

2015-2016 School Data Collection Worksheet

* required field

School

Nova Southeastern University - College of Dentistry at Ft. Lauderdale

DUNS # AND EIN

Please enter your DUNS # and EIN. If these fields are incorrect, please contact either scholarship program at Nurse_corps_sp@hrsa.gov or nhscsp@hrsa.gov in order to update this information.

EIN # ⓘ 591083502

DUNS # ⓘ 2971240

DATA COLLECTION WORKSHEETS

Below are the DCWs for this school. Click "Create" to fill out a new DCW or "View/Edit" to continue working on a previously created DCW. Once you submit a DCW you have the ability to "View" the DCW at any time. As long as the deadline hasn't passed and a school analyst has not approved the DCW, you will have the ability to "Edit" a submitted DCW.

DEADLINES

NURSE Corps Scholarship Program	06/21/2015 11:59 PM EST
National Health Service Corps Scholarship Program (NHSC SP)	06/19/2015 11:59 PM EST

Program	Discipline	Degree	Status	Action
NHSC SP	Dentist	DDS	Not Started	Create
NHSC SP	Dentist	DMD	Not Started	Create

Questions?

For more information or questions please:

- Refer to the [Portal FAQ](#)
- Contact the BHW Customer Care Center at 1-800-221-9393
- Use TTY for hearing impaired: 1-877-897-9910

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or [Contact Us](#).

Data Collection Worksheet Form

* required field

School

Nova Southeastern University - College of Dentistry at Ft. Lauderdale

Discipline

Dentist

Degree

DMD

Thank you for creating a DCWI! The form can be completed in 4 easy steps. For any questions on filling out this information please contact NHSC SP at nhscsp@hrsa.gov.

1. TUITION

Enter the Resident (In-State) and Non-resident (Out-of-State) tuition for the 2015-2016 (July 1 to June 30) school year for 1st, 2nd, 3rd, and 4th Year Students. If your school's degree program is less than 4 years, only enter amounts for each year of your program. For example, two year programs would only enter values in the first two columns for 1st and 2nd Year Students. You MUST enter values for every year of your program, even if your costs are estimated to be the same for students regardless of which year they are in the program.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Resident *	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Non-Resident *	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

2. SCHOOL INCURRED FEES

Review and enter amounts for the list of items grouped under School Incurred Fees. These fees are incurred by the school as part of the tuition and required fees. The NHSC SP would expect items defined as Fees to be included in the tuition invoice submitted by the school and reimbursed by NHSC SP directly to the school.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Surcharge (when added by the school to the tuition)	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Education Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
University Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Administrative Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Matriculation Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Curriculum Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Academic Support Services Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Campus Transportation Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Health Services Fees and Immunizations	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Student Activities Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Student Services Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Laboratory Fees	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Building Use or Facility Fee	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

Technology Fee	\$0	\$0	\$0	\$0
Computer Lab Fee	\$0	\$0	\$0	\$0
Recreation Fee	\$0	\$0	\$0	\$0
Processing Fee	\$0	\$0	\$0	\$0
Campus Life Fee	\$0	\$0	\$0	\$0
Other Fees	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0
Graduation fee	\$0	\$0	\$0	\$0
Professional fee	\$0	\$0	\$0	\$0
School ID Cards / ID Fees	\$0	\$0	\$0	\$0

3. STUDENT EXPENSES

Review and enter amounts for the list of items grouped under Student Expenses. The Student Expenses or Other Reasonable Costs (ORC) amount is paid by the NHSC SP directly to the student to cover additional reasonable expenses incurred by the student that are not covered under the tuition and fees billed by the school. The NHSC SP will disburse a one-time Other Reasonable Cost (ORC) payment to the student when they receive their first monthly stipend.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Books	\$0	\$0	\$0	\$0
Uniforms	\$0	\$0	\$0	\$0
Clinical Supply Costs	\$0	\$0	\$0	\$0

Microscope	\$0	\$0	\$0	\$0
Instruments	\$0	\$0	\$0	\$0
National Boards	\$0	\$0	\$0	\$0
Computer/Software	\$0	\$0	\$0	\$0
CPR Certification Fee	\$0	\$0	\$0	\$0
Miscellaneous Cost	\$0	\$0	\$0	\$0
Clinical Rotation/Travel Fee	\$0	\$0	\$0	\$0

4. INSURANCE

Review and enter amounts for the list of items grouped under Insurance. Insurance items may be incurred by the school as part of the tuition and required fees or incurred as an ORC by the Student. Please complete the form based on if the cost of insurance is incurred by the school or incurred by the student.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Health Insurance (school incurred)	\$0	\$0	\$0	\$0
Malpractice Insurance (school incurred)	\$0	\$0	\$0	\$0
Disability Insurance (school incurred)	\$0	\$0	\$0	\$0
Health Insurance (student incurred)	\$0	\$0	\$0	\$0
Disability Insurance (student incurred)	\$0	\$0	\$0	\$0

Please explain any "other" fees in the comments section below.

New Comments

CANCEL

SAVE

SUBMIT