**Bureau of Health Workforce**

U.S. Department of Health and Human Services Health Resources and Services Administration

OMB No.: 0915-0146

Expiration Date: XX/XX/20XX

**National Health Service Corps Students to Service Loan Repayment Program**

**Verification of Good Standing**

(To be completed by a school official only)

The Verification of Good Standing report certifies that the student identified below is enrolled and in good standing for the 2016-17 academic year as indicated. Please note that all information will be verified for accuracy.

1. Student’s Name (First, Middle Initial, Last):

2. Student’s SSN (Last 4 digits):

3. What program is the student currently enrolled in:

4. Is the student in good standing? (If NO, please explain):

5. Degree the student will receive upon completion of the program: \_

6. Is the student in their final year of the program: Yes  No

7. When will the all course work and rotations be completed?

8. Anticipated date of graduation (mm/dd/yyyy):

By signing my name below, I certify that the current status of the student listed above has been correctly identified. I further certify that, where necessary, I have corrected the “Year in Program” and “Date of Graduation” for the student to accurately reflect the anticipated graduation date given the current enrollment. I understand that any willfully false information may be punishable as a felony under U.S. Code, Title 18,

Section 1001.

School Official’s Signature Printed Name Date

Title Phone Email

Name of School

*Student may upload signed form to the NHSC S2S LRP Online Application:* <https://programportal.hrsa.gov/>