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XXXXXXXXXX YOUR NAME XXX RTI International XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXX NAME OF CLINIC XXXXXXXXXXXXXXXXXXXXXXX (HRSA) XXXXXXXXXXXXXXXXXXX

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XX{XXXXXXXX}XXXXXXXX:

XXXXX: 60 XX

XXXXX: 50 XX

XX/XXXXXXXXXXXXXXXX: 45 XX

XXXXX{INSERT TYPE OF INCENTIVE}XX

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IF NOT ON PHONE OR THE IN PRIVATE LOCATION: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX