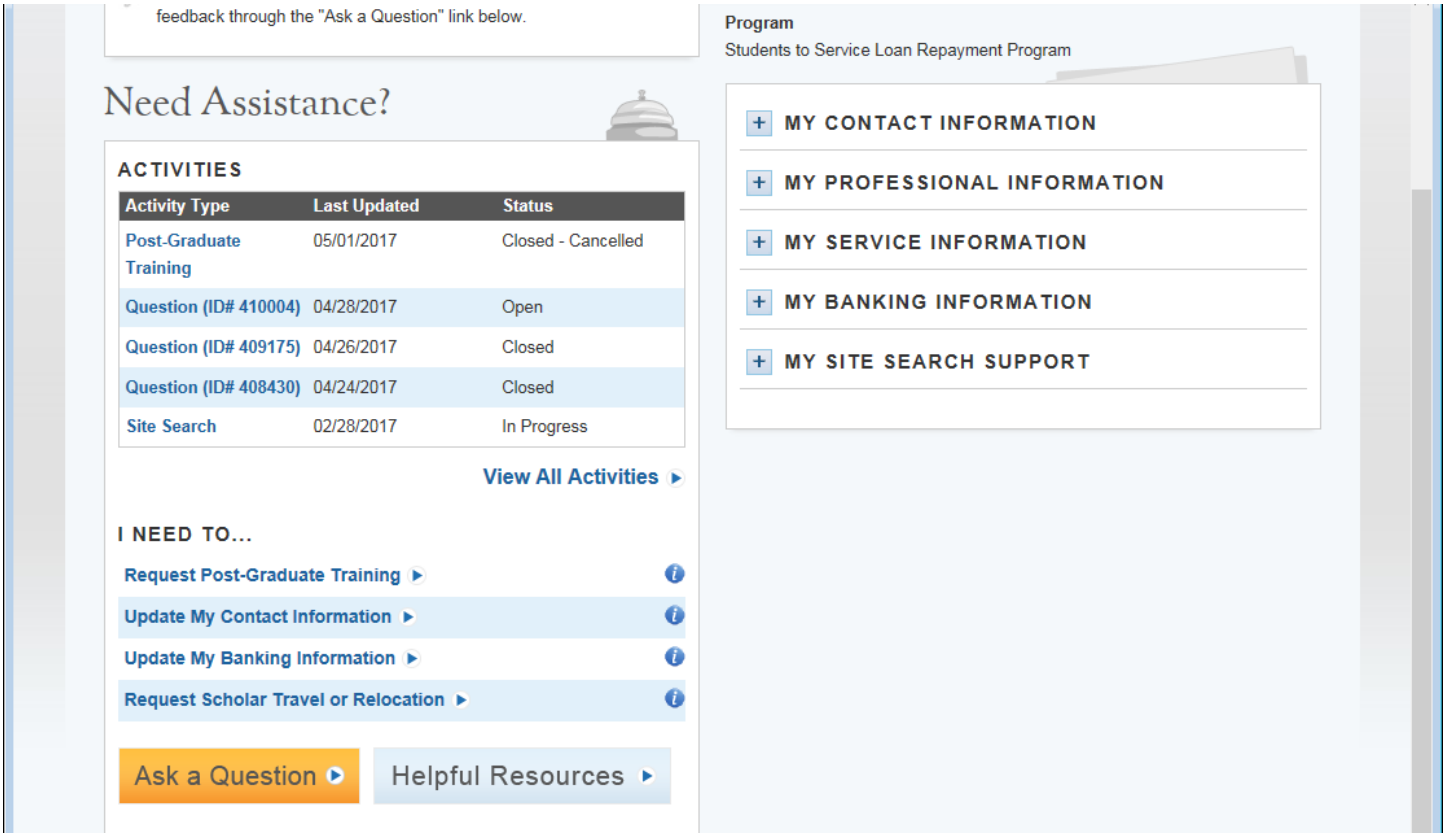

Public Burden Statement: The purpose of the NHSC SP, NHSC S2S LRP, and the NHHSP is to provide scholarships or loan repayment to qualified students who are pursuing primary care health professions education and training. In return, students agree to provide primary health care services at approved facilities 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.

DNHSC Post-Graduate Training Request Information

WHAT YOU NEED TO KNOW ABOUT REQUESTING POST-GRADUATE TRAINING

All NHSC scholars and S2S participants are required to submit a request to participate in a Postgraduate training program. You will be required to complete a PGT request every year during your training and must receive approval from the NHSC prior to the start of all training programs to ensure continued compliance with NHSC requirements.

For more information regarding PGT requirements and to view NHSC-approved training programs by category, please visit **Post-Graduate Training Information Bulletin**.

GUIDELINES AT A GLANCE

- Participants are expected to begin their Postgraduate training immediately after graduation
- The length of time that will be granted for Postgraduate training is dependent upon the discipline and specialty (see **guidelines**)
- You will be required to begin practice at an approved NHSC site within 6 months of completing your Postgraduate training
- Notice of Intent is required of all dental, NP, PA and Chief Residency and Fellowship Postgraduate training requests
- The maximum number of Postgraduate Training by discipline
  - MD/DO- 5 years (includes Chief Residency and/or Fellowship)
  - DDS/DMD- 2 years (includes Chief Residency and/or Fellowship)
  - PA/NP- 1 year

WHAT YOU NEED TO COMPLETE THE FORM

- Name of Residency Program
- Residency Program ID Number (Physicians only)
- Program's length of time to complete
- Program Director's name and phone
- Clinic name, mailing address, phone and email (the location of the program)
- Updated emergency contact information, if applicable. This portion may be completed from the participant homepage of the BHW Participant Portal

DOCUMENTATION NEEDED:

- 1. **Letter from the Program Director** – A signed and dated letter from the Program Director is needed on letterhead to confirm acceptance into the residency program and the start and end dates of the entire term or training.
- 2. **Proof of Graduation** – Participants must submit a diploma or a letter from an appropriate school official on official letterhead indicating that the student is expected to graduate prior to July 1, 2017. This letter should be dated no earlier than April 15, 2017.
- 3. **Step 2/Level 2 USMLE or COMLEX score** – Participants must take and provide proof of passing this exam.
- 4. **Step 3/Level 3 USMLE or COMLEX score** – Participants must take and provide proof of passing this exam.
- 5. **Letter of Intent** – For those participants who are offered a one-year Chief Residency upon completion of their general residency training or wish to pursue one of the three of the NHSC approved Fellowship trainings, a letter of intent is required briefly describing how you plan to use the additional clinical training in your NHSC career. Fellowships training requests may be approved on a case-by-case basis consistent with the needs of the NHSC.
- 6. **Loan payment verification documents** - Participants must provide documentation showing that all previous S2S LRP award funds were applied to reduce qualifying education loans approved by the NHSC. The payment history must be on official document which includes the lenders name, accounts holder's name, account number, and identification of all payments made during the contract period.

NEED HELP FINDING A RESIDENCY PROGRAM?

- **American Medical Association (AMA) residency program search**
- **American Osteopathic Association (AOA) residency program search**
- **American Dental Association (ADA) residency program search**

CANCEL BEGIN

Home > DNHSC Post-Graduate Training Request

1 Request Basics 2 Supporting Documents 3 Review and Submit

Request Basics

* required field

Year for which the Post Graduate Training is being requested: 2017 - 2018

PROGRAM INFORMATION

Please tell us about the residency program

Post Graduate Residency Program * Select

Participant's year in Residency * 1st

Total Length of Post Graduate Program * 1 year

PROGRAM DIRECTOR

Please provide us contact information for your Residency Program Director:

Last Name * First Name * Phone # * (000)-000-0000

RESIDENCY CLINIC INFORMATION

Please tell us where you will be training during your residency:

Residency Clinic Name *

Residency Clinic Address

Address Line 1 *

Address Line 2

City *

State or Territory * Select

ZIP *

Residency phone # * (000)-000-0000

Residency phone extension

Email address *

*** Please do not forget to update your Emergency Contact Information from the Portal Home Page, if applicable.**

CANCEL CONTINUE

DNHSC Post-Graduate Training Request Supporting Documents

To successfully request to defer the start of your service obligation, you must also submit the following items (as indicated before you started this request):

Residency Type	Deadline	Year 1	Year 2	Year 3	Year 4	Year 5
Primary Care Residency	June 1	Letter from the Program Director National Board Scores Proof of Graduation	Letter from the Program Director Loan Payment Verification	Letter from the Program Director Loan Payment Verification		
Geriatrics Dentistry Fellowship	June 1	Letter from the Program Director Loan Payment Verification				

*See a complete list of NHSC Approved list of General and Fellowship residency training programs for each discipline in the FY 2017 - 2018 S2S LRP Post-graduate Residency Training Bulletin.

UPLOAD DOCUMENT

Please Note: the following file types are suitable for being uploaded: jpg, doc, pdf, xls & tif. It is preferable to select one document type for each upload.

- ☐ Letter from Program Director
- ☐ Proof of Graduation
- ☐ National Board Scores
- ☐ Other
- ☐ Letter of Intent
- ☐ Loan Payment Verification

Browse... Upload Document

No documents have been uploaded for this request.

Review & Submit

Please review the information you entered below to confirm its accuracy.

REQUEST BASICS (edit)

Year for which the Post-Graduate Training is being requested: 2017 - 2018

PROGRAM INFORMATION

Post-Graduate Residency Program:	Family Practice/Psychiatry
Participant's year in Residency:	1
Total Length of Program	4

PROGRAM DIRECTOR

Last Name	todd
First Name	Smith
Phone #	1232361234

RESIDENCY CLINIC INFORMATION

Name	River Hospital
Address Line 1	123 Main
Address Line 1	
City	Small town
State	Idaho
ZIP	36202
Residency phone #	1232361234
Email address	csmith@RiverHos.net

SUPPORTING DOCUMENTS (edit)

Document Name	Document Type(s)
1 A Test documen1.docx	Proof of Graduation

☐ I certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be