

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
INDIAN HEALTH SERVICE

IHS-856-20 (Rev. 5/07)

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 9/30/2007

REQUEST FOR PRIOR APPROVAL OF DEFERMENT

*See Estimated Average Burden Time
per Response on Reverse Side*

This document represents a prior request from you for the deferment of your service obligation incurred under Section 338-A of the Public Health Service Act.

Name: _____

Address: _____

Email Address: _____

Daytime Telephone Number: _____

Social Security Number: _____

Postgraduate Clinical Program: _____

Program Director's Name and Clinic Address: _____

Length of Program: _____

Date available for Service: _____

Name, address, and telephone number (other than your own) of a person through whom you may always be reached:

Recipient's Signature Date

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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.