

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM
NOTIFICATION OF DEFERMENT INTENT**

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

Please identify the health profession discipline and post-graduate clinical training program or residency specialty that you will be pursuing. On page 2, please include information on the program(s) to which you will apply.

Please read the Post-Graduate Clinical Training section of the Service Commitment Handbook for more information.

REQUIRED PROGRAMS

Physicians, social workers, clinical psychologists, dietitians and podiatrists are required to complete additional post-graduate training and licensure before they can begin their service commitment.

Physician

Three Years

Emergency Medicine
Family Practice
General Internal Medicine
General Pediatrics

Four Years

Anesthesiology
Emergency Medicine
General Psychiatry
Internal Medicine/Family Practice
Internal Medicine/Pediatrics
Obstetrics/Gynecology

Five Years

Family Practice/Psychiatry
General Surgery
Internal Medicine/Psychiatry

Clinical Psychologist

2,000-hours supervised practice under a licensed clinical psychologist. Please specify required hours and attach a copy of state licensure requirements.

Social Worker

2,000 – 3,000 hours supervised practice under a licensed social worker. Please specify required hours and attach a copy of state licensure requirements.

Dietitian

1,200-hour Accreditation Council for Education in Nutrition and Dietetics (ACEND)-approved internship under the supervision of a registered dietitian (if not included in your school's didactic instruction).

Podiatrist

Three-year resource-based, competency-driven, assessment-validated program that consists of training in inpatient and outpatient medical and surgical management and approved by the Council on Podiatric Medical Education (CPME).

OPTIONAL PROGRAMS

Pharmacists, optometrists, nurses and dentists can elect to complete one year of post-graduate training upon receiving IHS Scholarship Program approval.

Pharmacist

One-year IHS pharmacy residency, American Society of Health-System Pharmacists (ASHP) or American Pharmacists Association (APhA) accredited Post-Graduate Year One (PGY1) Pharmacy Residency Program (Hospital, Community or Managed Care only).

Optometrist

One-year Ocular Disease/Pathology or Primary Care Optometry residency program.

Nurse

One-year training program with an emphasis on clinical out-patient (OPD), in-patient (IPD) and/or emergency (ERD) nursing skills.

Dentist

One-year Advanced Education Program in General Dentistry or General Practice Residency. Only programs that are fully operational with the American Dental Association Commission on Dental Accreditation (ADA CODA) status are permitted.

Required signature on back of this form

Program 1

NAME OF FACILITY

ADDRESS

PROGRAM DIRECTOR

PHONE

EMAIL ADDRESS

Program 2

NAME OF FACILITY

ADDRESS

PROGRAM DIRECTOR

PHONE

EMAIL ADDRESS

Program 3

NAME OF FACILITY

ADDRESS

PROGRAM DIRECTOR

PHONE

EMAIL ADDRESS

RECIPIENT'S SIGNATURE

DATE

Return to:
Indian Health Service
Scholarship Program
5600 Fishers Lane
Mail Stop: OHR (11E53A)
Rockville, MD 20857

Reviewed (IHS use only): _____
Analyst, Branch Chief or Designee

Approved (IHS use only): _____

ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0006. This information collection is for the purposes of the Indian Health Service Scholarship Program to provide Preparatory, Pre-graduate, and Health Professions Scholarships to students pursuing health professions education and training and the information collected will be used to identify qualified American Indian/Alaska Native students. The time required to complete this information collection is estimated to average less than 8 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required to obtain or retain a benefit (25 U.S.C. § 1613 and 25 U.S.C. § 1613a) and is subject to Privacy Act safeguards, 5 U.S.C. § 552a(e)(4) and the nature and extent of confidentiality is set forth in the Privacy Act and SORN # 09-17-0002, described at 74 FR 50222 (September 30, 2009). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, IHS Information Collections Clearance Officer, 5600 Fishers Lane, Mail stop: 09E70, Rockville, MD 20857.
