

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

IHS-856-14 (Rev. 5/07)

PLACEMENT UPDATE

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

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

SUBMITTED ON: _____ Date/Year

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - TMP Suite 450
Rockville, Maryland 20852

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

OF 612 – Optional Application for Federal Employment or Commissioned Corps Application (PHS Form 50), Health Professions Scholarship Program Service Obligation Preferred Assignment Form (Form **IHS-856-19**) sent to IHSSP Placement Officer: _____

POSITIONS APPLIED FOR (Rejection Letters Attached):

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Signature (*Do Not Print*)

Please return the completed IHS-856-14 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

IHS-856-14 (Rev. 5/07)

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 11 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.