

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE

FORM APPROVED:
OMB Approval No. xxxx-xxxx
Exp. Date: x/xx/xxxx

See Estimated Average Burden Time
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
NOTIFICATION OF DEFERMENT PROGRAM**

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

This document notifies the IHS Scholarship Program of your selected deferment program,
if approved this will delay the service obligation incurred under Section 338-A of the Public Health Service Act.

POST-GRADUATE CLINICAL TRAINING PROGRAM: _____

PROGRAM DIRECTOR (Name): _____

PROGRAM ADDRESS: _____

City State Zip Code

Phone Email Address

LENGTH OF PROGRAM: _____
Start Date End Date

DATE AVAILABLE TO BEGIN SERVICE OBLIGATION: _____

EMERGENCY CONTACT INFORMATION

NAME		
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CITY	STATE	ZIP CODE

RECIPIENT'S SIGNATURE	DATE
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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): _____

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.
