



## Interest Capture Form



<p>Name: _____</p> <p>Email Address(es): _____</p> <p>Clinical Discipline: _____</p> <p>Title: _____ Organization: _____</p> <p>City and State: _____</p>	<p><b>1. Which NHSC and/or NURSE Corps Programs would you like to receive emails about?</b></p> <p><input type="checkbox"/> NHSC Loan Repayment Program</p> <p><input type="checkbox"/> NHSC Scholarship Program</p> <p><input type="checkbox"/> Ambassador Program</p> <p><input type="checkbox"/> Becoming an NHSC-Approved Clinical Site</p> <p><input type="checkbox"/> NURSE Corps Loan Repayment Program</p> <p><input type="checkbox"/> NURSE Corps Scholarship Program</p> <p><input type="checkbox"/> Other (please specify)</p>
<p><b>For Students</b></p> <p>Univ/College: _____</p> <p>Graduation Year: _____</p>	<p><b>2. What questions do you have about the NHSC and/or NURSE Corps?</b></p> <p><b>3. When and how did you first hear about the NHSC and/or NURSE Corps?</b></p>

**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 0915-0337. Public reporting burden for this collection of information is estimated to average 90 seconds 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 this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857.