



National Health Service Corps
 Scholar Travel Request Worksheet
 Non-Federal Personnel

Traveler's Name:		Home Phone:	Work Phone:
Mailing Address:		Fax Number:	
Cell Phone:	E-Mail Address:		
Placement Year of Scholar:	Discipline:		Specialty:
Dates of Travel:	<i>From:</i>	<i>To:</i>	From: City/St
			To: City/St
Destination Site Name/Address:			
Site ID (UDS#):		Status of Site:	HPSA Score:
Remarks:			

	Type of Travel		Licensure
	Pre-Employment Site Visit:		MUST CHECK ONE BOX
	<ul style="list-style-type: none"> • Initial Match • Site Assignment 		For relocation and transfer, does the traveler have a permanent license to practice in State of service?
	Permanent Change of Station Relocation		YES
	<ul style="list-style-type: none"> • Initial Match • Site Assignment 		NO
	Other (specify below)		

Signature of Requesting Official, NHSC:	Date:
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PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0915-0278 and is valid until xx/xx/20xx. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 1 minutes 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.

Privacy Act Notice – The Privacy Act of 1974 (5 U.S.C. 552a) requires that an agency provide the following notice to each individual whom it asks for information. (1) The authority for collecting information requested on this form is found in Title III, Part D, Subpart II of the Public Health Service Act (42 U.S.C. 254d(c)).