

Data Collection Worksheet Form

OMB Number: 0915-0146
Expiration Date: XX/XX/20XX

* required field

School
Cornell University - Weill Cornell Medical College

Discipline
Allopathic Physician

Degree
MD

Thank you for creating a DCW! The form can be completed in 4 easy steps. For any questions on filling out this information please contact NHSC SP at nhscsp@hrsa.gov.

1. TUITION

Enter the Resident (In-State) and Non-resident (Out-of-State) tuition for the 2017-2018 (July 1 to June 30) school year for 1st, 2nd, 3rd, and 4th Year Students. If your school's degree program is less than 4 years, only enter amounts for each year of your program. For example, two year programs would only enter values in the first two columns for 1st and 2nd Year Students. You MUST enter values for every year of your program, even if your costs are estimated to be the same for students regardless of which year they are in the program.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Resident *	\$0	\$0	\$0	\$0
Non-Resident *	\$0	\$0	\$0	\$0

2. SCHOOL INCURRED FEES

Review and enter amounts for the list of items grouped under School Incurred Fees. These fees are incurred by the school as part of the tuition and required fees. The NHSC SP would expect items defined as Fees to be included in the tuition invoice submitted by the school and reimbursed by NHSC SP directly to the school.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Surcharge (when added by the school to the tuition)	\$0	\$0	\$0	\$0
Education Fees	\$0	\$0	\$0	\$0
University Fees	\$0	\$0	\$0	\$0
Administrative Fees	\$0	\$0	\$0	\$0
Matriculation Fees	\$0	\$0	\$0	\$0
Curriculum Fees	\$0	\$0	\$0	\$0
Academic Support Services Fee	\$0	\$0	\$0	\$0
Campus Transportation Fees	\$0	\$0	\$0	\$0
Health Services Fees and Immunizations	\$0	\$0	\$0	\$0
Student Activities Fee	\$0	\$0	\$0	\$0
Student Services Fee	\$0	\$0	\$0	\$0
Laboratory Fees	\$0	\$0	\$0	\$0
Building Use or Facility Fee	\$0	\$0	\$0	\$0
Technology Fee	\$0	\$0	\$0	\$0
Computer Lab Fee	\$0	\$0	\$0	\$0
Recreation Fee	\$0	\$0	\$0	\$0
Processing Fee	\$0	\$0	\$0	\$0
Campus Life Fee				\$0

	\$0	\$0	\$0	\$0
Other Fees	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0
Graduation fee	\$0	\$0	\$0	\$0
Professional fee	\$0	\$0	\$0	\$0
School ID Cards / ID Fees	\$0	\$0	\$0	\$0

3. STUDENT EXPENSES

Review and enter amounts for the list of items grouped under Student Expenses. The Student Expenses or Other Reasonable Costs (ORC) amount is paid by the NHSC SP directly to the student to cover additional reasonable expenses incurred by the student that are not covered under the tuition and fees billed by the school. The NHSC SP will disburse a one-time Other Reasonable Cost (ORC) payment to the student when they receive their first monthly stipend.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Books	\$0	\$0	\$0	\$0
Uniforms	\$0	\$0	\$0	\$0
Clinical Supply Costs	\$0	\$0	\$0	\$0
Microscope	\$0	\$0	\$0	\$0
Instruments	\$0	\$0	\$0	\$0
National Boards	\$0	\$0	\$0	\$0
Computer/Software	\$0	\$0	\$0	\$0
CPR Certification Fee	\$0	\$0	\$0	\$0
Miscellaneous Cost	\$0	\$0	\$0	\$0
Clinical Rotation/Travel Fee	\$0	\$0	\$0	\$0

4. INSURANCE

Review and enter amounts for the list of items grouped under Insurance. Insurance items may be incurred by the school as part of the tuition and required fees or incurred as an ORC by the Student. Please complete the form based on if the cost of insurance is incurred by the school or incurred by the student.

	1st Year Student	2nd Year Student	3rd Year Student	4th Year Student
Health Insurance (school incurred)	\$0	\$0	\$0	\$0
Malpractice Insurance (school incurred)	\$0	\$0	\$0	\$0
Disability Insurance (school incurred)	\$0	\$0	\$0	\$0
Health Insurance (student incurred)	\$0	\$0	\$0	\$0
Disability Insurance (student incurred)	\$0	\$0	\$0	\$0

Please explain any "other" fees in the comments section below.

approve this Data Collection Worksheet

New Comments

Cancel

Save

Public Burden Statement: The purpose of the NHSC SP, NHSC S2S LRP, and the NHHSP is to provide scholarships or loan repayment to qualified students who are pursuing primary care health professions education and training. In return, students agree to provide primary health care services at approved facilities located in designated Health Professional Shortage Areas (HPSAs) once they are fully trained and licensed health professionals. 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 0915-0146 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (NHSC SP: Section 338A of the PHS Act and Section 338C-H of PHS Act; NHSC S2S LRP: Section 338B of the PHS Act and Section 331(i) of the PHS Act; NHHSP: The Native Hawaiian Health Care Improvement Act of 1992, as amended [42 U.S.C. 11709]). 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.