DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE

FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 10/31/2023

PUBLIC LAW 94-437 – TITLE CHANGE OF NAI			See Estimated Average Burden Time per Response on page 2.
RECIPIENT'S NAME	DEGREE PROGRAM		
ADDRESS		PHONE: CELL HO	DME
IHS AREA OFFICE	EMAIL ADDRESS		
INDICATE THE CHANGE YOU WOULD LIKE TO MAKE:	NAME	ADDRESS	
NEW NAME:			
If you have officially changed your name, you must a (for example, marriage certificate).	ttach the approp	riate legal documen	tation
If you are changing your address, complete the sect that is processed after the 10th of the month will not			
NEW ADDRESS:			
City		State	Zip Code
NEW PHONE: Cell Home			
DATE OF CHANGE:			
CHECK THE APPROPRIATE BOX:			
I am enrolled in an undergraduate/graduate degre	e program.		
I am completing an IHS-approved post-graduate	clinical training pr	rogram.	
I am fulfilling my service commitment.			
RECIPIENT'S SIGNATURE			DATE
Indian Hea Scholarshi 5600 Fisl Mail Stop: O	rn to: alth Service ip Program hers Lane HR (11E53A) MD 20857		
Reviewed (IHS use only): Analyst, Branch Chief or Designee			

IHS-856-22 EF

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.