

Bureau of Health Professions

July 1, 2003

To: Lenders/Holders/Service Providers Participating in the Health Education Assistance Loan (HEAL) Program

Subject: HEAL Repayment Schedule, HRSA Form 502  
Lender Policy Memorandum L-2003-5

It has been the policy of the HEAL Program to approve forms used by lenders/holders/service providers as long as the lender/holder/service provider forms contain all content included in the federal forms. Some lenders/holders/service providers have excluded certain mandated information from their forms, especially on the Federal HEAL Repayment Schedule. The following information regarding the statutory citation of the HEAL Program and the Public Burden Statement **must** appear on the repayment schedule forms whether using the federal form or using a form approved by the HEAL Program.

1. The "Federal Health Education Assistance Loan Program" and the statutory citation of "42 U.S.C. 292-292o" must appear at the top of the form.
2. The "Public Burden Statement" must appear on the document. The public burden statement for the repayment schedule is the following. "An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this project is 0915-0043. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857."

To obtain a copy of our current repayment schedule please visit our web site at <http://bhpr.hrsa.gov/dsa/healsite> and click on Administration and then HEAL Forms. The current Repayment Schedule Form will expire on 10/31/2003. An extension is being requested and will be acted upon by OMB by that date. Modifications to the expiration date will be made to the form once OMB clearance approval has been received by the HEAL Program. These date changes will be made and reflected on the form on the web site. Lenders/holders/service providers **must** make the changes mentioned above to their approved HEAL repayment schedule forms immediately. The HEAL Program will be monitoring the situation and will contact you individually if changes are not made by October 31, 2003.

If you have any further questions concerning this policy memorandum, please contact Ms. Terri Ehrenfeld or Ms. Audrey Darden-Willis of the HEAL Branch at (301) 443-1540.

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Director  
Division of Health Careers Diversity  
and Development