

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  BUREAU OF HEALTH WORKFORCE  Loans Annual Operating Report	FOR HRSA USE ONLY		
	Institution:		Program: LDS - Osteopathic Medicine
	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015

## Page 1A: Student Borrower Data Section

Student/Graduate Data	Cumulative (includes current year)	Current Year
1. Number of Loans for the Osteopathic Medicine discipline	0	0
2. Total Dollar Amount of Loans Awarded for the Osteopathic Medicine discipline	0	0
3. Total Full-time enrollment for the Osteopathic Medicine discipline for the academic year (both non-LDS and LDS recipients)		0
4. Total number of Defaulted Loans for the Osteopathic Medicine discipline	0	0
5. Total Original Defaulted Principal Loaned for Osteopathic Medicine discipline	0	0
6a. Total Number of Students who dropped out this year for the Osteopathic Medicine discipline		0
6b. Of the number above, how many of them were LDS student borrowers		0
7a. Total Number of LDS Borrowers for the Osteopathic Medicine discipline	0	0
7b. Of the number of LDS borrowers for the Osteopathic Medicine discipline above, number of Active and Non Retired/Defaulted Borrowers	0	
8. Total Number of LDS students including those who graduated during the reporting period for the Osteopathic Medicine discipline ( <a href="#">Age and Gender details</a> )	0	0
9. Total Graduates (LDS - Osteopathic Medicine Only)	0	0
10. Number of LDS loan students including those who graduated during this reporting period that indicate an intention to serve in a medically underserved community		0
11. Number of LDS students including those that graduated during this reporting period that indicate an intention to practice in primary care		0
12. Number of LDS students and graduates during this reporting period from rural backgrounds		0
<b>Current Year Graduate Special Data</b>	<b>Number of Graduates</b>	
13. Total number of full time graduates (LDS loan recipients and Non-LDS) at your school during the current reporting period	0	
13a. Of the total number in question 13, how many are URM graduates	0	
13b. Of the total number in question 13, how many are non-URM graduates	0	
14. Total number of full time LDS graduates during the current reporting period who indicate intention to serve in a rural area	0	
<b>Prior Year Graduate Special Data for 2010 - 2011 Academic Year</b>	<b>Number of Graduates</b>	
15a. Total Number of LDS - Osteopathic Medicine Loan Recipients who graduated in academic year 2010 - 2011	0	
15b. Of the Total Graduates reported in question 15a, the Number of Full-Time LDS - Osteopathic Medicine Graduates in academic year 2010 - 2011 serving in Medically Underserved Communities	0	
15c. Of the Total Graduates reported in question 15a, the Number of Full-Time LDS - Osteopathic Medicine Graduates in academic year 2010 - 2011 serving in Primary Care	0	
15d. Of the Total Graduates in question 15a, the Number of Full-Time LDS - Osteopathic Medicine Graduates in academic year 2010 - 2011 who entered the field for which they received their degree	0	
15e. Of the Total Graduates reported in question 15a, the Number of LDS - Osteopathic Medicine Graduates in academic year 2010 - 2011 who entered service in a rural area	0	
<b>Student Special Data (For LDS Programs only)</b>		
16. Indicate the recruitment activities for disadvantaged students your school uses for the LDS program by checking all box(es) that apply ( <a href="#">Recruitment Details</a> )		
17a. Indicate the retention and/or mentoring activities for disadvantaged students that your school uses for the LDS program by checking all boxes that apply ( <a href="#">Retention Details</a> )		
17b. Indicate the type of retention and/or mentoring activities for disadvantaged students your school uses for the LDS program by checking all boxes that apply ( <a href="#">Type of Retention Activities Details</a> )		
18. Share in the box below any success stories about LDS recipients (Maximum 250 characters)	N/A	
<b>19. How many LDS students received pipeline training from other HRSA programs (i.e., Health Careers Opportunity Program (HCOP) Centers of Excellence (COE) at any period of time? (Data collection period starts July 1, 2011).</b>		
<b>Description</b>	<b>Cumulative (Includes Current Year)</b>	<b>Current (New LDS Recipients)</b>
HCOP:	0	0
COE:	0	0
Other:		

19. How many LDS students received pipeline training from other HRSA programs (i.e., Health Careers Opportunity Program (HCOP) Centers of Excellence (COE) at any period of time? (Data collection period starts July 1, 2011).

Description	Cumulative (Includes Current Year)	Current (New LDS Recipients)
Other Program Titles:		

20. Please provide the name of at least one health clinic that provides service to a significant number of individuals who are from disadvantaged backgrounds including members of minority groups, that your school has an agreement with to provide students with experience in providing clinical services to such individuals. (Maximum 100 characters)

Clinic 1:	
Clinic 2:	
Clinic 3:	

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## Page 1B: Student Race/Ethnicity Data Section

Hispanic or Latino Students By Race	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
A. American Indian or Alaska Native	0	0	0	0	0
B. Asian	0	0	0	0	0
C. Black or African-American	0	0	0	0	0
D. Native Hawaiian or Other Pacific Islander	0	0	0	0	0
E. White	0	0	0	0	0
F. More than one race		0	0	1	1
G. Race Not Reported	0	0	0	0	0
<b>Total (A + B + C + D + E + F + G)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>
Non-Hispanic or Non-Latino Students By Race	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
A. American Indian or Alaska Native		0	0	0	0
B. Asian	0	0	0	0	0
C. Black or African-American	0	0	0	0	0
D. Native Hawaiian or Other Pacific Islander	0	0	0	0	0
E. White	0	0	0	0	0
F. More than one race	0	0	0	0	0
G. Race Not Reported	0	0	0	0	0
<b>Total (A + B + C + D + E + F + G)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## Page 2: Program Accounts Section

Program Accounts Section		
A. Federal Funds Awarded	Cumulative (\$) (includes current year)	Current Year (\$)
Federal Funds Awarded	0	0
B. Cash Balance - Start of Report Period		Current Year (\$)
Cash Balance – Start of Report Period		0
C. Cash Receipts	Cumulative (\$) (includes current year)	Current Year (\$)
1. Federal Funds Received/Receivable	0	0
2. Institutional Contributions Deposited	0	0
3. Transferred from Scholarship Fund	0	0
4. Loan Principal Collected	0	0
5. Interest Income Collected on Loans	0	0
6. Penalty Charges Collected on Loans	0	0
7. Investment Income	0	0
8. Institutional Repayments of Bad Debts, Principal	0	0
9. Institutional Repayments of Bad Debts, Interest	0	0
10. Institutional Repayments of Bad Debts, Penalty charges	0	0
<b>C. Total</b>	<b>0</b>	<b>0</b>
D. Cash Disbursements	Cumulative (\$) (includes current year)	Current Year (\$)
1. Loaned to Students	0	0
2. Transferred to Scholarship Fund	0	0
3. Repayments to Federal Government, Principal	0	0
4. Repayments to Federal Government, Interest	0	0
5. Repayments to Federal Government, Other Income	0	0
6. Repayments to Institution, Principal	0	0
7. Repayments to Institution, Interest	0	0
8. Repayments to Institution, Other Income	0	0
9. Collection Agent Costs, Principal	0	0
10. Collection Agent Costs, Interest	0	0
11. Litigation Costs, Principal	0	0
12. Litigation Costs, Interest	0	0
13. Credit Bureau Fees	0	0
14. Other Costs	0	0
<b>D. Total</b>	<b>0</b>	<b>0</b>
E. Cash Balance - End of Report Period		Current Year (\$)
Cash Balance – End of Report Period		0

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## Page 3: Program Accounts Section

Program Accounts Section								
F.1. Loan Cancellations to Borrowers – Professional Practice								
Description	Cumulative (Includes Current Year)			Current Year				
	Number of Borrowers	Principal (\$)	Interest (\$)	Number of Borrowers	Principal (\$)	Interest (\$)		
a. HP Practice – Shortage (10%)	N/A			N/A				
b. HP Practice – Rural Shortage (15%)	N/A			N/A				
<b>F.1. Total</b>								
F.2. Loan Cancellations to Borrowers – Nursing Employment								
Description	Cumulative (Includes Current Year)			Current Year				
	Number of Borrowers	Principal (\$)	Interest (\$)	Number of Borrowers	Principal (\$)	Interest (\$)		
a. Nursing Employment (10%)	N/A			N/A				
b. Nursing Employment (15%)	N/A			N/A				
c. Nursing Employment (20%)	N/A			N/A				
d. Nursing Employment (15%) on or after 03/23/2010	N/A			N/A				
e. Nursing Employment (20%) on or after 03/23/2010	N/A			N/A				
f. Nursing Employment (Other) on or after 03/23/2010	N/A			N/A				
<b>F.2. Total</b>								
F.3. Loan Cancellations to Borrowers – Death								
Description	Cumulative (Includes Current Year)			Current Year				
	Number of Borrowers	Principal (\$)	Interest (\$)	Number of Borrowers	Principal (\$)	Interest (\$)		
a. On Loans made on or after 10/22/85	0	0	0	0	0	0		
b. On Loans except those made after F.3.a	0	0	0	0	0	0		
<b>F.3. Total</b>	0	0	0	0	0	0		
F.4. Loan Cancellations to Borrowers – Permanent & Total Disability Approved by HHS								
Description	Cumulative (Includes Current Year)			Current Year				
	Number of Borrowers	Principal (\$)	Interest (\$)	Number of Borrowers	Principal (\$)	Interest (\$)		
a. On Loans made on or after 10/22/85	0	0	0	0	0	0		
b. On Loans except those reported in F.4.a.	0	0	0	0	0	0		
<b>F.4. Total</b>	0	0	0	0	0	0		
G. Bad Debts Approved For Write-Off By HHS								
Description	Cumulative (Includes Current Year)				Current Year			
	Number of Borrowers	Principal (\$)	Interest (\$)	Penalty Charges (\$)	Number of Borrowers	Principal (\$)	Interest (\$)	Penalty Charges (\$)
Total Approved	0	0	0	0	0	0	0	0

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## Page 4: Excess Cash Worksheet Section

Excess Cash Worksheet Section	
Description	Amount (\$)
A. General Ledger Cash Balance as of Date	0
<b>B. Actual Collections for 7/1/2014 - 6/30/2015</b>	
1. Principal	0
2. Interest	0
3. Investment Income and Penalty Charges	0
4. Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges)	0
<b>C. Federal Funds Received/Receivable 7/1/2014 - 6/30/2015</b>	
1. Federal Funds Received/Receivable	0
<b>D. Institutional Contribution for 7/1/2014 - 6/30/2015</b>	
1. Institutional Contribution	0
<b>E. Projected Collections for 7/1/2015 - 6/30/2016</b>	
1. Principal	0
2. Interest	0
3. Investment Income and Penalty Charges	0
<b>F. Projected Funds Available as of 6/30/2016</b>	
1. Projected Funds Available (A+B+C+D+E)	0
<b>G. Actual Expenditures for 7/1/2014 - 6/30/2015</b>	
1. Loans to Students	0
2. Costs (Collection, Litigation, Credit Bureau and Other)	0
3. Repayments to Federal Government and Institution (Principal, Interest and Other Income)	0
<b>H. Projected Expenditures for 7/1/2015 - 6/30/2016</b>	
1. Loans to Students	0
2. Costs (Collection, Litigation and Credit Bureau)	0
<b>I. Projected Expenditures as of 6/30/2016</b>	
1. Projected Expenditures (G+H)	0
<b>J. Projected Cash Balance as of 6/30/2016</b>	
1. Projected Cash Balance (F-I)	0
<b>K. Less Projected Expenditures for 7/1/2016 - 6/30/2018</b>	
1. Less Projected Expenditures	0
<b>L. Excess Cash</b>	
1. Excess Cash (J - K)	0
<b>M. General Ledger Ending Cash Balance as of 6/30/2015</b>	

1. General Ledger Ending Cash Balance

0

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Page 5: Program Accounts Section

<b>Program Accounts Section</b>		
<b>H. Default Rate (Pre-populated. No entry required)</b>		
1. Default Rate (%)		0.00
<b>For Active Schools</b>		
2. Excess cash(\$) from report page 4 that was or will be returned to PMS		0
3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations		0
<b>For Closing Schools</b>		
4. Amount of cash(\$) determined to be due to the federal government and remitted separately to the division of Financial Operations		0
<b>I. Checklist/Questions</b>		
1. What is the total amount (\$) of interest that is due?		0
2. Does your institution provide for a biennial audit of health or school funds by a qualifying independent auditor? <b>Yes</b>		
<input type="checkbox"/> Yes (provide the detail below) <input type="checkbox"/> No (proceed to the next question)		
<b>Audits</b>	<b>MM</b>	<b>YYYY</b>
a. Period of last audit - Start Date	00	0000
b. Period of last audit - End Date	00	0000
c. Date audit submitted to Regional Audit Agency	00	0000

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## Page 6: Program Accounts Section

Program Accounts Section											
1. Fully Retired											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal Cancelled		Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Principal Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 - Sum of Columns 3 through 9) (\$) (11)
				Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)						
A. Repayment/Cancellation	0	0	0	0							0
B. Cancellation/Death	0	0	0	0	0						0
C. Cancellation/Disability	0	0	0	0	0						0
D. Discharged in Bankruptcy	0	0	0	0			0				0
E. HHS Approved Write-Off	0	0	0	0					0		0
F. Uncollectible per P.L. 107-205	0	0	0	0					0		0
<b>1. Total (Sum of Row A through F)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>
2. Current											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal Cancelled		Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Principal Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 - Sum of Columns 3 through 9) (\$) (11)
				Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)						
A. Student Status	0	0	0					0			0
B. Grace Period	0	0	0					0			0
C. Deferment Status	0	0	0	0				0			0
D. Postponement/Cancellation	0	0	0	0				0			0
E. Repayment - Not Past Due	0	0	0	0				0			0
F. Past Due 1-119 Days	0	0	0	0		0		0			0
<b>2. Total (Sum of Row A through F)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>			<b>0</b>
3. In Bankruptcy											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal Cancelled		Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Principal Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 - Sum of Columns 3 through 9) (\$) (11)
				Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)						
A. Pending Discharge/Wage Earners Agreement	0	0	0	0		0	0	0			0

4. In Default											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal Cancelled		Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Principal Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 - Sum of Columns 3 through 9) (\$)
				Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)						
A. 120 Days and Over	0	0	0	0		0	0	0			0
5. Forbearance											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal Cancelled		Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Principal Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 - Sum of Columns 3 through 9) (\$)
				Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)						
A. Forbearance	0	0	0	0		0	0	0			0
Total	0	0	0		0	0	0	0	0		0

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**Comments and Certification**

Role	Name	Phone	Email
Primary Point of Contact			
Alternate Point of Contact			

**Certification**

I am authorized to submit this report to HRSA.

Authorized Certifying Official	
Date Report Submitted	

**Future Support Required:**  Yes

Sample