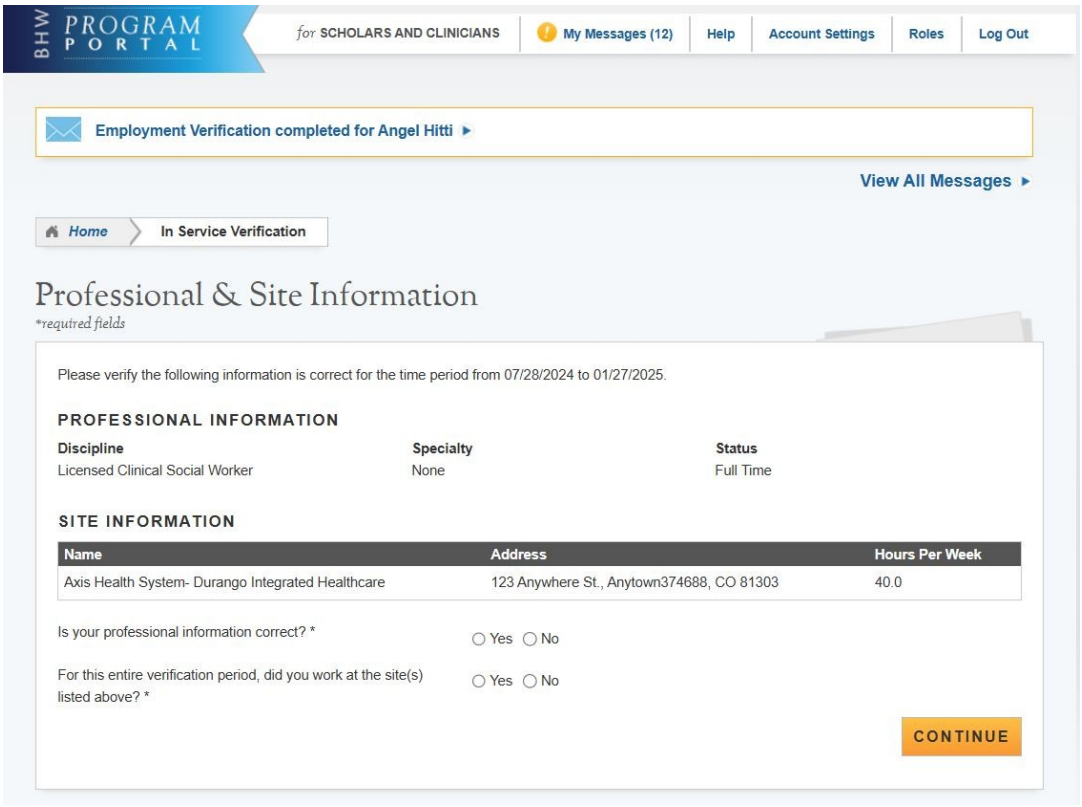
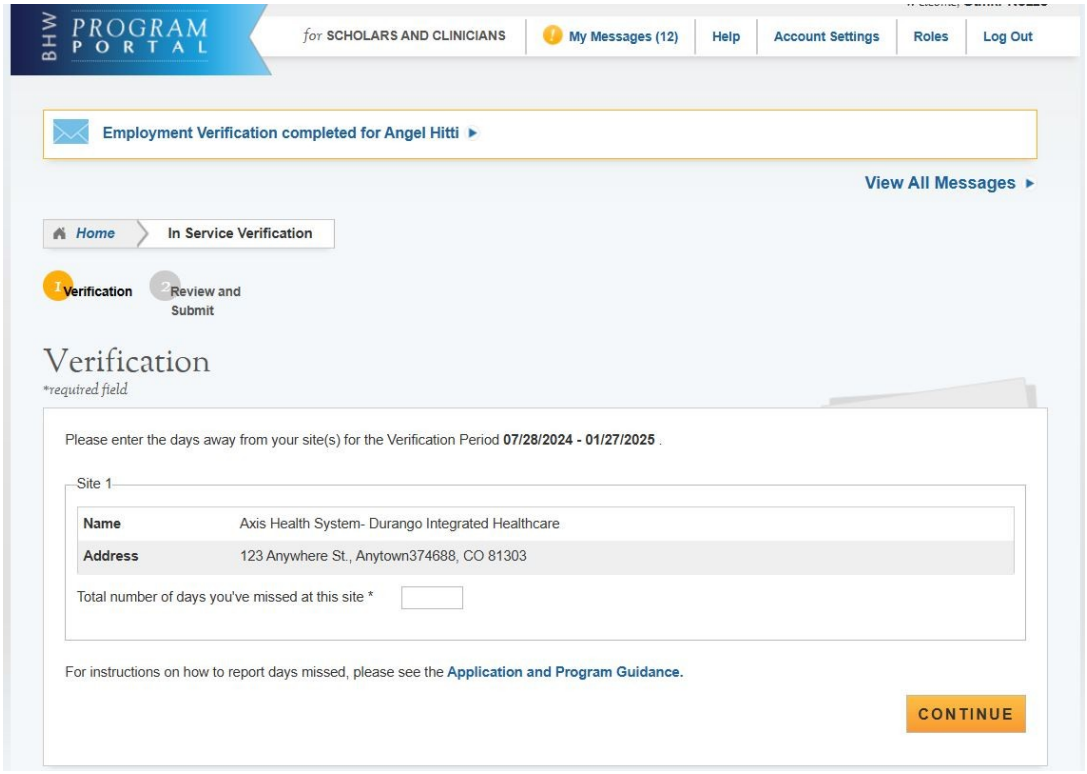
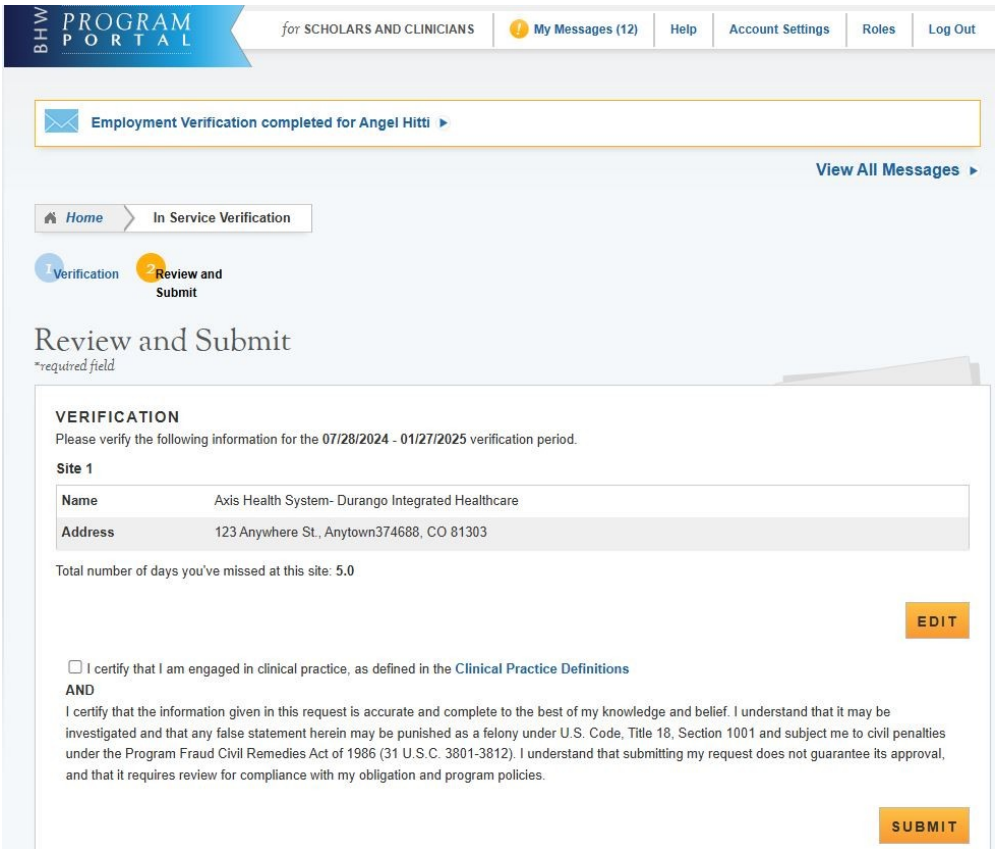
In Service Verification Form (Screenshots)

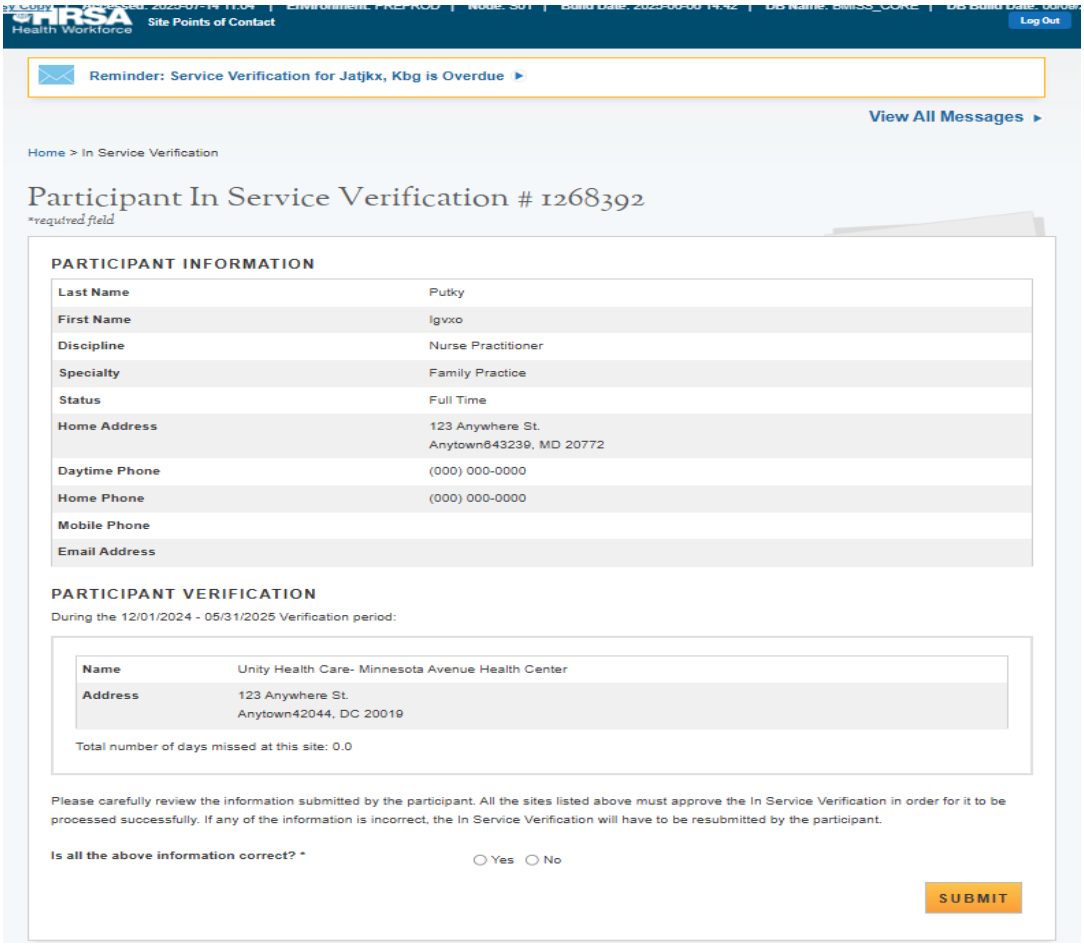
Participant Verification

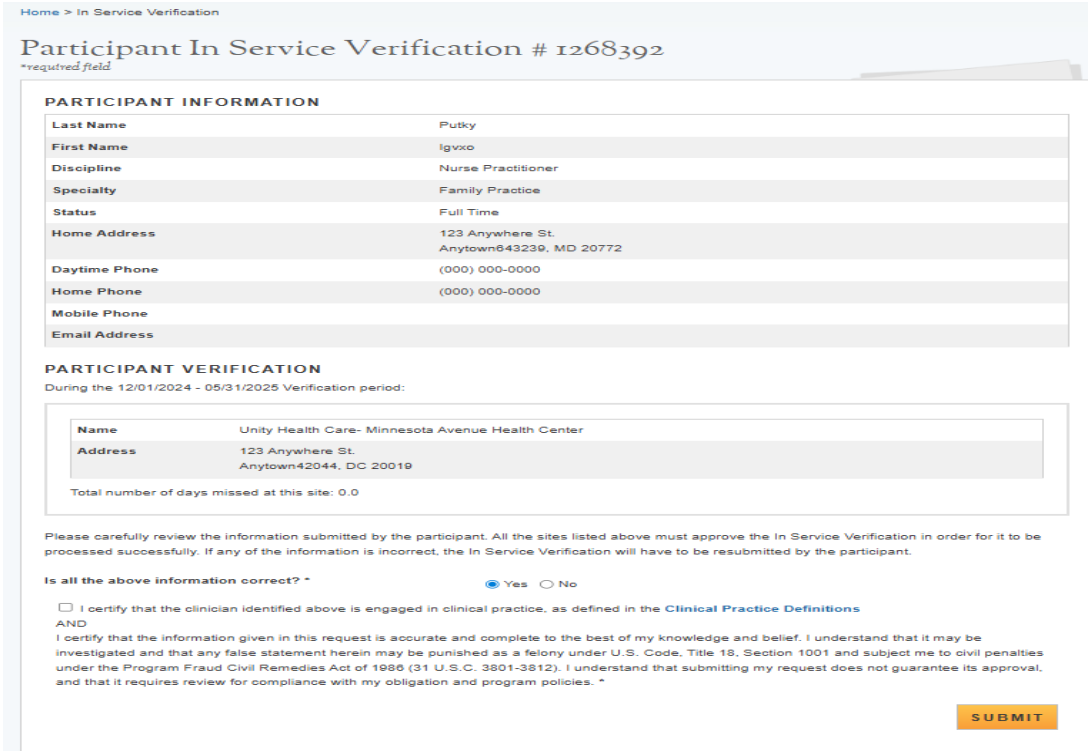


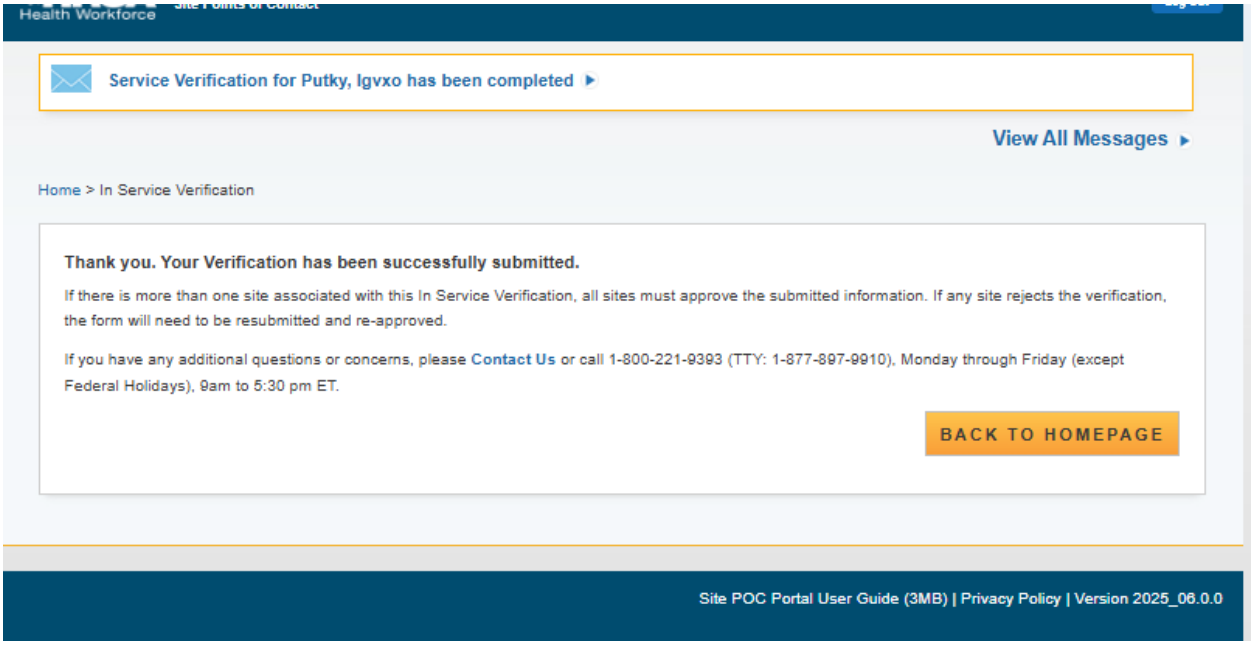



BHW PROGRAM PORTAL
for SCHOLARS AND CLINICIANS
My Messages (12)
Help
Account Settings
Roles
Log Out
Employment Verification completed for Angel Hitti ▸
View All Messages ▸
Home
In Service Verification
1 Verification
2 Review and Submit
Review and Submit
*required field
VERIFICATION
Please verify the following information for the 07/28/2024 - 01/27/2025 verification period.
Site 1
Name
Axis Health System- Durango Integrated Healthcare
Address
123 Anywhere St., Anytown374688, CO 81303
Total number of days you've missed at this site: 5.0
EDIT
I certify that I am engaged in clinical practice, as defined in the Clinical Practice Definitions
AND
I certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801-3812). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.
SUBMIT

Site POC Verification







OMB No. 0915-0140 Expiration Date: xx/xx/xxxx

Public Burden Statement: The purpose of this information collection is to obtain information through the Nurse Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program and to monitor a participant's compliance with the program's service requirements. Applicants interested in participating in the Nurse Corps Loan Repayment Program must submit an application to the Nurse Corps. 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 0915-0140 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit (Section 846 of the Public Health Service Act, as amended [42 U.S.C. 297n]). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037.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 14NWH04, Rockville, Maryland, 20857.