

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

IHS-856-16 (Rev. 5/07)

EXTERN SITE PREFERENCE REQUEST

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 9/30/2007
*See Estimated Average Burden Time
per Response on Reverse Side*

I am applying to: Civil Service COSTEP Program

APPLICANT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER	EMAIL ADDRESS	

HEALTH PROFESSION CURRENTLY ENROLLED IN: _____

PROJECTED GRADUATION DATE: _____ CURRENT GPA: _____

NAME OF UNIVERSITY: _____

DO YOU PLAN TO CHANGE YOUR MAJOR OR SCHOOL? EXPLAIN: _____

DATES AVAILABLE FOR EXTERN ASSIGNMENT: From _____ To _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: _____

EXTERNSHIP SITE PREFERENCE

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERNSHIP:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aberdeen, SD | <input type="checkbox"/> I.H.S. Headquarters
(Rockville, MD) | <input type="checkbox"/> Phoenix, AZ |
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Portland, OR |
| <input type="checkbox"/> Anchorage, AK | <input type="checkbox"/> Navajo, AZ | <input type="checkbox"/> Sacramento, CA |
| <input type="checkbox"/> Bemidji, MN | <input type="checkbox"/> Okla City, OK | <input type="checkbox"/> Tucson, AZ |
| <input type="checkbox"/> Billings, MT | | |

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC FOR EXTERNSHIP:

- | | |
|-----------|-----------|
| (1) _____ | (2) _____ |
| (3) _____ | (4) _____ |

COMMENTS: _____

Extern Applicant's Signature

Date

Please return the completed IHS-856-16 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see pages B-02 through B-04 for listing).

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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.