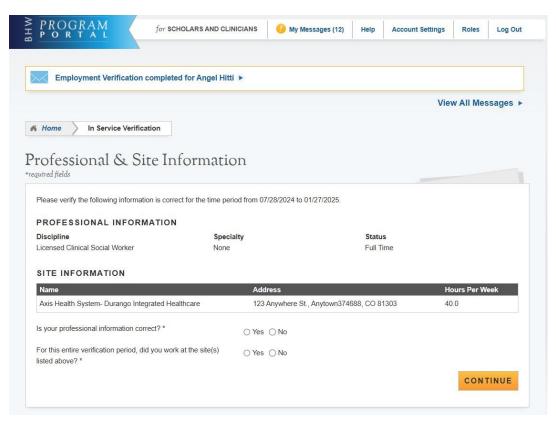
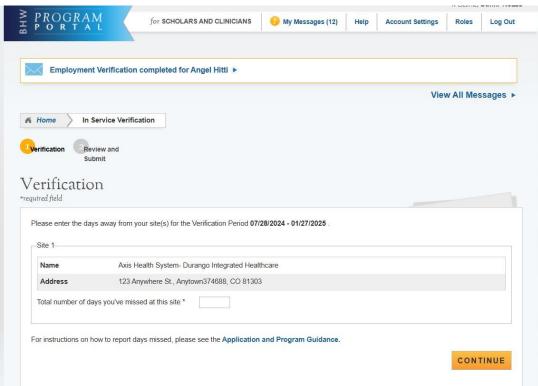
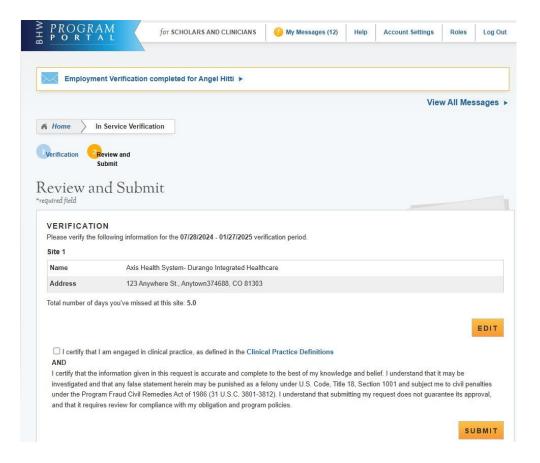
## In Service Verification Form (Screenshots)

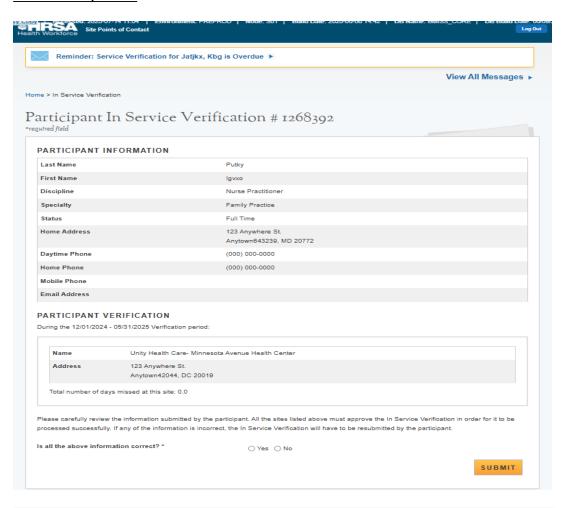
# **Participant Verification**







### **Site POC Verification**



#### Participant In Service Verification # 1268392

#### PARTICIPANT INFORMATION First Name Specialty Family Practice Status Full Time 123 Anywhere St. Anytown643239, MD 20772 Home Address Daytime Phone (000) 000-0000 Home Phone (000) 000-0000 Mobile Phone Email Address

#### PARTICIPANT VERIFICATION

During the 12/01/2024 - 05/31/2025 Verification period:

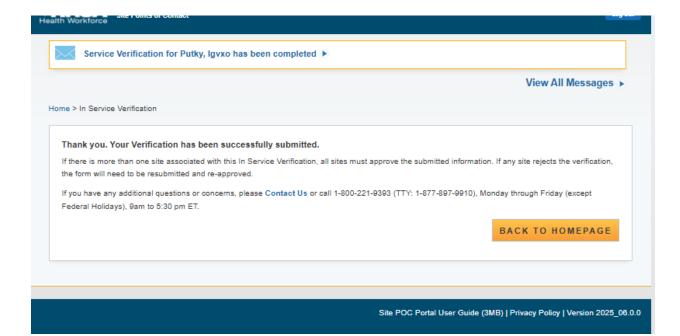
Name Unity Health Care- Minnesota Avenue Health Center Address 123 Anywhere St.
Anytown42044, DC 20019 Total number of days missed at this site: 0.0

Please carefully review the information submitted by the participant. All the sites listed above must approve the In Service Verification in order for it to be processed successfully. If any of the information is incorrect, the In Service Verification will have to be resubmitted by the participant. Yes ○ No

I certify that the clinician identified above is engaged in clinical practice, as defined in the Clinical Practice Definition.

☐ I certify that the clinician identifies a course 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 1886 (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



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 (LRP) 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 LRP must submit an application to the Nurse Corps through the My BHW online portal. 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 02/28/2026. 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 0.68 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.