

This participant had a previous approved request, so the new request is auto-populated from previous data.

1.) Initiating a PGT Request via the service request tab:

### Post Graduate Training Request: New Request

#### ▼ Supporting Documents

##### Upload Documents

Upload all required and applicable documents

Select a Document Type

- Letter from Program Director
- Letter of Intent
- Other

No file chosen

##### Uploaded Documents

There are no uploaded documents.

#### ▼ Program Information

Year for which the deferment is being requested: \*

2014 ▼

Post Graduate Residency Program: \*

Internal Medicine ▼

Participant's Year In Residency: \*

2 ▼

Post Graduate Program ID #:

1402411181

Total Length of Post Graduate Program: \*

3 ▼

Need Accreditation Verification: \*

Yes  No

Director Last Name: \*

Rosenblum

Director First Name: \*

Michael

Director Phone: \*

(000) 000-0000

Ext.

**▼ Residency Clinic Information**

Name: \*

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip Code: \*

Residency Phone: \*  Ext.

Email Address: \*

**▼ Comments**

**New Comments**

**Existing Comments**

There are no existing comments.

Once the user selects "Create Request," a task will be generated for review on the task dashboard.

## 2.) First Review Step (Recommendation):

**Post Graduate Training Request: Request #207376**

**▼ Request Basics**

Request Status: Pending Recommendation  
Submitted Date: 2014-02-25 16:25:53.77  
[Click here to see Previous Post-Graduate Training Requests.](#)

**▼ Supporting Documents**

**Upload Documents**  
Upload all required and applicable documents

Select a Document Type

Letter from Program Director  
 Letter of Intent  
 Other

No file chosen

**Uploaded Documents**  
There are no uploaded documents.

**▼ Program Information**

Year for which the deferment is being requested: \* 2014  
Post Graduate Residency Program: \* Internal Medicine  
Participant's Year In Residency: \* 2  
Post Graduate Program ID #: 1402411181

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Total Length of Post Graduate Program: \* 3  
Training Start Date: \* 07/01/2013  
Training End Date: \* 06/30/2016  
Need Accreditation Verification: \*  Yes  No  
Director Last Name: \* Rosenblum  
Director First Name: \* Michael  
Director Phone: \* (000) 000-0000 Ext.


**▼ Residency Clinic Information**

Name: \* Baystate Medical Center  
Address Line 1: \* 759 Chestnut Street  
Address Line 2: \*  
City: \* Springfield  
State: \* Massachusetts  
Zip Code: \* 01199  
Residency Phone: \* (000) 000-0000 Ext.   
Email Address: \* 5F61A250F657D388C6@EXAMPLE.com

**▼ Comments**

**New Comments**

**Existing Comments**

Tuesday, February 25, 2014  nih\_milutinovicjp at 04:25:54 PM: Submitted Internally

### 3.) Second Review Step (Final Decision):

#### Post Graduate Training Request: Request #207376

##### ▼ Request Basics

Request Status: Pending Supervisor Decision  
Submitted Date: 2014-02-25 16:25:53.77  
Analyst Recommendation: Recommend

[Click here to see Previous Post-Graduate Training Requests.](#)

##### ▼ Supporting Documents

###### Upload Documents

Upload all required and applicable documents

Select a Document Type

- Letter from Program Director  
 Letter of Intent  
 Other

No file chosen

###### Uploaded Documents

There are no uploaded documents.

##### ▼ Program Information

Year for which the deferment is being requested: \* 2014  
Post Graduate Residency Program: \* Internal Medicine  
Participant's Year In Residency: \* 2  
Post Graduate Program ID #: 1402411181  
Total Length of Post Graduate Program: \* 3  
Training Start Date: \* 07/01/2013  
Training End Date: \* 06/30/2016  
Need Accreditation Verification: \*  Yes  No  
Director Last Name: \* Rosenblum  
Director First Name: \* Michael  
Director Phone: \* (000) 000-0000 Ext.

##### ▼ Residency Clinic Information

Name: \* Baystate Medical Center  
Address Line 1: \* 759 Chestnut Street  
Address Line 2:  
City: \* Springfield  
State: \* Massachusetts  
Zip Code: \* 01199  
Residency Phone: \* (000) 000-0000 Ext.   
Email Address: \* 5F61A250F657D388C6@EXAMPLE.com

##### ▼ Comments

###### New Comments

###### Existing Comments

**Tuesday, February 25, 2014**  
nih\_milutinovicjp at 04:39:43 PM: Recommended for Approval  
nih\_milutinovicjp at 04:25:54 PM: Submitted Internally

4.) Read-Only Format of request after a decision has been made. The approval letter has been uploaded by the system in a pdf format. An example of the letter is below.

### Post Graduate Training Request: Request #207375

**▼ Request Basics**

Request Status: Approved  
Submitted Date: 2014-02-25 14:42:09.21  
Analyst Recommendation: Recommend

[Click here to see Previous Post-Graduate Training Requests.](#)

**▼ Supporting Documents**

Document Name	Document Type	Uploaded Date
<a href="#">ApprovalLetter_207375.pdf</a>	Approval Letter	02/25/2014 14:02

**▼ Program Information**

Year for which the deferment is being requested: 2014  
Post Graduate Residency Program: Family Practice  
Participant's Year In Residency: 2  
Post Graduate Program ID #: 1205421330  
Total Length of Post Graduate Program: 3  
Training Start Date: 6/17/2013  
Training End Date: 7/1/2016  
Need Accreditation Verification: No  
Director Last Name: Newkirk  
Director First Name: Gary

**▼ Residency Clinic Information**




Name: Providence Family Medicine Residency Spokane  
Address Line 1: Providence 5th & Brown Medical Building  
Address Line 2: 104 West Fifth Suite 200W  
City: Spokane  
State: Washington  
Zip Code: 99204  
Residency Phone: (000) 000-0000  
Email Address: 34E313499E357D6780@EXAMPLE.com

**▼ Comments**

**New Comments**

**Existing Comments**

**Tuesday, February 25, 2014**

-  nih\_milutinovicjp at 02:53:02 PM: Request Approved
-  nih\_milutinovicjp at 02:52:18 PM: Recommended for Approval
-  nih\_milutinovicjp at 02:42:09 PM: Submitted Internally

5.) Participant Read only View of the request (post final decision):

BCRS PROGRAM PORTAL for SCHOLARS AND CLINICIANS My Messages (1) Help Account Settings Log Out

Your Post-Graduate Training request has been approved [▶](#)

[View All Messages ▶](#)

[Home](#) > Your Post-Graduate Training Request

## Your Post-Graduate Training Request

ID#: 207376   Status: Approved   Submitted On: 02/25/2014   Date Approved: 02/25/2014   Date Closed: 02/25/2014

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**COMMUNICATION HISTORY**

No communications exist for this request.

This request has been closed. If you would like to ask a new question, [please contact us through a new request.](#) ▶

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**REQUEST DETAILS**

Years for which post-graduate training is being requested: 2014/2015

**Approval Letter**

PROGRAM INFORMATION		PROGRAM DIRECTOR	
Post-Graduate Residency Program:	Internal Medicine	Last Name	Rosenblum
Participant's year in Residency:	2	First Name	Michael
Residency Program ID #	1402411181	Phone #	0000000000
Total Length of Program	3		

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**RESIDENCY CLINIC INFORMATION**

Name	Baystate Medical Center
Address Line 2	759 Chestnut Street
Address Line 2	
City	Springfield
State	Massachusetts
ZIP	01199
Residency phone #	0000000000
Email address	sadsad@sadsa.com

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**SUPPORTING DOCUMENTS**

No documents have been uploaded for this request.

If selected, the approval letter will open in a PDF format:



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Bureau of Clinician Recruitment and Service**

Public Health Service

Health Resource and  
Services Administration  
Rockville MD 20857

Benjamin Johnson, DO  
123 Anywhere St.  
Anytown, Massachusetts 01060

NHSC SP  
Baystate Medical Center  
759 Chestnut Street  
Springfield, Massachusetts 01199

Dear Mr. Benjamin Johnson:

The National Health Service Corps (NHSC) has received your Postgraduate Training request (PGT) documents. Your training is approved for the 2014 training year. Upon completion of your Internal Medicine program, you will be expected to begin your NHSC service commitment on July 1, 2016.

Postgraduate Training requests must be submitted annually for review and approval. We strongly encourage you to review and be familiar with the Post-Graduate Training Bulletin as it contains important information regarding required documentation and corresponding deadlines.  
<https://nhsc.hrsa.gov/downloads/fy13postgradtrainingbulletin.pdf>

Any potential changes to your training program must be submitted as an amended Postgraduate Training request and approved by the NHSC.

We congratulate you on your outstanding achievement. If you have any questions, please contact the NHSC, Program Support Officer by telephone at 301-594-4400 or the customer service portal at <https://programportal.hrsa.gov/extranet/participant/login.seam>

Sincerely yours,

Narayanan Valappil, PhD, MPH  
Chief, Scholarship Branch  
The National Health Service Corps