

Below are screenshots of the NHSC and Nurse Corps Interest Capture Form, which can be accessed on the HRSA website at <https://bhwh.hrsa.gov/about-us/ask-question>.

Ask Us a Question

Contact us about our loan repayment or scholarship programs.

Required fields are marked with an asterisk (*).

Step 1 of 2

I am a(n) *

Select Role

Submit

Ask Us a Question

Contact us about our loan repayment or scholarship programs.

Required fields are marked with an asterisk (*).

Step 1 of 2

I am a(n) *

Select Role

- Select Role
- Applicant
- Participant/Scholar
- State PCO Member
- Applicant Recommender
- School Representative
- Site POC
- HPSA POC

Ask Us a Question

Contact us about our loan repayment or scholarship programs.

Required fields are marked with an asterisk (*).

Step 2 of 2

Name *

Phone Number *

Enter as nnn-xxx-xxxx.

Email Address *

Program *

Application or Participant ID #

BHW ID/UDS #

Subject *

Message *

This field has a 1000 character limit

Submit

Program *

Choose a Program

- Choose a Program
- Faculty Loan Repayment Program
- NHSC Loan Repayment Program
- NHSC Scholarship Program
- NHSC Students to Service Loan Repayment Program
- Nurse Corps Loan Repayment Program
- Nurse Corps Scholarship Program
- Substance Use Disorder Treatment and Recovery Loan Repayment Program

Choose a Subject

- Award & Continuation: Award Documents
- Award & Continuation: Continuation
- Award & Continuation: Termination
- Compliance: Debt Estimation
- Compliance: Default
- Compliance: Maternity/Paternity Leave
- Compliance: Suspension
- Compliance: Waiver
- Financial: Bank Information
- Financial: Payments
- Financial: Tax Information
- In Service: Completion
- In Service: Conversion
- In Service: Employment Verification
- In Service: Hours & Obligation End Date
- In Service: Site Transfer
- In Service: Verification
- In School: Graduation, Post-Graduation Training Completion & Placement
- In School: Leave of Absence

Choose a Subject

Ask Us a Question

Thank you for contacting us. We'll respond as soon as we can.

OMB #: 09xx-xxxx
Expiration Date: xx/xx/20xx

The purpose of this information collection is to obtain data from inquires for the following: Prospective HRSA program participants. In addition, these data will facilitate the ability to share resources regarding BHW discretionary programs and nurse loan repayment assistance programs. 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 09xx-xxxx and it is valid until xx/xx/20xx. 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.