



# LOAN REPAYMENT PROGRAM CERTIFICATION FORM

## SECTION 1: APPLICANT INFORMATION

Applicant Name _____	Credentials _____
Department/Division _____	eRA Commons User Name _____
Campus Address _____	
Email _____	Phone _____
Dept. / Division Administrator Name _____	
Administrator Contact Email / Phone _____	

### Loan Repayment Program (LRP) [mark only one]

- [Clinical Research LRP](#)
- [Pediatric Research LRP](#)
- [Health Disparities LRP](#)
- [Contraception and Infertility Research LRP](#)
- [Clinical Research LRP for Individuals from Disadvantaged Backgrounds](#)

### Qualifying Research Project(s)

Grant/Award #	Sponsor name	Start/end dates	Mentor name	LRP applicant role/percent/type of effort
<i>Example: K08 GM-0784234-01</i>	<i>NIH/NIGMS</i>	<i>7/1/14-6/30/18</i>	<i>RM Hamilton, MD</i>	<i>FR Johanson/PI/75%/research effort</i>



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## SECTION 2: ANNUAL INCOME OR COMPENSATION

Annual income or compensation refers to the "institutional base salary," which is the annual amount that the organization pays for the applicant's appointment, whether the time is spent on research, teaching, patient care, or other activities. Base salary excludes any income that an applicant may earn outside of duties to the organization (LRP Announcements: [http://www.lrp.nih.gov/policy\\_and\\_guidance/index.aspx](http://www.lrp.nih.gov/policy_and_guidance/index.aspx)). For NRSA awardees, this question refers to funds characterized as compensation, which may be paid to Fellows only when there is an employer-employee relationship and the payments are for services rendered. Northwestern University is required to validate this information for individuals that are selected for awards.

**Current Annual Income or Compensation**

*Educational loan debt must be  $\geq$  20% of applicant's institutional base salary*

\_\_\_\_\_

**Projected Annual Income or Compensation**

*Effective September 1 of the following year*

\_\_\_\_\_

## SECTION 3: CERTIFICATIONS AND APPROVAL

### NORTHWESTERN UNIVERSITY CERTIFICATIONS

The applicant is requesting LRP support for \_\_\_\_\_ year(s);

The applicant's research is supported by a (a) domestic non-profit foundation, non-profit professional society, or other non-profit institution; (b) Local, City or State Agency; or (c) grant from a Federal agency;

The applicant does not receive salary from a for-profit institution, contractor, or any non-U.S. entity;

The applicant is not a full time federal employee or fellow (including VA);

The applicant will engage in qualified clinical research for a minimum of 20 hours per week;

The applicant is/will be provided the necessary time and resources to engage in the named research project for the specified number of years from the renewal date of my LRP contract; and

The named research project(s) complies/comply with applicable Federal, state and local laws (e.g. applicable human subject protection regulations) and is not research for which funding is prohibited by law.

I further certify that the applicant's annual income or compensation (as listed above in Section 2) is accurate.

I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Dept./Div. Chair Signature

\_\_\_\_\_  
Dept./Div. Administrator Signature

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Dept./Div. Chair Name (Print)

\_\_\_\_\_  
Dept./Div. Administrator Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date