



HPLRP APPLICATION CHECKLIST

(Do not submit this form w/ application)

_____ **1. HPLRP Application** (ALL sections must be filled out)

_____ **2. Commander Review Form** (commander should select "YES" to all--if you meet requirements)

_____ **3. License Validation Form** (Only if you work with patients)-Base Credentialing office Signature

_____ **4. NPDB Report Self- Query** (Only if you work with patients) we need the page with the "Summary of Reports"
<https://www.npdb.hrsa.gov/>

_____ **5. Transcripts**

(From ALL schools attended/ unofficial is accepted, must include name of school, name of applicant, Degree, Degree awarded date, dates attended).

_____ **6. Loan Details** (include ALL Loans, even if they do not qualify for HPLRP)

***Must include ALL the following for EACH individual loan disbursements:*

- *Disbursement Dates*
- *Original Balances*
- *Current Balances*

If you cannot locate your loan details listed above for Federal Loans: *please send a us a .txt file from NSLD site, <https://nsls.ed.gov> (does not apply to private loans)*

For consolidated/refinanced loans: *must provide details for the original "smaller" loans that went into the consolidation/refinance and details for the new, consolidated/refinanced loan).*

*Application Package **DUE NLT 12:00EST** on the day of the suspense listed on the Kx Website/processing guide.*

No exceptions will be considered

Please allow UP TO 30 days for processing

*****Please Note: Incomplete packages will not be considered!*****

To confirm package was received, please email with a "READ Receipt"

All forms can be found on our website: <https://kx.health.mil/kj/kx8/ADHPLRP/Pages/home.aspx>

CONTACT HPLRP AT: AFIT.CI.HPLRP@US.AF.MIL