

The National Health Service Corps (NHSC) and Nurse Corps Interest Capture Form, which will be used when HRSA staff presents information regarding HRSA funding opportunities for health profession students and providers at national and regional conferences and at campus recruiting events, is an optional form that a health profession student, licensed clinician, faculty member, or clinical site administrator can fill out and submit to BHW representatives at the event. The purpose of the form is to enable individuals and clinical sites to ask BHW for periodic program updates and other general information regarding opportunities with the NHSC and/or the Nurse Corps via e-mail. 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 information collection is 0915-0337 and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average xx hours 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).



## 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><b>2. What questions do you have about the NHSC and/or NURSE Corps?</b></p>
<p>Graduation Year: _____</p>	<p><b>3. When and how did you first hear about the NHSC and/or NURSE Corps?</b></p>

