



# NATIONAL HEALTH SERVICE CORPS

Region: \_\_\_\_\_  
Travel Request Worksheet  
Non-Federal Personnel



Form Approved  
OMB No.0915-  
0278

Traveler's Name:		Home Phone:	Work Phone:
Mailing Address:		Fax Number:	
Cell Phone:	E-Mail Address:	SSN:	
Placement Year of Scholar:	Discipline:	Specialty:	
Dates of Travel: <i>From:</i>	<i>To:</i>	From: City/St	To: City/St
Destination Site Name:	HPOL Year:	Site ID (BCRR) #:	
HPSA #:	Sequence #:	Status of Site:	
Remarks:			

Type of Travel			
Pre-Employment Site Visit:			
<input type="checkbox"/> Initial Match	<input type="checkbox"/> Site Assignment	<input type="checkbox"/> Transfer	
Permanent Change of Station Relocation			
<input type="checkbox"/> Initial Match	<input type="checkbox"/> Site Assignment	<input type="checkbox"/> Transfer	
NHSC Fellowships			
Advance Storage Option			
Other (specify)			

Category of Traveler	
<b>MUST CHECK ONE BOX</b>	
Scholarship Recipient	
Loan Repayment Participant	
<b>Other (Specify)</b>	

Licensure	
Signature of Requesting Official, NHSC:	For PCS and transfer, does the traveler have a temporary or permanent license to practice in State of service?
Signature of NHSC Contract Project Officer:	Yes
	No

### PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0915-0278. Public reporting burden for this collection of information is estimated to average 4 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 10-33, Rockville, Maryland, 20857.

Privacy Act Notice - The Privacy Act of 1974 (5 U.S.C. 522A) requires that an agency provide the following notice to each individual whom it asks for information. (1) The authority for collecting information requested on this form is found in Title III, Part D, Subpart II of the Public Health Service Act (42 U.S.C. 2540); (2) The routine use of this information includes its disclosure to Federal, State or local agencies to assist in locating viable placement opportunities for NHSC obligated health care providers. While providing this information is voluntary, failure to provide the requested information will result in the non-consideration of a provider's assignment.

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