OMB Number: 0915-0146 Expiration Date: xx/xx/xxxx

1. Instructions for Recommenders - Recommendation Letter 1

Subject

Letter of Recommendation Request

Body

#{applicantName} has requested that you complete a letter of recommendation for his/her scholarship application for the Health Resources and Services Administration (HRSA) National Health Service Corps Scholarship Program (NHSC).

In order to complete this recommendation, please select the following link: [Link Provided]

Once you have navigated to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to electronically upload the letter of recommendation. Please note that the applicant will not be allowed to submit their finalized application until your recommendation has been submitted to the NHSC. All Letters of Recommendations must be on letterhead or signed and dated by the recommender.

If you have any questions, please contact the Customer Care Center at <u>1-800-221-9393</u> (TTY: <u>1-877-9910</u>) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

Sincerely,

National Health Service Corps Scholarship Program

2. Instructions for Recommender - Recommendation Letter 2

Subject

Letter of Recommendation Request

Body

#{applicantName} has requested that you complete a letter of recommendation for his/her scholarship application for the Health Resources and Services Administration (HRSA) National Health Service Corps Scholarship Program (NHSC).

In order to complete this recommendation, please select the following link: [Link Provided] Once you have navigated to the letter of recommendation page, please confirm that all of the information is accurate for both you and the applicant. You will have the ability to electronically upload the letter of recommendation. Please note that the applicant will not be allowed to submit their finalized application until your recommendation has been submitted to the NHSC. All Letters of Recommendations must be on letterhead or signed and dated by the recommender.

If you have any questions, please contact the Customer Care Center at <u>1-800-221-9393</u> (TTY: <u>1-877-897-9910</u>) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

Sincerely,

National Health Service Corps Scholarship Program

OMB Number: 0915-0146 Expiration Date: xx/xx/xxxx

Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Scholarship Program (NHSC SP), which is used to assess an applicant's eligibility and qualifications for the NHSC SP. Clinicians interested in participating in the NHSC SP must submit an application to the NHSC SP 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 Office of Management and Budget control number. The Office of Management and Budget control number for this information collection is 0915-0146 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit (National Health Service Corps Scholarship Program: Section 338A of the Public Health Service Act and Section 338C-H of Public Health Service Act.). 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 Health Resources and Services Administration Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland 20857.