest rate charged will be equal to the legal maximum prevailing interest rate at the time the EFN or FADHPS recipient breaches the agreement.

The EFN/FADHPS contract requires all recipients to agree to a 5-year service commitment. If an EFN/FADHPS recipient were to decide not to enter primary care during the award year in which the funds were received, the school would have the option of reversing this award and replacing it with alternative funds (if available). However, once the award year has ended, any EFN/FADHPS recipient who decides not to enter primary care must repay the scholarship in full. To avoid interest accrual, the total amount of the scholarship award would have to be paid in full by the date the recipient is determined to be in default. Otherwise, the amount of the scholarship award, plus interest that accrues beginning on the date of default, must be repaid within 3 years of the date of default.

A breach of service obligation occurs when an EFN or FADHPS recipient:

- fails to maintain an acceptable level of academic standing in the program of education for which the scholarship was received, as indicated by the program in accordance with requirements established by the Secretary of Health and Human Services;
- is dismissed from the education program for disciplinary reasons;
- voluntarily terminates the program;
- enters subspecialty training;
- fails to be able to complete a primary care residency within 4 years graduation (except for dental recipients who do not have a statutory time limit for completion of residency training);
- fails to provide the school with documentation of either residency status or primary care practice;
- fails to practice primary care in accordance with the terms of the EFN/FADHPS contract.

For EFN and FADHPS recipients, schools are required to report defaulters to the Department for collection of the debt, and thus it would be the Department's responsibility to determine whether to reverse a default that was the result of the recipient's failure to provide proper documentation of compliance with the service obligation.

[Fiscal Management, Collections, Chapter 2](#) also addresses penalties to EFN and FADHPS recipients who do not fulfill their primary health care service obligations.

### 1) REPORTING EFN/FADHPS DEFAULTERS

Schools must report EFN /FADHPS defaulters to the Department within 30 days of determination. Submit the documentation as follows:

- a copy of the student's contract (primary care service agreement)
- a copy of entrance and/or exit interview
- letter stating the reason for default including:
  - recipient's name
  - social security number
  - most current address
  - date of default
  - type of scholarship (specify EFN or FADHPS)
  - total amount of scholarship received
  - school's e-mail address (so you will be notified regarding the default status)

Mail above documentation to:

DHHS/HRSA/BHP  
Division of Student Assistance  
Office for Campus Based Programs  
Scholarship Team  
5600 Fishers Lane, Room 8-34  
Rockville, MD 20857

*[Section 795(b)(1) of the Public Health Service Act]*

### G. WAIVER OR SUSPENSION OF LIABILITY

The Secretary of Health and Human Services has the authority to waive or suspend the EFN and FADHPS recipient's liability for failure to fulfill the primary health care service obligation. Specifically, the Secretary must waive or suspend repayments if:

- compliance by the EFN and FADHPS recipient would be impossible or would involve extreme hardship; and
- if enforcement of the service agreement would be unconscionable.

[Fiscal Management, Collections, Chapter 2](#) also addresses waivers and suspension of liability for EFN and FADHPS recipients.

*[Section 795(b)(2) of the Public Health Service Act]*

## **Section 2 AMOUNT OF AWARD**

Students who are eligible for EFN and FADHPS awards may not receive funds in excess of the costs of certain budget items that are specified by the law and established by the school. The institution must award a full EFN or FADHPS scholarship to each designated recipient. One full scholarship is equal to tuition plus other reasonable educational expenses, including fees, books and laboratory expenses. Because of this requirement, partial scholarships cannot be made, however, institutional funds may make up the difference. If a school adds institutional funds to the award to bring it to the required level, these funds would become part of the debt owed to the Department in case of breach of contract by recipients. Schools with more funds than needed are encouraged to notify the Department as soon as possible so that those funds can be reallocated to a school that needs additional funding.

In addition to not exceeding these specified costs, the EFN or FADHPS award when added to the student's other resources may not be greater than his or her financial need. More information on determining a student's financial need appears in [Chapter 3, Section 1C](#).

Since EFN/FADHPS scholarships do not cover living expenses, they are not taxable.

*[Section 736(b)(3) of the Public Health Service Act]*

## **Section 3 DISBURSEMENT OF EFN AND FADHPS FUNDS TO STUDENTS**

There are no explicit requirements for disbursing EFN funds to eligible students who have been designated as scholarship recipients. However, FADHPS regulations require disbursements according to the student's need for each academic period. An academic period refers to semesters, trimesters, quarters, etc. Schools may not award the entire FADHPS scholarship in a lump sum to a student at the beginning of the academic year.

Good practice suggests that procedures for disbursing EFN awards should correspond with FADHPS requirements.

## **Section 4 VERIFICATION OF STUDENT INFORMATION**

Statute and regulations governing the EFN and FADHPS program do not specify requirements for verifying student information, except that institutions must obtain photocopies of parents',

students' (and spouses') tax returns with original signatures. Good practice also dictates that institutions should verify student information using the same procedures as for other programs. Readers are directed to [Health Professions, HPSL, Chapter 3](#) and [Health Professions, HEAL, Chapter 2](#) which discuss verification for the Health Professions Student Loan (HPSL) and the Health Education Assistance Loan (HEAL), respectively. Financial aid administrators should also consider applying the same verification requirements to the EFN and FADHPS program that are mandated under the Higher Education Act for the Title IV programs administered by the Department of Education.

### **Section 5 AWARD LETTERS AND PRIMARY HEALTH CARE CONTRACT**

After the school has determined prior recipients for EFN and FADHPS awards, it should prepare an award letter to be forwarded directly to each applicant. The award letter should provide a space for the student to accept or reject the EFN and FADHPS award. Schools should also send duplicate copies to students, so they can retain one copy and return the original copy to the school.

### **Section 6 CHANGES IN STUDENT FINANCIAL NEED**

EFN and FADHPS awards may not exceed the financial need of the student. This does not prohibit financial aid administrators from making adjustments to the cost of attendance or expected family contribution figures to more accurately reflect an individual student's financial circumstances. However, financial aid administrators must be judicious in their exercise of professional discretion in these instances. Further, they must carefully document all such changes. See [Chapter 3 Section 1C](#) for more information on determining students' financial need.

### **Section 7 STUDENT RECORDS**

Institutions must maintain student records as needed for audit purposes. Good practice suggests that these records contain the same types of information that are maintained for the other health professions and nursing programs. For example, institutions should consider keeping the following information about each EFN and FADHPS recipient:

- student's application;
- documentation showing the basis for approving or disapproving students' applications for EFN and FADHPS funds, including total need analysis and determination of resources; and
- the amount of EFN and FADHPS scholarship given to each recipient.

No requirement stipulates that these records should be maintained in files that are safeguarded against fire, theft and tampering. However, good practice again strongly supports institutional

efforts to keep EFN and FADHPS records--as well as all student records--in files that resist damage from various sources.

The Department of Health and Human Services permits institutions to maintain their records in a variety of formats at the option of the school. Record keeping formats include:

- computer;
- electronic;
- microfiche;
- microfilm; or
- paper.

**Chapter 4 OTHER ADMINISTRATIVE AND FISCAL RESPONSIBILITIES**

Institutional responsibilities in the EFN and FADHPS programs are considerable. These responsibilities are often shared between the school's financial aid administrator and the fiscal officer. Therefore, readers are urged to review [Fiscal Management](#) for information on accounting requirements, cash management requirements, program monitoring and audits.

**Exhibits**

**Exhibit A Student Agreement**



EXCEPTIONAL FINANCIAL NEED (EFN) AND FINANCIAL ASSISTANCE FOR DISADVANTAGED  
HEALTH PROFESSIONS STUDENTS (FADHPS) SCHOLARSHIP PROGRAMS  
STUDENT AGREEMENT FOR PRIMARY HEALTH CARE SERVICE

ACADEMIC YEAR 2000-2001

Exhibit A

A. MY OBLIGATIONS AS A SCHOLARSHIP RECIPIENT

I understand that by accepting the EFN/FADHPS Scholarship, I am agreeing to the terms outlined below: (1) I will complete the program of education with respect to which such assistance is provided; (2) if I receive such assistance to attend a school of medicine or osteopathic medicine, I will (a) not later than 4 years after completing the program of education for which I received such assistance, enter and complete a 3-year residency program in allopathic or osteopathic family medicine, internal medicine, pediatrics, combined medicine/pediatrics, or preventive medicine approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), or a general practice residency program approved by the AOA. This may include participation in a rotating or primary health care internship approved by the AOA; and (b) practice in one of the primary health care specialties identified in paragraph (2)(a) in a State (as defined in 42 USC 295p(9)) for 5 years after completing the training identified in paragraph (2)(a). (3) If I receive such assistance to attend a school of dentistry, (a) I will practice in general dentistry in a State (as defined in 42 USC 295p(9)) for 5 years (exclusive of any period during which I am attending a residency training program in general dentistry). I will be considered to be "practicing in general dentistry" as long as I am working in the field of dentistry and have neither specialized in, nor limited my practice to, orthodontics, endodontic, oral surgery, prosthodontics, periodontics, oral pathology. (b) A "residency training program in general dentistry" shall include the following: (i) Programs of advanced education for general dentistry, general practice residency programs, and pediatric dental residency programs, provided that they are accredited by the Commission on Dental Accreditation; (ii) Dental public health residency programs accredited by the Commission on Dental Accreditation (which may include 1 academic year in a program accredited by the Council on Education for Public Health, leading to the degree of Master's in Public Health or a similar graduate degree in public health); and (iii) Other continuous advanced education programs in general dentistry that are sponsored by an institution of higher education and that are recognized entities within the institution's administrative structure, as approved by the Secretary on a case-by-case basis. (4) To receive the Scholarship, I must be a full-time (as determined by the health professions school) student at a school participating in the EFN/FADHPS Scholarship Program; (5) I must maintain "good standing" as defined by the school; (6) I must provide the school with all information regarding my financial resources and sources of income that the school requires to conduct a formal need analysis, including information on the financial resources of my parent(s) and spouse; (7) I am aware that the Scholarship pays the equivalent of my tuition and other reasonable educational expenses, as determined by the school, including fees, books and laboratory expenses for a full academic year, but does not provide for any costs of living; (8) I must keep the school informed at all times of any changes which affect my continued eligibility for the Scholarship, such as withdrawal from the health professions program; (9) I must attend an entrance interview with school officials before or at the time I sign this contract to discuss the terms of my Scholarship and service obligation and the penalties for not meeting my obligation; (10) I must provide the school with personal information that would help the school and the Federal Government locate me if I fail to keep them informed of my location. This information will include, at a minimum, my current or permanent address, my telephone number, the names, addresses, and telephone numbers of my parents or other close relatives that may be contacted. I will also provide other information as requested, including for example: State driver's license number and expiration date, names, addresses and telephone numbers of other personal references, and the State(s) in which I plan to practice primary care; (11) I must keep the school informed at all times, of any changes in my name, address, and telephone number until I complete my service obligation as a primary care practitioner; (12) Prior to graduating or leaving school for any reason, I must attend an exit interview with school officials to review information regarding eligible practice activities, to update personal information (as described in Item 10 above) and to review the terms of my service obligation and the penalties for not meeting the obligation. Should the school not inform me of a date and time for this interview, I must request an interview from the appropriate school officials.

B. PENALTIES IF I FAIL TO COMPLY WITH AGREEMENT

the terms of this contract and will be required to make payments during the three years, in accordance with a repayment schedule which the Secretary will provide to me. If I fail to make payments when they are due in accordance with the repayment schedule, I understand that the Federal Government will actively pursue me to collect the debt. This may include the use of collection agents, reporting the debt to the credit bureaus, and other collection procedures (such as addition of late charges under the Department's Claims Collection Regulations).

C. CANCELLATION, SUSPENSION, AND WAIVER OF OBLIGATION

I understand that my service or payment obligation may be canceled, suspended, or waived under certain circumstances described below: (1) Should I die or become permanently and totally disabled, the Secretary will cancel my obligation under this contract. To receive cancellation in the event of my death, the executor of my estate must submit an official death certificate to the Secretary. To receive cancellation for permanent and total disability, I or my representative must apply to the Secretary, submitting medical evidence of my condition, and the Secretary may cancel this obligation in accordance with applicable Federal statutes and regulations; (2) Upon receipt of supporting documentation the Secretary may waive or suspend my service or payment obligation under this contract if the Secretary determines that: (a) my meeting the terms and conditions of the contract is impossible or would involve extreme hardship; and, (b) enforcement of the obligations would be unconscionable. Supporting documentation should be submitted to: Division of Student Assistance, Office for Campus Based Programs, Room B-34, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

D. SCHOLARSHIP RENEWAL AND EXTENSION OF CONTRACT

This contract provides funding for one year only. Renewal of the contract is at the discretion of the school and is subject to the availability of funds.

EFN/FADHPS CONTRACT 1998-99

Please circle (EFN or FADHPS)

Tuition	\$ _____
Other Educational Costs	\$ _____
Total Funds Provided	\$ _____

Name of Recipient \_\_\_\_\_ Mr \_\_\_\_\_ Mrs \_\_\_\_\_

Permanent Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Social Security Number (Voluntary) \_\_\_\_\_

Anticipated Graduation Date \_\_\_\_\_

Discipline: Medicine \_\_\_ Osteopathic Medicine \_\_\_ Dentistry \_\_\_

Scholarship Recipient: By my signature below, I certify that I have read and understand my rights and obligations under this contract.

Signature of Scholarship Recipient \_\_\_\_\_ Date \_\_\_\_\_

Grantee Institution: I understand that this award is made upon the terms, condition and obligations specified in this contract.

Grantee Institution (NAME) \_\_\_\_\_

Signature of Authorizing Official \_\_\_\_\_ Date \_\_\_\_\_

ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION OR COMMITS ANY OTHER ILLEGAL ACTION IN CONNECTION WITH THE EFN/FADHPS SCHOLARSHIP PROGRAMS IS SUBJECT TO A FINE OR IMPRISONMENT UNDER FEDERAL STATUTE.

**Exhibit B Certification of Deferment**

HEALTH PROFESSIONS STUDENT LOAN (HPSL), PRIMARY CARE LOAN (PCL), EXCEPTIONAL FINANCIAL NEED (EFN) SCHOLARSHIPS,  
FINANCIAL ASSISTANCE FOR DISADVANTAGED HEALTH PROFESSIONS STUDENTS (FADHPS), LOANS FOR DISADVANTAGED STUDENTS (LDS) AND  
NURSING STUDENT LOAN (NSL) PROGRAMS

**INSTRUCTIONS:** You as a borrower of a HPSL, PCL, LDS, or NSL, are responsible for the completion and return of this form to the institution from which you received loans. If you fail to submit this form to your school by the payment due date, your school is required to consider your loan past due, and must take actions to collect as required by program regulations, including the use of collection agents, credit bureaus, and litigation.

To request deferment of repayment on your HPSL, PCL, LDS, or NSL, this form must be filed with the school which made the loan at each of the following times:

- (1) when your first repayment installment is due,
- (2) annually thereafter as long as you are eligible for such deferment, and
- (3) when you cease to be in eligible deferment status.

Recipients of EFN or FADHPS scholarships with a primary care service obligation must complete this form annually during residency training to notify the school of their training activities.

A copy of the completed form should be retained for your own record.

NAME AND ADDRESS OF SCHOOL FROM WHICH FUNDS WERE RECEIVED:	NAME AND ADDRESS OF LOAN/SCHOLARSHIP RECIPIENT:
------------------------------------------------------------	-------------------------------------------------

PART I - SIGNATURE OF LOAN/SCHOLARSHIP RECIPIENT

I request deferment of repayment of principal and interest on my (Check all that apply):

\_\_\_Health Professions Student Loan(s)\_\_\_ Primary Care Loan(s)\_\_\_ Loans for Disadvantaged Students \_\_\_Nursing Student Loan(s)  
for the period indicated under \_\_\_A1 \_\_\_A2 \_\_\_B \_\_\_C1 \_\_\_C2 \_\_\_ D or \_\_\_ E below

I received \_\_\_EFN \_\_\_FADHPS funds and am notifying the school of my residency training activities.

I further agree to notify the school from which I received assistance immediately upon termination of my status as indicated below.

\_\_\_\_\_  
SIGNATURE OF BORROWER: DATE

PART II - REQUEST FOR DEFERMENT OF REPAYMENT - To be completed by borrower if he/she:

- A. 1. For Health Professions Student Loan and Loans for Disadvantaged Students Borrowers:  
Pursues advanced professional training, including internships and residencies or participates in a fellowship training program or full-time educational activity, as defined by regulations of the Secretary of Health and Human Services.
- 2. For Nursing Student Loan Borrowers:  
Pursues a full-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing.

This is to certify that I am/was pursuing advanced professional training in \_\_\_\_\_  
(type of training)

at \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

B. For Primary Care Loan Borrowers and EFN and FADHPS Recipients:

- 1. Participates in a 3 year residency program in allopathic or osteopathic family medicine, internal medicine, pediatrics, combined medicine/pediatrics, or preventive medicine approved by the Accreditation Council of Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA), or in a rotating or primary health care internship and general practice residency program approved by the AOA.
- 2. Participates in a residency program in General Dentistry.

This is to certify that I am/was pursuing advanced professional training in \_\_\_\_\_  
(type of residency training)

at \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_

C. Ceases to pursue the course of study at

1. A school of medicine, osteopathy, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine, but (1) re-enters the same or another such school within the applicable grace period (1 year); or (2) engages in a full-time educational activity as defined by regulations of the Secretary of Health and Human Services, with the intent to return to the school as a full-time student.
2. A school of nursing leading to a diploma or associate degree in nursing, a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, but re-enters the same or another such school within the grace period (9 months).

This is to certify that I am/was a full-time health professions or full or half-time nursing student at \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ pursuing a course of study leading to a \_\_\_\_\_ (Degree).

D. Performs active duty as a member of a uniformed service or as a volunteer under the Peace Corps Act.  
This is to certify that I was in the (enter Peace Corps or name of uniformed service) \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

E. Pursues training as a nurse anesthetist at: \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.

PART III - CERTIFICATION OF DEFERMENT STATUS - To be completed by Official Authorizing Borrower's status.  
(NOTE: Completion PART III is not required for internship or residency training activity.)

Please complete this Certificate of Deferment form and return to the borrower.

A. To be completed by official of institution where borrower is/was enrolled:

I certify that the information stated in (Check appropriate space) Part II:  
\_\_\_\_\_ A1 \_\_\_\_\_ A2 \_\_\_\_\_ C1 \_\_\_\_\_ C2 (or) \_\_\_\_\_ E above, is true and correct.

NAME AND ADDRESS OF SCHOOL OR HOSPITAL:	NAME AND TITLE OF AUTHORIZED OFFICIAL
	SIGNATURE OF AUTHORIZED OFFICIAL/DATE

B. To be completed by the Commanding Officer or Peace Corps Official.  
I certify that the information stated in Part II - D, above is true and correct.

Borrower's Uniformed Service\* Serial Number: \_\_\_\_\_

NAME AND ADDRESS OF UNIFORMED SERVICE OR PEACE CORPS OFFICIAL:	NAME AND TITLE/RANK OF COMMANDING OFFICER OR PEACE CORPS HEADQUARTERS:
	SIGNATURE OF COMMANDING OFFICER OR PEACE CORPS OFFICIAL/DATE

PART IV - INSTITUTIONAL ACTION - To be completed by school (or its agent) from which loan was made

\_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED REASONS FOR DISAPPROVAL \_\_\_\_\_

NAME AND TITLE OF OFFICIAL:	SIGNATURE OF AUTHORIZED OFFICIAL AND DATE
-----------------------------	-------------------------------------------

\*The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, National Oceanic and Atmospheric Administrations Corps, and the U.S. Public Health Service Commissioned Corps.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under Federal Statute.

**Exhibit C Self Certification**

SAMPLE

EXCEPTIONAL FINANCIAL NEED (EFN), FINANCIAL ASSISTANCE FOR  
DISADVANTAGED HEALTH PROFESSIONS STUDENTS (FADHPS)  
AND PRIMARY CARE LOAN (PCL) PROGRAMS  
POST-RESIDENCY CERTIFICATION FORM

-----  
As an EFN and FADHPS recipient you are required to practice primary health care for 5 years after completion of residency.  
As a PCL recipient you are required to practice primary health care until your loan is repaid in full. Please complete and return this form to  
us in the enclosed envelope.  
-----

NAME

\_\_\_\_\_

HOME ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBERS

( ) \_\_\_\_\_ (WORK)  
( ) \_\_\_\_\_ (HOME)

WORK ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT PRACTICE STATUS:

FAMILY MEDICINE

GENERAL INTERNAL MEDICINE

GENERAL PEDIATRICS

PREVENTIVE MEDICINE

OSTEOPATHIC GENERAL PRACTICE

GENERAL DENTISTRY

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

-----  
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS CERTIFICATION FORM IS ACCURATE AND THAT I AM IN  
COMPLIANCE WITH THE OBLIGATIONS SPECIFIED IN MY EFN/FADHPS AGREEMENT(S) AND/OR PRIMARY CARE LOAN  
PROMISSORY NOTE FOR PRIMARY HEALTH CARE SERVICE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

RETURN COMPLETED FORM TO:

**Appendix I Request for Change of Contact Person Form**

REQUEST FOR CONTACT PERSON CHANGE

Appendix I

THE CONTACT PERSON WILL RECEIVE **ALL** DSA MAILINGS.  
USE ONE FORM FOR EACH DISCIPLINE. PRINT OR TYPE CHANGES.

PROVIDE INFORMATION

Institution \_\_\_\_\_  
Discipline \_\_\_\_\_ Opsid# \_\_\_\_\_  
Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_ Phone \_\_\_\_\_

CHANGES

Contact Person \_\_\_\_\_  
Title \_\_\_\_\_  
Institution \_\_\_\_\_  
School \_\_\_\_\_  
Address Line 1 \_\_\_\_\_  
Address Line 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_  
E-Mail Address (Please **print legibly**) \_\_\_\_\_  
(**Required**)

E-mail to: **bdubrow@hrsa.gov**

Or

Mail to: OCBP/DSA/BHPr/HRSA  
Rm 8-34, Parklawn Building  
5600 Fishers Lane  
Rockville, MD 20857

Fax: (301) 443-0846