

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR APPROVAL OF DEFERMENT**

|                  |                 |  |  |
|------------------|-----------------|--|--|
| RECIPIENT'S NAME |                 | SOCIAL SECURITY NUMBER   |  |
| ADDRESS          |                 | PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/> |  |
| CAREER CATEGORY  | IHS AREA OFFICE | EMAIL ADDRESS  |  |

Below is a list of required/optional post-graduate clinical training programs and residencies for which recipients are required to request deferment of their service obligation. Please check the type program(s) or residency(s) where you will be submitting an application.

If the post-graduate clinical training program(s) or residency(s) is not listed, please provide information regarding the program(s) or residency(s) under the section titled "Other."

**PHYSICIAN**

**Three Years**

- Emergency Medicine
- Family Practice
- General Internal Medicine
- General Pediatrics

**Four Years**

- General Psychiatry
- Internal Medicine/Pediatrics
- Internal Medicine/Family Practice
- Obstetrics – Gynecology

**Five Years**

- Anesthesiology
- General Surgery

**Fellowship**

- Trauma-Critical Care

**CLINICAL PSYCHOLOGIST**

- 2,000-hour supervised practice under a licensed clinical psychologist

**SOCIAL WORKER**

- 2,000-hour supervised practice under a licensed clinical social worker

**DIETITIAN**

- 900-hour American Dietetic Association (ADA)-approved internship (if not included in your school's didactic instruction)

**PHARMACIST**

- One-year American Society of Health-System Pharmacists (ASHP) or American Pharmacists Associations (APhA) accredited Post-Graduate Year One (PGY 1) Pharmacy Residency Program (hospital, community or managed care only)

**OPTOMETRIST**

- One-year post-graduate residency program for Ocular Disease/Pathology or Primary Care Optometry

**OTHER:** \_\_\_\_\_  
\_\_\_\_\_

|                       |      |
|-----------------------|------|
| RECIPIENT'S SIGNATURE | DATE |
|-----------------------|------|

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**Approved (IHS use only):** \_\_\_\_\_

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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 8 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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