

**NHSC Loan Repayment Program  
Community Site Information Form**

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 currently valid OMB control number. The OMB control number for this project is 0915-0127. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, 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 the burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33 Rockville, Maryland, 20857.

If applicant works at more than one site, a separate Community Site Information Form must be completed for each site.

Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Applicant's Discipline/Specialty: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_

Site Contact Email Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

UDS Number: \_\_\_\_\_

HPSA I.D. Number: \_\_\_\_\_

HPSA Score: \_\_\_\_\_

**I certify that I am currently in final negotiations with the above-named site for employment.**

\_\_\_\_\_ **Check if applicable**

**I certify that I have completed negotiations with the above-named site.**

\_\_\_\_\_ **Check if applicable**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date Signed**

**I certify that the above-named site is currently negotiating (or has negotiated) an employment contract with the above-named applicant.**

\_\_\_\_\_  
**Executive Director Signature**

\_\_\_\_\_  
**Date Signed**