



CUI

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

Recruiter Information

Name:

Contact Information:

Member Information

Name:

AFSC:

Submit to AFIT /CIMQ

Documents can either be submitted in CIP Portal or emailed to AFIT.CI.HPLRP@US.AF.MIL

Phase 1: Application

1. ADHPLRP Application
2. Transcripts
3. Current Unrestricted License / Certification
4. Individual NPDB Printout
 - a. Obtained from: <https://www.npdb.hrsa.gov/>
5. Loan Details / summary(s)
 - a. Disbursement Dates, original balances & current balances for each individual loan.

CUI



CUI

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

COMPLETED APPLICATION DOES NOT GUARANTEE ENROLLMENT INTO ADHPLRP

Date:

I. APPLICANT'S PERSONAL BACKGROUND

Last Name:		First Name:		Middle Initial:	
Former Names:		DOB:		SSN:	
Address:		Apt:		Phone:	
City:		State:		Zip:	
Personal email address:					

II. MILITARY

Do you have prior Service: **No**

Active Duty or Reserve:		List dates of prior service:	
List Branch of Service / Corps:		Previous Rank:	

Have you ever received government educational funding during current or prior service?

No ☐ Yes ☐

List semester(s), college, and program for each type of assistance received.

GI Bill:	No ☐	Yes	
Tuition assistance:	No ☐	Yes	
Other:	No ☐	Yes	

Have you previously participated in HPSP? No ☐ Yes ☐

Provide years and degree for HPSP participation:

Date you commission into the AF:		Rank:	
OTS Course Begin Date:			
First Duty Location:		Expected Arrival Date:	

Air force Specialty code (AFSC – including shred outs i.e. 42B3)

BSC NC DC MSC

Will you be attending NTP? No Yes Date of NTP:

Will you be attending a residency / fellowship? No ☐ Yes ☐

Date of Residency: Specify which residency:

Will you be awarded an accession bonus? No ☐ Yes ☐

Privacy Act of 1974 (5 U.S.C §552a) as amended applies. Form contains personal information that must be protected. **For Official Use Only**

CUI



CUI

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

III. EDUCATION

Undergraduate Degree Information:

Degree Type (Associate/BS/BA)		Major:	
College / University			
Address:		Institution Phone #:	
Name of Program		Date of Attendance:	

Graduate Degree Information:

Degree Type (Master / Doctorate)		Major:	
College / University			
Address:		Institution Phone #:	
Name of Program		Date of Attendance:	

Additional College / University Institutions:

IV. CREDENTIALS

Licensing	
License number:	
Certification:	
Specialty Qualification:	
Date Successfully Completed Training:	

CUI



VI. HEALTH EDUCATION LOAN INFORMATION

List EACH Lender, not loan, in the order you want them repaid, most important first. Add additional pages if needed. Parent Plus Loans are not eligible. You must provide a loan summary sheet for each lender listed. These are available on your lender's website.

LOANS CANNOT BE CONSOLIDATED AFTER APPLICATION SUBMITTED

Priority 1 Lender:

Lender Name			
Payment Address:			
Original Principal Balance:		Current Loan Balance:	

Priority 2 Lender:

Lender Name:			
Payment Address:			
Original Principal Balance:		Current Loan Balance:	

Priority 3 Lender:

Lender Name:			
Payment Address:			
Original Principal Balance:		Current Loan Balance:	

Priority 4 Lender:

Lender Name:			
Payment Address:			
Original Principal Balance:		Current Loan Balance:	

Priority 5 Lender:

Lender Name:			
Payment Address:			
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.

No ☐ Yes ☐

If yes, provide details:

--

VII. NEW ACCESSION APPLICATION / ENROLLMENT TIMELINES

Actual payments to lenders on behalf of officers selected to receive the Health Professions Loan Repayment Program (HPLRP) can only be disbursed **after all** Conditions for the program have been met. This process can take months. The applicant is RESPONSIBLE FOR MAKING PAYMENTS as scheduled on their loans or enter deferment status.

1. **APPLICATION PHASE** (Up to 12 months, estimated)
 - a. Applicant works with their Air Force recruiter to apply for commissioning into the health professions and completes the initial application package for the ADHPLRP.
 - b. All paperwork must be completed/signed and dated **prior to the applicant entering Active Duty, and no later than 1 Aug** of application year, unless EAD in October of application year. If EAD in Oct of application year, member is given up to 90 days after EAD to complete HPLRP application.
 - c. Applicant is approved for commissioning, scheduled for OTS or entry into active duty no later than 30 September of the application year (1 Oct – 30 Sep fiscal year).
 - d. AFIT reviews documents, verifies loans are for the qualified degree (min degree for AFSC).
 - e. Applicants enter onto active duty (EAD), attends OTS, other training enroute to the first duty station, or travels directly to the first duty station. (Can NOT apply for HPLRP AFTER commissioning).
2. **INITIAL ENROLLMENT PHASE** (42–90 days estimated after arrival at first permanent duty station).
 - a. Applicant will notify HPLRP once they arrive at first duty station, complete the Initial Enrollment questionnaire, provides their military email address, and completes PT test at first duty station (within 1 year of commissioning).
3. **FINAL ENROLLMENT PHASE/Disbursement of Loan Payments** (15-90 days estimated)
 - a. AFIT notifies applicant of formal enrollment into the program with final enrollment email, Applicant forwards final enrollment documents for payment to AFIT, encrypting any PII (afit.ci.hplrp@us.af.mil).
 - b. AFIT requests participant to review and confirm final HPLRP award amount and scheduled lender payments.
 - c. AFIT prepares, certifies the payment voucher, and submits the voucher to DFAS for payment processing to the requested and verified lender(s) for the Participant.
 - d. AFIT tracks the payment through DFAS and notifies the Participant when the payment has been disbursed to the lender so that they can track posting to their account.
 - e. Participant notifies AFIT that the payment was received and posted to their account. AFIT schedules participant's 2nd payment in next tax year or stages record if completed.

VIII. STATEMENT OF UNDERSTANDING

Please initial the following statements to indicate you have read these helpful facts:

- | | |
|--------------------------|--|
| ☐ | 1. ADHPLRP Website: Applicant can find the ADHPLRP Policy, Application, & Enrollment documents and current FY27 ADHPLRP Accession checklist on the ADHPLRP website. <ol style="list-style-type: none">a. https://www.afit.edu/CIP/page.cfm?page=1645 or https://kx.health.mil/kj/kx8/ADHPLRP |
| ☐ | 2. Importance of Original documents: For any document that requires a signature, the applicant must submit the original |

- ☐ 3. **Submission of Application:** Only AFRS/RSOC will forward the application package to AFIT/CIM. AFRS/RSOC must receive completed application package prior to member entering active duty, but also before 1 August of submission year.
- ☐ 4. **Demographics:** applicant must keep AFIT/CIM up to date with Unit/Home addresses, telephone numbers and state of residence.
- ☐ 5. **Loan Eligibility for ADHPLRP Application:** In addition to the applicant meeting application eligibility, the applicant's loans have to meet eligibility requirements as well. AFIT/CIM will notify the applicant about his/her loan eligibility. Note: Parent Plus loans do not qualify for HPLRP. Applicant must be listed as a borrower or co-borrower on the loan(s).
- ☐ 6. **Loan Documentation:** Should AFIT/CIM have a need for further loan information, the applicant must submit additional loan information within 30 days of request in order for AFIT/CIM to qualify loans as eligible or ineligible
- ☐ 7. **Final Enrollment Documents:** Applicant must submit the final enrollment documents to AFIT/CIM within 90 days of arrival at permanent duty station once COT and Nurst Transition Program (NTP) (if NTP is required) have been successfully completed:
- ☐ 8. **Award Amount is Taxable:** The loan repayment awards are taxable, requiring that a portion of the award be withheld for tax and not be paid to the lending institution. The portion of the award representing taxes withheld will remain as a debt to the lending institution to be paid by the member. This is to be applied in accordance with the current tax authority (see ADHPLRP Policy on website).
- ☐ 9. **Eligibility to Apply:** I understand that I must enter active duty into the Air Force on or after 1 October and before 30 September of submission year. Must be on active duty by 30 September of submission year
- ☐ 10. **ADHPLRP Service Agreement:** I understand AFRS/RSOC must receive my original signed ADHPLRP Service Agreement before 1 August of submission year.
- ☐ 11. **GI Bill Benefits:** An individual who enters Active Duty through ADHPLRP may not elect the Government Issue (G.I.) Bill Benefits (and corresponding salary reduction) and may not use the G.I. Bill benefit until the ADHPLRP ADO has been satisfied. The ADHPLRP ADO does not count toward G.I. Bill requirements (pursuant to section 3033(b), Title 38, United States Code), and the length of service required by the G.I. Bill must be satisfied after the ADHPLRP ADO. An individual on Active Duty is not precluded from using both the G.I. Bill and ADHPLRP benefits so long as the individual completes the required length of service specified in the G.I. Bill and ADHPLRP service obligation. (Health Affairs Policy ADHPLRP 08-006, paragraph E.7)
- ☐ 12. 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.
13. Questions: If an applicant has questions about their loans, applicant can contact the AFIT/CIMQ HPLRP Office at afit.ci.hplrp@us.af.mil or 937-904-3015.

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's Signature

Date