



**Health Professional Scholarship Program (HPSP), Visual Impairment and Orientation and Mobility Professionals Scholarship Program (VIOMPSP), & Veterans Healing Veterans Medical Access and Education Scholarship Program (VHVMAESP)**

**Education Program Completion Notice/Service Obligation Placement**

**PRIVACY ACT NOTICE**

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. §7501 (VIOMPSP), §7611 (HPSP), and §7601 (VHVMAESP) in order for VA to administer your scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA but, if you do not, VA may be unable to continue your scholarship award. If you give VA your social security number, VA will use it to obtain information relevant to administering your scholarship award. It also may be used for other purposes authorized or required by law.

<input type="checkbox"/> <b>HPSP</b> <input type="checkbox"/> <b>VIOMPSP</b> <input type="checkbox"/> <b>VHVMAESP</b>	<input type="checkbox"/> <b>Completion Notice</b> <input type="checkbox"/> <b>Service Obligation Report</b>	Participant's Name <i>(Last, First, Middle)</i> : _____	SSN: _____
---	--	---	------------

**COMPLETION INFORMATION** *(Send copy of official transcript showing the degree conferred and copy of any related licensure/certification as applicable)*

Degree completed:  
  Associate  
  Baccalaureate  
  Master's  
  Doctorate  
  Other (Specify) \_\_\_\_\_

Date Degree Conferred: _____	Clinical Program: _____	Date of Licensure/Certification: _____
------------------------------	-------------------------	--

**SERVICE OBLIGATION SELECTION** - Please complete if you **have** been selected for a position to fulfill your service obligation. *(Provide a copy of your Notification of Personnel Action (SF-50) to HPSP/VIOMPSP/VHVMAESP as soon as it is available)*

Name of VA Facility <i>(actual work site facility)</i> : _____	Name of parent VA Facility <i>(as applicable)</i> : _____				
Address of VA Facility <i>(actual work site facility)</i> : _____	Address of parent VA Facility <i>(as applicable)</i> : _____				
Position Title: _____	Occupational Code: _____	Grade/Step: _____	Appointment/Start Date: _____	<input type="checkbox"/> Full-Time	Yearly Salary: _____
				<input type="checkbox"/> Part-Time	

**Hiring Official** *(Person at the facility who is responsible for hiring you):*

Hiring Official Name: _____	Title/Position: _____	Phone Number: _____	Email: _____
-----------------------------	-----------------------	---------------------	--------------

**SERVICE OBLIGATION UPDATE** - Please complete if you **have not** been selected for a position to fulfill your service obligation. *(Attach a separate page if more space is needed)*

Application Date:	Facility/Position Location:	Vacancy Announcement and Title of Position:	No Decision	Non-selection <i>Attach copy of notification</i>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**FACILITY VACANCY** - I have contacted the following VA facilities and was informed that the facility is **not** accepting applications or has **no** vacancies. *(Attach a separate page if more space is needed)*

Facility: _____	Contact: _____	Phone Number: _____
Facility: _____	Contact: _____	Phone Number: _____
Facility: _____	Contact: _____	Phone Number: _____
Facility: _____	Contact: _____	Phone Number: _____

Signature _____	Date _____	Submit to: <b>HPSP/VIOMPSP/VHVMAESP</b> Department of VA 1250 Poydras St., Suite 1000, New Orleans, LA 70113
-----------------	------------	--