

AGREEMENT
HEALTH PROFESSIONALS LOAN REPAYMENT (HPLR)
 For use of this form, see AR 135-7; the proponent agency is CDCSPER

CONTROL NO.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 10 USC 275, 5 USC 301, 10 USC 2013, 10 USC 2172.
Principal Purpose: To explain HPLR and record agreement.
Routine Uses: To confirm requirements for HPLR.
Disclosure: Disclosure of your SSN is voluntary; however if not provided, you will be ineligible for HPLR.

NAME _____ SSN _____

SECTION I - GENERAL

The appointing/commissioning official must explain these requirements. One completed copy of the form will be placed in the OMPF, one copy in the MFRJ and one copy given to the officer.

SECTION II - ELIGIBILITY

With my appointment/commission in the ARNG or USAR, I meet the following criteria for the HPLR program:

1. I am/will be performing as an officer in a Selected Reserve unit of the ARNG or USAR.
2. The Army Surgeon General has determined that I am qualified for service in critical medical/nursing specialty _____.
(List one of the approved specialties)
3. I have a current, valid medical/nursing license and, if required, specialty certification to practice and am in good standing in my profession.
4. I was first appointed/commissioned in the Medical or Nurse Corps after 30 September 1985.
5. I must remain in the Selected Reserve in good standing to obtain loan repayments. I understand that the maximum aggregate amount of repayments under this agreement is \$3,000 per year up to \$20,000 HPLR program maximum.

SECTION III - REPAYMENTS

6. The anniversary date will be determined based upon the date this agreement is signed. Each complete satisfactory year of service performed under this agreement establishes an anniversary date. On each anniversary date, my unit will initiate a request for repayment on eligible loans. On an anniversary date, any loan will be considered eligible that:
 - a. Has been secured on or after 1 Oct 75 and made, insured, or guaranteed under Part B or E of the Higher Education Act of 1965 (GSL, FISL, NDSL, ALAS loans) or a health education assistance loan (HEAL) made or insured under Part C of Title VI of the Public Health Service Act.
 - b. Has an outstanding balance on the principal.
 - c. Is not in default.
 - d. Has been secured for at least one year prior to current anniversary date.
7. Each anniversary date, the designated position for repayment will be determined on eligible loans as follows: \$3,000 maximum aggregate per year
 - a. The repayment cannot exceed the outstanding balance.
 - b. This agreement does not change my obligations to the lender or note holder, if I am declared in default by the lender/holder, I will not be eligible for loan repayments. Payments already made cannot be reimbursed.
 - c. _____
8. If the satisfactory from the Selected Reserve to enter active duty may be eligible for partial repayment. The repayment will be prorated based on _____
9. It is my responsibility to notify my unit of loss if the necessary documentation for repayment is not available. Payment prorated necessary _____

SECTION IV - TERMINATION

10. I understand that my eligibility will continue unless terminated because I:
 - a. become an unsatisfactory participant
 - b. am separated from the Selected Reserve
 - c. enter the Inactive National Guard or Individual Ready Reserve
 - d. transfer to a medical/nursing specialty not designated as a critical specialty (Section II of this Agreement).
 - e. am not currently licensed or certified in the critical medical/nursing specialty designated in the Agreement.
 - f. am not currently licensed or certified in the critical medical or nursing specialty in which currently performing.

SECTION V - RECOURMENT

11. In the case of an erroneous certification or payment, the total amount erroneously paid will be recouped.

SECTION VI - STATEMENT OF UNDERSTANDING AND AGREEMENT

I understand and agree to the provisions contained in this agreement. Any other promises, representations, or commitments made to me in connection with this Agreement are written below in my own handwriting. If none, write "NONE" below.

SECTION VII - AUTHENTICATION

UNIT	TYPED NAME OF OFFICER
ADDRESS	SIGNATURE
TYPED NAME OF APPOINTING COMMISSIONING OFFICIAL	SSN
OFFICIAL'S SIGNATURE	DATE