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XXXXXXXXXX YOUR NAME XXX RTI International XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXX NAME OF CLINIC XXXXXXXXXXXXXXXXXXXXXXX (HRSA) XXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXX:

XXXXX: 60 XX

XXXXX: 50 XX

XX/XXXXXXXXXXXX: 45 XX

XXXXX {INSERT TYPE OF INCENTIVE} XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

IF NOT IN PRIVATE LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX