

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
PLACEMENT UPDATE**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CAREER CATEGORY	IHS AREA OFFICE	EMAIL ADDRESS

**SITE PLACEMENT**

**HAVE YOU BEEN PLACED AT AN APPROVED IHS, TRIBAL OR URBAN FACILITY?**  Yes  No

If yes, provide the:

NAME OF FACILITY: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

START DATE: \_\_\_\_\_

If no, please attach documentation of your efforts to secure placement (e.g., proof of application/rejection). You must submit another Placement Update form in 30 days providing further information on your efforts to begin your service obligation.

If you have reached the 90 day limit and have not accepted placement at one of your preferred sites, or cannot find employment, the Director of IHS may involuntarily place you at an Indian health facility based on the needs of the IHS.

GRADUATION DATE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DEGREE OBTAINED: \_\_\_\_\_

NOTE: You should have already submitted these forms to your IHS Scholarship Program analyst:

OF 612 – Optional Application for Federal Employment or Commissioned Corps Application (PHS Form 50)

Preferred Placement (IHS-856-12)

POSITIONS APPLIED FOR (REJECTION LETTERS ATTACHED):

Vacancy Announcement No./Title/Location: \_\_\_\_\_

Vacancy Announcement No./Title/Location: \_\_\_\_\_

Vacancy Announcement No./Title/Location: \_\_\_\_\_

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 11 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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