



Bureau of Health Workforce
U.S. Department of Health and Human Services
Health Resources and Services Administration

**National Health Service Corps
Students to Service Loan Repayment Program
Preceptor Letter of Recommendation -
Instructions**

This letter may be from a primary care preceptor or another individual who has worked with the applicant in a primary care setting and can discuss the applicant's interest and commitment to a career in primary care and service to underserved populations and communities.

All recommendations must be submitted by the recommender through the application portal. To complete and submit the letter of recommendation, please click on the link you received via email and submit the recommendation. **The letter must have a handwritten signature and/or be on letterhead from the preceptor's organization/institution and include the following:**

- 1) Applicant's first initial, last name, and Application ID;
- 3) Applicant's discipline;
- 4) Your Name (printed) and Title or Organization;
- 5) Your Address (unless already on letterhead);
- 6) Signature;
- 7) A description of your relationship to the applicant and length of time you have known the applicant; and
- 8) A discussion of the following items:
 - a. The applicant's community/civic or other non-academic achievements,;
 - b. The applicant's ability to work and communicate constructively with other people, and;
 - c. An assessment of the applicant's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include your knowledge of the applicant's, work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest and commitment to serving underserved populations.

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, Section 338C-H of PHS Act; NHSC S2S: Section 338B and Section 331(i) of the PHS Act; NHHSP: 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.