



Air Force Active-Duty Health Professions Loan Repayment Program (ADHPLRP)



FY _____ RETENTION APPLICATION

COMPLETED APPLICATION DOES NOT GUARANTEE ENROLLMENT INTO ADHPLRP PROGRAM

I. PERSONAL BACKGROUND

Today's date: _____

Do you have Prior Service: <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> N/A If yes, list Branch/Corps: Conditional Release from service: <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> N/A	If yes, please provide dates: If yes please provide dates:	Previous Rank:
Have you EVER received government educational funding (i.e. Gi Bill, TA, etc) to pay tuition for ANY class during current/ prior service? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list which type: _____	*REQUIRED: Attach supporting docs for Gov. Funding used* If yes, please provide degree: _____	
Have you previously participated in HPLRP OR HPSP? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A If Yes, which one _____ Participation Years: _____	Date you commissioned into the AF: _____ Current Rank: _____	

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Social Security Number
Former Name(s)	P.O. Box/Street Address	Apt #	Date of Birth (mm/dd/yyyy)
_____	_____	_____	()
City	State	Zip	Home Phone
Preferred Email Address	Emergency Contact Telephone	State of Residence Income Tax Purposes	
Work Address	_____		
Organization	_____		Work E-mail Address
_____	_____		()
P.O Box/Street	_____		Work Phone
_____	_____		()
City	State	Zip	Fax
Profession: <input type="checkbox"/> Biomedical Sciences <input type="checkbox"/> Dentist <input type="checkbox"/> Medical Service (41AXA only)	_____		
Professional Specialty: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse	_____		
Air Force Specialty Code (Including shred-outs, i.e. AFSC: 42B3)	_____		

How did you hear about HPLRP? Recruiter Coworker/Colleague Email Announcement Other

II. EDUCATION-Undergraduate Education

_____	_____	_____
Degree type (Associate/Certificate B.A/B.S.)	(Specify Major)	
_____	_____	
Name of Institution	Name of Program	
_____	_____	
Address	Date of Entry	Date of Graduation
_____	_____	_____
City	State	Zip
_____	Institution Phone #	

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Graduate Education

Degree Type and Major _____		Name of Program _____	
Name of Institution _____			
Address _____		Date of Entry _____	Date of Graduation _____
City _____	State _____	Zip _____	Institution Phone # _____

Post-Graduate Professional Training (Internship, Residency, Preceptorships)

Name of Institution _____		Name of Program _____	
Address _____			
Date of Entry _____		Date of Graduation _____	
City _____	Institution Phone # _____		
State _____		Zip _____	

III. CREDENTIALS

Licensin_:	Type: _____	State: _____
License Number: _____	License Term Start: _____	Expiration: _____
Certification: _____	Start: _____	Expiration: _____
Specialty Qualification _____	Date Successfully Completed Training: _____	

IV. HEALTH EDUCATION LOANS

(List each LENDER, NOT loan, in the order you want them repaid, most important first.) Add more lines if needed. **LOANS CANNOT BE CONSOLIDATED AFTER APPLICATION SUBMITTED.** CONTACT AFIT.CI.HPLRP@US.AF.MIL WITH ANY LOAN QUESTIONS.

Priority 1 Lender: You must provide ADHPLRP with a loan summary sheet for each lender listed. These are generally available from your institution's web site: under FAQ section for major web sites https://kx.health.mil/kj/kx8/ADHPLRP . Lending Institution fax number required.			
Name of Lender/Address:	Type of Loan: _____ Commercial _____ Government _____	Original Principal Balance: _____ \$ _____	Current Loan Balance: _____ \$ _____
Priority 2 Lender: You must provide ADHPLRP with a loan summary sheet for each lender listed. These are generally available from your institution's web site: under FAQ section for major web sites https://kx.health.mil/kj/kx8/ADHPLRP . Lending Institution fax number required.			
Name of Lender/Address:	Type of Loan: _____ Commercial _____ Government _____	Original Principal Balance: _____ \$ _____	Current Loan Balance: _____ \$ _____

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Priority 3 Lender: You must provide ADHPLRP with a loan summary sheet for each lender listed. These are generally available from your institution's web site: under FAQ section for major web sites https://kx.health.mil/kj/kx8/ADHPLRP . Lending Institution fax number required.			
Name of Lender/Address:	Type of Loan: Commercial _____ Government _____	Original Principal Balance:	Current Loan Balance:
		\$	\$
Priority 4 Lender: You must provide ADHPLRP with a loan summary sheet for each lender listed. These are generally available from your institution's web site: under FAQ section for major web sites https://kx.health.mil/kj/kx8/ADHPLRP . Lending Institution fax number required.			
Name of Lender/Address:	Type of Loan: Commercial _____ Government _____	Original Principal Balance:	Current Loan Balance:
		\$	\$
Priority 5 Lender: You must provide ADHPLRP with a loan summary sheet for each lender listed. These are generally available from your institution's web site: under FAQ section for major web sites https://kx.health.mil/kj/kx8/ADHPLRP . Lending Institution fax number required.			
Name of Lender/Address:	Type of Loan: Commercial _____ Government _____	Original Principal Balance:	Current Loan Balance:
		\$	\$

Are you in default or delinquent on a loan, scholarship program, or taxes? This does not necessarily disqualify you. If yes, please provide details below and continue reverse if needed)
Select One: _____ **No** _____ **Yes**

v. CERTIFICATION OF APPLICANT

I hereby certify:

- a. I am a citizen of the United States of America.

- b. I am fully qualified in my health profession as a _____ and I did complete my education at an accredited educational institution located and accredited in the United States or located in Puerto Rico and accredited in the United States which led to my specialty qualification.

- c. Other than any military obligation, I am not obligated for future service to any health institution, community or other entity by virtue of any scholarship, grant, contract or other agreement, and I will not make any such contract or other agreement without approval of the Surgeon General until I have completed my service obligation under this Program.

- d. I have not incurred or am free of any court judgment n favor of the United States creating a lien against my property arising from a civil or criminal proceeding regarding a debt and not in default of any federal debt, including taxes, or if I am in default of federal debt, have disclosed it above.

- e. I am not currently and have never been a student or graduate of the Uniformed Services University of the Health Sciences.

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f. I am licensed/certified/registered to practice without restriction in the profession or specialty for which trained unless I am my final year of training. I understand that I will not receive loan repayment prior to meeting aforementioned criteria of being licensed/certified/registered to practice without restriction in the profession or specialty targeted.

g. I understand that if I am in my final year of training that upon completion of training I must submit to AFIT/HCED a letter of certification signed by the Program Director indicating successful completion of said training. I further understand that even though I may be accepted for ADHPLRP that acceptance would be contingent upon my meeting all criteria to include submitting a Program Director Letter of successful completion. I understand that payments will not begin until after meeting aforementioned criteria and receiving an email from ADHPLRP office (AFIT/HCED) confirming payment has been authorized for disbursement to DFAS. Until receiving such notification, I am responsible for making scheduled loan payments to financial institutions listed on this application.

h. If a physician, I have a current, valid, unrestricted medical license and I am eligible for board certification or enrolled in the final year of graduate medical education in a medical specialty to practice medicine in that specialty.

i. I meet Air Force Standards and am not on the weight management program.

j. I do not have an Unfavorable Information File or pending administrative/punitive/discharge actions.

k. I understand that I am to continue to make scheduled loan payments to financial institutions listed on this application. I will receive an email from the ADHPLRP office confirming payment has been authorized for disbursement to DFAS. I am responsible for following up with my lender(s) to confirm receipt of payment.

l. I did NOT receive educational benefits through ROTC for the level of degree for which I am applying. I understand the following exceptions that if (a) I received a stipend from ROTC that I am eligible to apply for ADHPLRP or (b) I am eligible to apply if I am a ROTC educational delay student that received no benefits from ROTC for the level of degree for which I am making an ADHPLRP application.

To the best of my knowledge, the information contained in this application is accurate, and I authorize Air Force Active Duty Health Professions Loan Repayment Program designees to verify any and all information presented.

Applicant Signature: _____

Date: _____