

**NATIONAL HEALTH SERVICE CORPS**



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

Traveler's Name:		Home Phone:	Work Phone:
Mailing Address:		Fax Number:	
Cell Phone:	E-Mail Address:	SSN: xxx-xx-_____	
Placement Year of Scholar:	Discipline:	Specialty:	
Dates of Travel: <u>From:</u>	<u>To:</u>	From: City/St	To: City/St
Destination Site Name/Address:		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
	Other (specify in box below)		

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

✓	Licensure
	For relocation and transfer, does the traveler have a permanent license to practice in State of service?
	Yes
	No

Signature of Requesting Official, NHSC:	Date:
Signature of NHSC Contract Project Officer:	Date:

**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.