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

tudent/Graduate Data	Cumu (includes current		Current Yea	
. Number of Loans for the Podiatry Medicine discipline		0	0	
. Total Dollar Amount of Loans Awarded for the Podiatry Medicine discipline		0	0	
. Total Full-time enrollment for the Podiatry Medicine discipline for the academic year (both on-HPSL and HPSL recipients)			0	
. Total number of Defaulted Loans for the Podiatry Medicine discipline		0	0	
. Total Original Defaulted Principal Loaned for Podiatry Medicine discipline		0	0	
a. Total Number of Students who dropped out this year for the Podiatry Medicine discipline			C	
b. Of the number above, how many of them were HPSL student borrowers			C	
a. Total Number of HPSL Borrowers for the Podiatry Medicine discipline		0	0	
b. Of the number of HPSL borrowers for the Podiatry Med 20050, a shove, number of ctive and Non Retired/Defaulted Borrowers		0		
. Total Number of HPSL students including those to grad and during reporting period or the Podiatry Medicine discipline (Age and Gener details)		0	C	
. Total Graduates (HPSL - Podiatry Medicine On	0			
0. Number of HPSL loan students including those when the during the entry ing period hat indicate an intention to serve in a medically underserved community.				
1. Number of HPSL students including those that graduated dur withis reprint on that that dicate an intention to practice in primary care				
2. Number of HPSL students and graduates during this reporting period was zral ackgrounds				
Surrent Year Graduate Special Data	Nu	mber of Gradu	lates	
3. Total number of full time graduates (HPSL loan recipients and Non-HPSL) at your school number	ng the curr reporting period 0			
3a. Of the total number in question 13, how many are URM graduates	0			
3b. Of the total number in question 13, how many are non-URM graduates	0			
4. Total number of full time HPSL graduates during the current reporting period who indicate inte	ent to serve a rural area			
rior Year Graduate Special Data for 2013 - 2014 Academic Year	Nu	mber of Gradu	lates	
5a. Total Number of HPSL - Podiatry Medicine Loan Recipients who graduated in academic yea	ur 2013 - 2014. 0			
5b. Of the Total Graduates reported in question 15a, the Number of Full-Time HPSL - Podiatry ! erving in Medically Underserved Communities	Medicine Graduates in a marinic year 10 4 0			
5c. Of the Total Graduates reported in question 15a, the Number of Full-Time HPSL - Podiatry N erving in Primary Care	Addicine Graduates in academinear 20, 20, 0			
5d. Of the Total Graduates in question 15a, the Number of Full-Time HPSL - Podiatry Medicine ntered the field for which they received their degree	Graduates in academic year 2013 - 0 0			
5e. Of the Total Graduates reported in question 15a, the Number of HPSL - Podiatry Medicine G	Graduates in academic year 2013 - 2014 who			

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Page 1B: Student Race/Ethnicity Data Section

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

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Page 2: Program Accounts Section						
Program Accounts Section						
A. Federal Funds Awarded	(inclu	Cumulative (\$) Ides current year)		Current Year (\$)		
Federal Funds Awarded		1,654,841		0		
B. Cash Balance - Start of Report Period				Current Year (\$)		
Cash Balance – Start of Report Period						
C. Cash Receipts	(inclu	Cumulative (\$) Ides current year)		Current Year (\$)		
1. Federal Funds Received/Receivable		0		0		
2. Institutional Contributions Deposited		0		0		
3. Transferred from Scholarship Fund		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	$\mathbf{\nabla}$	0		0		
C. Total		0		0		
D. Cash Disbursements	(inclu	Cumulative (\$) Ides current year)		Current Year (\$)		
1. Loaned to Students	(inclu	13,342,942		0		
2. Transferred to Scholarship Fund		0				
3. Repayments to Federal Government, Principal		0		0		
4. Repayments to Federal Government, Interest				0		
5. Repayments to Federal Government, Other Income				0		
6. Repayments to Institution, Principal		0		0		
7. Repayments to Institution, Interest				0		
8. Repayments to Institution, Other Income	•			0		
9. Collection Agent Costs, Principal		0		0		
10. Collection Agent Costs, Interest			•	0		
11. Litigation Costs, Principal		0		0		
12. Litigation Costs, Interest		0		0		
13. Credit Bureau Fees		0		0		
14. Other Costs		0		0		
D. Total		0		0		
E. Cash Balance - End of Report Period				Current Year (\$)		
Cash Balance - End of Report Period				0		

DEPARTMENT OF HEALTH Health Resources and S						FOR	HRSA USE ONLY	(
BUREAU OF HEAL	TH WORKFORCE	Institution						Р	rogram: HPSL - F	Podiatry	
Loans Annual O	perating Report	Submissio	on Tracking #:			Grant	Number:	R	eporting Period:	7/1/2014	4 - 6/30/2015
age 3: Program Accounts Se	ection										
Program Accounts Section											
F.1. Loan Cancellations to B	orrowers – Professiona	al Practice									
Description		Cumu	lative (Include	s Current Year)				c	urrent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	rest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (\$
a. HP Practice - Shortage (10	%)	0		0		0	N/A	Ą			
b. HP Practice – Rural Shorta	ge (15%)	0		0		0	N/A	4			
F.1. Total		0		0		0					
F.2. Loan Cancellations to B	orrowers – Nursing Em	ployment									
Description		Cumu	lative (Include	s Current Year)				c	urrent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	rest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (\$
a. Nursing Employment (10%))	TUP					N/A				
b. Nursing Employment (15%)		N/A					N/A				
c. Nursing Employment (20%)		N/A					N/A				
d. Nursing Employment (15%) 03/23/2010	on or after						N/A				
e. Nursing Employment (20%) 03/23/2010	on or after	N/A	\mathbf{n}				N/A				
f. Nursing Employment (Other 03/23/2010) on or after	Λ	Y				N/A				
F.2. Total											
F.3. Loan Cancellations to B	orrowers – Death										
Description		Cumu	lative (Include	s Cont Year)				c	urrent Year		
		Number of Borrow	vers	Principal (\$)	Inte	rest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (\$
a. On Loans made on or after	10/22/85	0					0			0	C
b. On Loans except those mad	de after F.3.a	0		0		0	▲ ⁰			0	C
F.3. Total		0		0		5	0			0	0
F.4. Loan Cancellations to B	orrowers – Permanent	& Total Disability A	Approved by H	нз							
Description		Cumu	lative (Include	s Current Year)					urrent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	res (\$)	h ber of	Browers	Princip	al (\$)	Interest (\$
a. On Loans made on or after	10/22/85	0		0		0				0	0
b. On Loans except those repo		0		0		0				0	0
F.4. Total		0		0		0	0	0 0		0	
G. Bad Debts Approved For	Write-Off By HHS										
Description		Cumulative (Includ	es Current Yea	ar)				Curre	nt Year		
	Number of Borrower		Interest (\$)	Penalty Char	ges (\$)	Number	of Borrowers	Principal (Pena	alty Charges (\$
Total Approved	0	0	0	-	0		0	(0

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Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015					
Page 4: Excess Cash Worksheet Section								
Excess Cash Worksheet Section								
Description			Amount (\$)					
A. General Ledger Cash Balance as of Date			0					
B. Actual Collections for 7/1/2014 - 6/30/2015								
1. Principal			0					
2. Interest			0					
3. Investment Income and Penalty Charges			0					
4. Institutional Repayments of Bad Debts (Principal, Interest &	Penalty Charges)		0					
C. Federal Funds Received/Receivable 7/1/2014 - 6/30/201	5							
1. Federal Funds Received/Receivable			0					
			0					
D. Institutional Contribution for 7/1/2014 - 6/30								
1. Institutional Contribution			0					
E. Projected Collections for 7/1/2015 - 6/30/2016								
	\sim							
1. Principal			0					
2. Interest			0					
3. Investment Income and Penalty Charges			0					
F. Projected Funds Available as of 6/30/2016								
1. Projected Funds Available (A+B+C+D+E)			0					
G. Actual Expenditures for 7/1/2014 - 6/30/2015								
1. Loans to Students			0					
2. Costs (Collection, Litigation, Credit Bureau and Other)	•		0					
3. Repayments to Federal Government and Institution (Princip	al, Interest and Other Income)		0					
H. Projected Expenditures for 7/1/2015 - 6/30/2016								
1. Loans to Students			0					
2. Costs (Collection, Litigation and Credit Bureau)			0					
I. Projected Expenditures as of 6/30/2016								
1. Projected Expenditures (G+H)			0					
J. Projected Cash Balance as of 6/30/2016								
1. Projected Cash Balance (F-I)			0					
K. Less Projected Expenditures for 7/1/2016 - 6/30/2018								
1. Less Projected Expenditures			0					
L. Excess Cash								
1. Excess Cash (J – K)			0					
M. General Ledger Ending Cash Balance as of 6/30/2015								
1. General Ledger Ending Cash Balance			0					

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Health Resources and Services Administration			Pro manuel IDOI	Dadiata	
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL -	Podiatry	
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Page 5: Program Accounts Section					
Program Accounts Section					
H. Default Rate (Pre-populated. No entry required)					
1. Default Rate (%)					0
For Active Schools					
2. Excess cash(\$) from report page 4 that was or will be return					0
3. Excess cash(\$) from report page 4 that was or will be retur	ned to the Division of Financial Operations				0
For Closing Schools					
4. Amount of cash(\$) determined to be due to the federal G	nd remitted separately to the division of Finan	ncial Operations			0
I. Checklist/Questions					
1. What is the total amount (\$) of interest that is due?					0
2. Does your institution provide for a biennial audit of loan	a ar scholarship funds by a qualifying independent a	uditor? Yes			-
Yes (provide the detail below) No (proceed to the next-	destion)				
Audits			ММ	YYYY	
a. Period of last audit - Start Date	V A		00	0000	
b. Period of last audit - End Date			00	0000	
c. Date audit submitted to Regional Audit Agency			00	0000	
				OMB Number:	0915-0
				Expiration Date:	01/31/20

DEPARTMENT OF HEALT Health Resources and			6	FOR HRSA USE ONLY																					
BUREAU OF HEA	LTH WORKFC	RCE	Instit	Institution: Program: HPSL - Podiatry																					
Loans Annual C	Operating Rep	ort	Subr	Submission Tracking #: Grant Number			F	Reporting Period: 7/1/2014 - 6/30/2015																	
Page 6: Program Accounts Section																									
Deserve Assessed Desting																									
Program Accounts Section 1. Fully Retired																									
Description	Number of Borrowers	Principal Loaned (\$)			al Cancelled																				Reconciling Difference
	(1)	(2)		(3) Employment/Pr Pract ((\$)	_	(\$) (6)	Not Past Due (\$ (7	e but Not Du) (\$	e Off (\$) 5) (9)	(10)	(Column 2 + Column 10 – Sum of Columns 3 through 9) (\$)													
A. Repayment/Cancellation	0	0	()	0							0													
B. Cancellation/Death	0	0	()	0 ()						0													
C. Cancellation/Disability	0	0		2	0 0)						0													
D. Discharged in Bankruptcy	0	0	0		0			0				0													
E. HHS Approved Write- Off	0	0	O		0					0		0													
F. Uncollectible per P.L. 107-205	0				0					0		0													
1. Total (Sum of Row A through F)	0	0		\sim	0 0	0		0		0		0													
2. Current						-																			
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Repaid (\$)	Print Employment/Prof Pract (\$) (4)	Cancelle Druk/Disabili	Deling		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) (\$)													
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				K	0			0													
E. Repayment – Not Past Due	0	0	0	0					• •			0													
F. Past Due 1-119 Days	0	0	0	0			0		0			0													
2. Total (Sum of Row A through F)	0	0	0	0			0		0			0													
3. In Bankruptcy																									
Description	Number of Borrowers	Principal Loaned	Principal Repaid	Principal C	ancelled	Princi Delinqu		Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference													
	(1)	(\$) (2)	(\$) (3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)		(\$) M (6)	Not Past Due (\$) (7)	but Not Due (\$) (8)	Off (\$) (9)	(10)	(Column 2 + Column 10 – Sum of Columns 3 through 9)(\$)													
A. Pending Discharge/Wage Earners Agreement	0	0	0	0			0	0	0			0													
4. In Default																									
Description	Number of Borrowers	Principal Loaned	Principal Repaid	Principal C	ancelled	Princi Delinqu		Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized	Reconciling Difference													
	(1)	Loaned (\$) (2)	Repaid (\$) (3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	Delludu		Uncollectible Not Past Due (\$) (7)	Outstanding but Not Due (\$) (8)	Written Off (\$) (9)	Interest (\$) (10)	Difference (Column 2 + Column 10 – Sum of Columns 3 through 9)(\$)													

4. In Default															
Description	Number of Borrowers		Principal Repaid	Principal C			Principal Cancelled					Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling
	(1)	(\$) (2)	(\$) (3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	. . Not Past Due I (\$) (6) (\$) (\$)		but Not Due (\$) (8)	(\$) (9)		(Column 2 4 Column 10 - Sum of Columns 3 through 9)(\$				
A. 120 Days and Over	0	0	0	0		0	0	0			0				
5. Forbearance															
Description	Number of Borrowers	Principal Loaned (\$)	Repaid	(\$)	al Cancelled	Princip Delinque	nt Uncollectibl	e Outstanding	Written	Interest (\$)	Difference				
	(1)	(2)		(3) Employment/Pr Pract	\$)	ity	(\$) Not Past Du (6) (\$ (7	5) (\$)	(9)		(Column 2 + Column 10 – Sum o Columns 3 through 9 (\$				
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							

Comments	\frown	
Warnings		
Section	Message	Explanation Provided
	Explanation:	
	Explanation:	
	Explanation: .	
	Explanation:	
	Explanation:	
	Explanation: Explanation: Explanation: Explanation: Explanation:	()
	Explanation:	