

# Postgraduate Training Request Participant User Guide

2025

**Public Burden Statement:** The purpose of this information collection is to obtain information through the NHSC SP and the NHSC S2S LRP, that is used to assess an applicant's eligibility, qualifications as well as monitor program participants' enrollment in school, postgraduate training, and compliance with program requirements. 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 0915-0146 and it is valid until xx/xx/xxxx. This information collection is mandatory (Sections 338A-H of the Public Health Service Act [42 USC 254l-q], as amended). 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.

**CONTENTS**

**Part 1 | Introduction..... 4**

- Postgraduate Training Request Participant User Guide.....4
- Postgraduate Training Request Purpose.....4
- Postgraduate Training Request Eligibility.....4

**Part 2 | Postgraduate Training Request Submission..... 4**

- Navigating to the Training Request.....4
- Overview Page.....6
- Program Information Page.....7
- Documents Page.....11
- Review and Submit Page.....13

**Part 3 | Postgraduate Training Request Review..... 15**

- Tracking Postgraduate Training Request Status.....15
- Postgraduate Training Request Returned for Corrections and/or Additional Documentation.....15
- Postgraduate Training Request Decision.....16
- Postgraduate Training Request Cancellation/Withdrawal.....17

## PART 1 | INTRODUCTION

### POSTGRADUATE TRAINING REQUEST PARTICIPANT USER GUIDE

The Postgraduate Training Request participant user guide serves as the main reference to answer any questions participants may have regarding the new Postgraduate Training Request process.

### POSTGRADUATE TRAINING REQUEST PURPOSE

Postgraduate Training Request is a new modernized process that allows participants to apply for the postgraduate training. Eligible participants will receive the Training Request link [via the Portal](#) in the Activities section on the date listed in the Postgraduate Training Bulletin.

**Important to Know:** Participants no longer have the ability to **initiate** the postgraduate training request. All postgraduate training requests are now system-initiated to eligible participants on a set date. **Completion of the postgraduate training request, if received via the Portal, is mandatory for all eligible participants regardless of deferment plans.** Participants are able to submit the training request indicating no potential deferment.

### POSTGRADUATE TRAINING REQUEST ELIGIBILITY

If you are a participant in the following program, discipline, and year in school or training, you are **required** to submit the Postgraduate Training Request by the due date listed in the NHSC Application and Program Guidance and Postgraduate Training information Bulletin for your program:

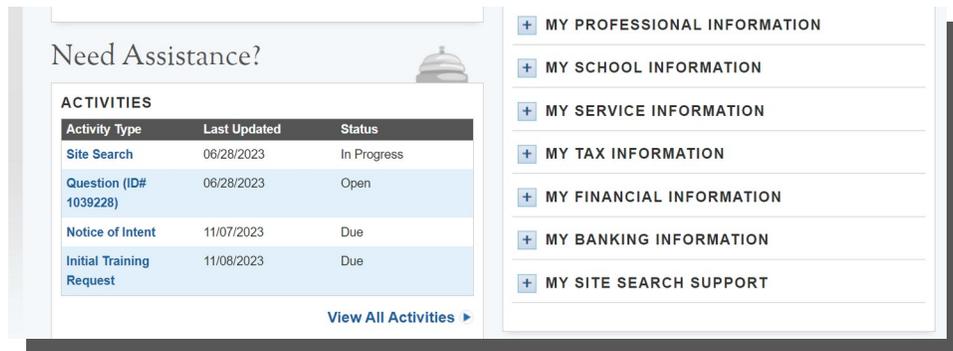
- **Eligible Program(s):** NHSC SP, NHSC S2S LRP, NC SP
- **Eligible Discipline(s):** MD/DO in last year of medical school, residency or fellowship; DMD/DDS in last year of school or training; and NP/PA/CNM in last year of school

## PART 2 | POSTGRADUATE TRAINING REQUEST SUBMISSION

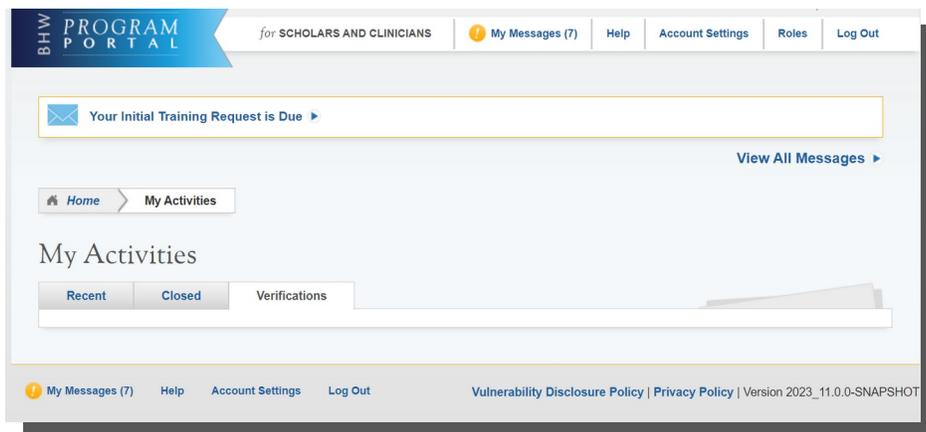
### NAVIGATING TO THE TRAINING REQUEST

#### STEPS

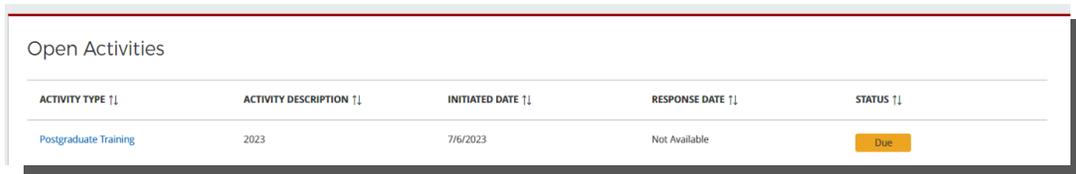
1. Log in to the BHW Program Portal
2. You may navigate to the Training Request from two locations within the Portal:
  1. Click on the "Initial Training Request" hyperlink in the "Activity Type" column of "Activities" table **OR**



2. Navigate to the “My Activities” page > Click on Verifications section:



New “My Activities” page will open in the browser. Select “Postgraduate Training” in the “Activity Type” column of “Open Activities” table to access the Training Request:



3. Once you click on the hyperlink, you will land on the Training Request application page which contains the following sections:

- Overview
- Program Information
- Documents
- Review and Submit

## OVERVIEW PAGE

The Overview page gives participants a detailed summary on the purpose of the Postgraduate Training Request. The page also provides general information on the postgraduate training, training program eligibility, and request submission deadline. It also contains links to the latest NHSC Postgraduate Training Information Bulletin and Nurse Corps Application & Program Guidance.

## STEPS

1. Participants will land on the Overview page by clicking on the hyperlink in the “Activity Type” column.

**HRSA Participant Portal** Log Out

My Activities > Request ID: TRN200009508

**John Doe**

Participant ID	Program	Status	Initiated	Submitted
123457890	NHSC SP	Due	07/06/2023	Not Available

**Overview**

The Training Request is sent to eligible NHSC Scholar Program (SP), NHSC Students to Service Loan Repayment Program (S2S LRP), and Nurse Corps Scholar Program (NC SP) participants who are completing their final year of school or completing their final year of a postgraduate training program. NHSC SP and S2S LRP who are required, or are electing, to complete a postgraduate training program, must submit this training request to receive approval by the NHSC. The NHSC must approve the postgraduate training request prior to the start of any postgraduate training programs to ensure continued compliance with NHSC requirements. In addition, participants will be required to complete a Training Verification for each year that they will be engaged in postgraduate training.

If you do not intend, or are not required to pursuing postgraduate training, **you are still required** to submit this request indicating that decision.

The deadline for this request is **August 5, 2023**.

**IMPORTANT:** Please review the NHSC Postgraduate Training Information Bulletin and Nurse Corps Application & Program Guidance for the complete expectations and guidelines throughout and immediately following postgraduate training.

**NHSC Training Program Eligibility**

**Allopathic and osteopathic medical students** who are obligated under the NHSC SP or NHSC S2S LRP must complete one of the NHSC-approved residencies described below prior to beginning service or be subject to the damages provision described in the Breach section of the applicable APG and in their NHSC SP or NHSC S2S LRP Contract.

**Dentists** NHSC highly encourages dental students to complete one of the below postgraduate clinical training programs approved by the NHSC prior to starting their service obligation. Please note: dental students are encouraged but not required to complete a postgraduate training program.

**Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs)** are encouraged but **not** required to complete a postgraduate training program. However, they may request to defer (i.e., postpone) their NHSC service commitment to complete an NHSC-approved postgraduate training program if the NHSC determines that the training is consistent with the needs of the NHSC to deliver primary health care services in a HPSA.

PHYSICIANS		DENTISTS	
APPROVED SPECIALTY	DURATION	APPROVED SPECIALTY	DURATION
Family Medicine	3-4 years	General Practice Dentistry	1 year
General Internal Medicine	3 years	Advanced Education in General Dentistry	1 year
General Pediatrics	3 years	Pediatric Dentistry	2 years
Obstetrics/Gynecology	4 years	Public Health Dentistry	2 years
General Psychiatry*	4 years	Geriatrics Dentistry Fellowship	2 years
Internal Medicine/Family Medicine	4 years	Dental Fellowship**	1 year
Internal Medicine/Pediatrics	4 years	<small>*Requests from participants in their last year of residency training only</small>	
Family Medicine/Psychiatry	5 years		
Internal Medicine/Psychiatry	5 years		
Rotating Internship**	1 year		
Chief Residency***	1 year		
Fellowship***	1 year		

\*Includes Child and Adolescent Psychiatry, Substance Use Disorder Psychiatry  
\*\*With a request to complete a residency in one of the above specialties; DOs only  
\*\*\*Requests from participants in their last year of residency training only

**Nurse Corps SP Training Program Eligibility**

**RN and NP participants** can request a deferment (i.e., postponement) of their Nurse Corps SP service obligation in order to complete a postgraduate residency/training program approved by the Nurse Corps SP. Participants will have the option to complete a residency program for an approved specialty that must be consistent with the specialty for which the Nurse Corps SP awarded funding. The postgraduate training program cannot exceed 18 months in length. To remain in compliance with the Nurse Corps SP during postgraduate residency/training, eligible participants must: 1) obtain their license and 2) start their postgraduate residency/training no later than six (6) months after graduation. After completing postgraduate residency/training, participants will have three months to commence employment before being considered noncompliant with contract terms and being at risk of default.

Participants can pursue only the postgraduate training that the Nurse Corps SP has officially approved, and participants should not make any changes to the type or length of postgraduate training without prior approval from the Nurse Corps SP. Failure to do so may result in breach of contract and a recommendation for default. To gain approval from the Nurse Corps SP to enter a postgraduate residency/training program, participants must submit a written request for deferment of their service obligation and a copy of their acceptance letter to the postgraduate residency/training program through the Customer Service Portal.

[Continue](#)

## PROGRAM INFORMATION PAGE

The Program Information page allows participants to provide information on the deferment plans, indicate training program, search for the training program or manually enter the training program if not found via search. Participants are required to respond to the question on this page to confirm intent to defer.

### STEPS

1. To proceed to the Program Information page, click on “Continue” button on Overview page.
2. For the question in Program Information section, click on the radio buttons to respond “Yes” or “No”
  - a. If participant selects “Yes”, Training Program Details section will appear.
  - b. If participant selects “No”, no further sections will appear on this page. Participant will be able to click on “Save and Continue” button at the bottom of the page and submit the training request without uploading documents or providing any further information.

The screenshot displays the HRSA Participant Portal interface. At the top, the HRSA logo and 'Participant Portal' are visible, along with a 'Log Out' button. The user's name 'John Doe' and 'My Activities > Request ID: TRNG0000095568' are shown. Below this is a table with columns for Participant ID, Program, Status, Initiated, and Submitted. The 'Program Information' section is active, showing a deadline of August 5, 2023, and a question: 'Will you begin a postgraduate training program in the current year?' with radio buttons for 'Yes' (selected) and 'No'.

Participant ID	Program	Status	Initiated	Submitted
1234567890	NHSC SP	Due	07/06/2023	Not Available

3. Training Program Details section will appear where participant will be able to select the following attributes:
  - **Training Type:** The Training Type dropdown displays the training program type:
    - o Internship
    - o Residency
    - o Fellowship
    - o Chief Residency
  - **Start Date:** Participant can select the training program start date from calendar.
  - **End Date:** Participant can select the training program end date from the calendar.

**IMPORTANT TO KNOW:** Select the training start and end dates for the **entire** training program, not the end date of the first training year.

The screenshot displays the HRSA Participant Portal interface. At the top, the HRSA logo and 'Participant Portal' are visible, along with a 'Log Out' button. The user's name 'John Doe' and a 'My Activities' breadcrumb with 'Request ID: TRNG0000095568' are shown. A table lists request details: Participant ID (1234567890), Program (NHSC SP), Status (Due), Initiated (07/06/2023), and Submitted (Not Available). The 'Program Information' section includes a deadline of August 5, 2023, and a question about starting a postgraduate program in the current year, with 'Yes' selected. The 'Training Program Details' section contains fields for 'Year in Training' (First), 'Training Type' (a dropdown menu), 'Start Date' (Today), and 'End Date' (End Date).

- Once all fields in the Training Program Details section have been populated, Training Program Search functionality will appear on the page where the participant is able to search for the training program by the **program name** or **program ID**.

**Search By Program Name:**

Participant is able to search for the training program by the training program name by selecting "Program Name" in the Search By dropdown. Once "Program Name" is selected, "Search" field is displayed where user is able to type the name of the training program and instantly get search results back while typing.

**Training Program Search**  
Search by Program Name returns partial matches. Search by Program ID returns exact matches only.

Search By Search  
 Program Name

**Search Results**  
 We have identified one or more program results based on the information entered. If your program is not listed, please select the checkbox to enter in the program details.

PROGRAM ID ↑↓	NAME ↑↓	SPECIALTY ↑↓	LENGTH ↑↓
<input type="radio"/> 4051021024	Children's National Medical Center/George Washington University Program	Psychiatry	24 months
<input type="radio"/> 1205421522	Community Health of Central Washington Program	Family Practice	36 months
<input type="radio"/> 1205400001	Elson S Floyd College of Medicine, Washington State University Program	Family Practice	36 months
<input type="radio"/> 1405400442	Elson S Floyd College of Medicine, Washington State University Program	Internal Medicine	36 months
<input type="radio"/> 1511021055	George Washington University Program	Internal Medicine - Geriatrics	12 months

Click Here if your training program is not listed in the above results.

**Search By Program ID:**

Participant is able to search for the training program by the training program ID by selecting “Program ID” in the Search By dropdown. Once “Program ID” is selected, “Search” field is displayed where user is able to type the unique training program ID and click on “Search” button to view results in the Search Results table. *This option will return an exact match for the value provided in the “Search” field.*

**IMPORTANT TO KNOW:** The Program ID is the unique training program ID assigned by the accreditation agency (ACGME, CODA, ACEN, CCNE, etc.).

**Training Program Search**  
Search by Program Name returns partial matches. Search by Program ID returns exact matches only.

Search By Search  
 Program ID

**Search Results**  
 We have identified one or more program results based on the information entered. If your program is not listed, please select the checkbox to enter in the program details.

PROGRAM ID ↑↓	NAME ↑↓	SPECIALTY ↑↓	LENGTH ↑↓
No records found			

Click Here if your training program is not listed in the above results.

- Once the training program is selected from the “Search Results” table, populate fields in the Training Program Director Details to proceed to the next page of the request. *All fields are mandatory for completion unless noted as optional.*

**Requested Training Program Information**  
*All fields are required unless noted as optional.*

TRAINING PROGRAM DETAILS

Program ID	Length	Specialty	Name
4051021024	24 months	Psychiatry	Children's National Medical Center/George Washington University Program

TRAINING PROGRAM DIRECTOR DETAILS

First Name	Last Name	Email Address
<input type="text" value="John"/>	<input type="text" value="Doe"/>	<input type="text" value="test@gmail.com"/>
Phone Number	Ext (Optional)	
<input type="text" value="1112223333"/>	<input type="text" value="Enter Extension"/>	

- If training program is not displayed in the Search Results table, click on “Click here if your training program is not listed in the above results” checkbox to manually enter requested training program.

**Training Program Search**  
*Search by Program Name returns partial matches. Search by Program ID returns exact matches only.*

Search By  Search

**Search Results**

We have identified one or more program results based on the information entered. If your program is not listed, please select the checkbox to enter in the program details.

PROGRAM ID ↑↓	NAME ↑↓	SPECIALTY ↑↓	LENGTH ↑↓
No records found			

Click Here if your training program is not listed in the above results.

Once checkbox is clicked, Requested Training Program Information section will be displayed with the following fields:

- Program ID:** The Program ID column reflects the unique training program ID assigned by the accreditation agency (ACGME, CODA, ACEN, CCNE, etc.). If training program you are applying for does not possess such attribute, please enter 0000000000.
- Name:** The Name column reflects the training program name.
- Specialty:** The Specialty column reflects the training program specialty.
- Length:** The Length column reflects the length of the training program entered *in months*.
- First Name:** The First Name column reflects the first name of the training program director.
- Last Name:** The Last Name column reflects the last name of the training program director.

- **Email Address:** The Email Address column reflects the email address of the training program director.
- **Phone Number:** The Phone Number column reflects the phone number of the training program director.
- **Ext (Optional):** The Extension column reflects the phone number extension for the training program director. This field is optional for completion.

**Search Results**

We have identified one or more program results based on the information entered. If your program is not listed, please select the checkbox to enter in the program details.

PROGRAM ID ↑	NAME ↑	SPECIALTY ↑	LENGTH ↑
No records found			

Click Here if your training program is not listed in the above results.

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**Requested Training Program Information**  
*All fields are required unless noted as optional.*

**TRAINING PROGRAM DETAILS**

<b>Program ID</b> Enter ID	<b>Length (months)</b> Enter Months	<b>Specialty</b> Select Specialty	<b>Name</b> Enter Name
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**TRAINING PROGRAM DIRECTOR DETAILS**

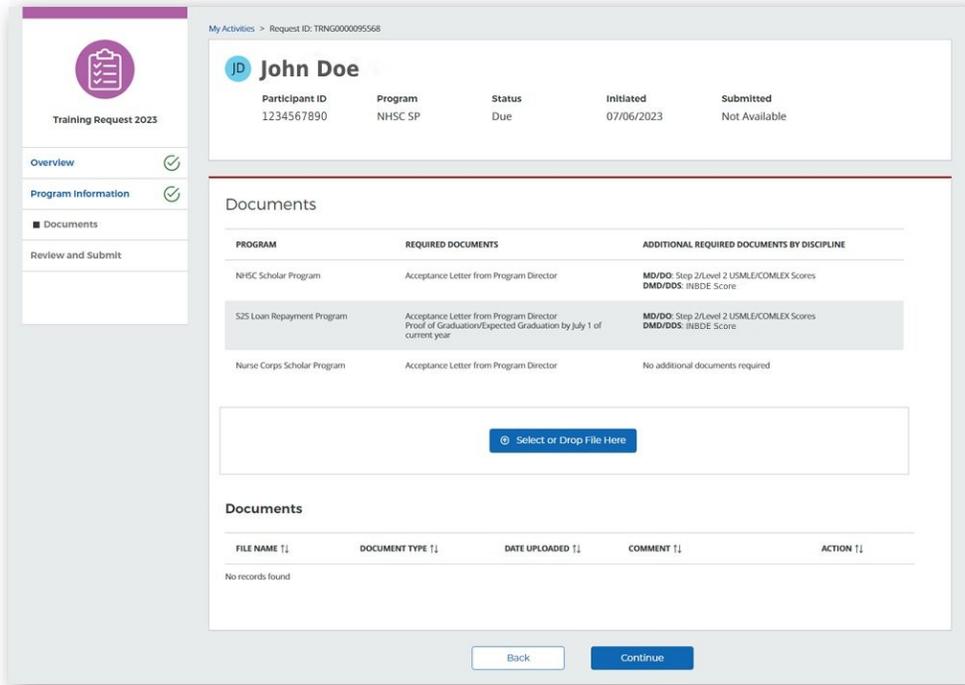
<b>First Name</b> Enter First Name	<b>Last Name</b> Enter Last Name	<b>Email Address</b> Enter Email <small>Email Address is a required field.</small>
<b>Phone Number</b> (000)-000-0000 <small>Phone Number is a required field.</small>	<b>Ext (Optional)</b> Enter Extension	

Back Save and Continue

7. After completing all required fields on the Program Information page, navigate to the next section of the request by clicking the “Save and Continue” button at the bottom of the page. The button will be disabled until all mandatory fields are populated.

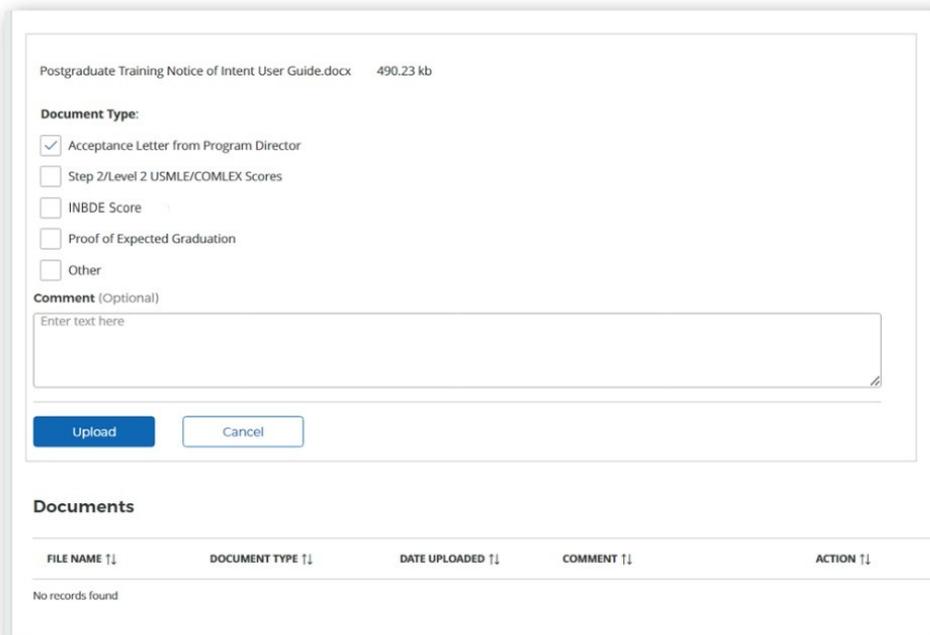
## DOCUMENTS PAGE

On the Documents page, participants can upload any supporting documents as needed. Any required documents associated with the training request will be noted as such in this section.



**STEPS**

1. Navigate to the Documents page by clicking on “Save and Continue” from the Program Information page.
2. Upload a document by either selecting the file or dragging and dropping the file onto the page.
3. Select the document type (one per document).
4. Enter a comment in the text field (optional).
5. Click the “Upload” button.



6. To cancel a document upload, click the “Cancel” button.
7. To view an uploaded document, click on the “File Name” from the documents table.
8. To delete an uploaded document, click the “Remove” button in the Action column of the Documents table.
9. Click “Continue” to proceed to the next page of the process.

Success Your document has been successfully uploaded.

### Documents

PROGRAM	REQUIRED DOCUMENTS	ADDITIONAL REQUIRED DOCUMENTS BY DISCIPLINE
NHSC Scholar Program	Acceptance Letter from Program Director	MD/DO: Step 2/Level 2 USMLE/COMLEX Scores DMD/DDS: INBDE Score
S2S Loan Repayment Program	Acceptance Letter from Program Director Proof of Graduation/Expected Graduation by July 1 of current year	MD/DO: Step 2/Level 2 USMLE/COMLEX Scores DMD/DDS: INBDE Score
Nurse Corps Scholar Program	Acceptance Letter from Program Director	No additional documents required

Select or Drop File Here

### Documents

FILE NAME	DOCUMENT TYPE	DATE UPLOADED	COMMENT	ACTION
Postgraduate Training Notice of Intent User Guide.docx	Acceptance Letter from Program Director	7/6/2023	Not Available	Remove

## REVIEW AND SUBMIT PAGE

The Review and Submit page allows participants to review responses provided in the previous sections of the postgraduate training request application prior to submitting the request.

### STEPS

1. Navigate to the Review and Submit page by clicking on “Continue” from the Documents page or by using the left navigation menu.
2. Review the previously entered information on the page to ensure accuracy prior to submitting. You may return to the respective sections of the request if any updates are needed. **Please review your application carefully prior submission.** If reviewer identifies a discrepancy with your application, it will be returned to you for edits and resubmission.
3. Click on the checkbox in the Electronic Signature card and enter the portal password. This action enables the “Submit” button.
4. To submit the completed training request, click the “Submit” button located at the bottom of the page.



Training Request 2023

My Activities > Request ID: TRNG000095568



**John Doe**

Participant ID	Program	Status	Initiated	Submitted
1234567890	NHSC SP	Due	07/06/2023	Not Available

**Review and Submit**

Please review the information below for completeness and accuracy. If you need to make changes please navigate to the appropriate section of the request to make the required updates.

**Program Information**

The deadline to submit this request is **August 5, 2023**.

Will you begin a postgraduate training program in the current year?  
 Yes

**Training Program Details**

Year in Training	Training Type	Start Date	End Date
First	Residency	07/07/2023	12/29/2023

**Requested Training Program Information**

TRAINING PROGRAM DETAILS

Program ID	Length	Specialty	Name
4051021024	24 months	Psychiatry	Children's National Medical Center/George Washington University Program

TRAINING PROGRAM DIRECTOR DETAILS

First Name	Last Name	Phone Number	Ext	Email Address
John	Doe	1112223333	Not Available	test@gmail.com

**Documents**

PROGRAM	REQUIRED DOCUMENTS	ADDITIONAL REQUIRED DOCUMENTS BY DISCIPLINE
NHSC Scholar Program	Acceptance Letter from Program Director	MD/DO: Step 2/Level 2 USMLE/COMLEX Scores DMD/DDS: INBDE Score
S2S Loan Repayment Program	Acceptance Letter from Program Director Proof of Graduation/Expected Graduation by July 1 of current year	MD/DO: Step 2/Level 2 USMLE/COMLEX Scores DMD/DDS: INBDE Score
Nurse Corps Scholar Program	Acceptance Letter from Program Director	No additional documents required

**Documents**

FILE NAME [1]	DOCUMENT TYPE [1]	DATE UPLOADED [1]	COMMENT [1]	ACTION [1]
Postgraduate Training Notice of Intent User Guide.docx	Acceptance Letter from Program Director	7/6/2023	Not Available	Remove

**Electronic Signature**

Please select the checkbox and sign with your portal login password to certify and submit.

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 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

Enter Portal Password

Back Submit

**Important to Know:** If the required fields on the Program Information page have no responses prior to navigating to this page, the "Submit" button will be disabled and the page will display a warning message that required fields are missing.

## PART 3 | POSTGRADUATE TRAINING REQUEST REVIEW

### TRACKING POSTGRADUATE TRAINING REQUEST STATUS

Once you have submitted the Postgraduate Training Request, your application will go under review by the program. You can track the status of the application on “My Activities” page. The status for the request will show as “Under Review”.

ACTIVITY TYPE ↑↓	ACTIVITY DESCRIPTION ↑↓	INITIATED DATE ↑↓	RESPONSE DATE ↑↓	STATUS ↑↓
In-School Verification	Summer 2023 In-School Verification	6/1/2023	Not Available	Overdue
Postgraduate Training	2024	11/8/2023	11/8/2023	Under Review

Once decision is made by the program, the status will change to either “Approved” or “Denied”. *The Postgraduate Training request will be displayed in the **Closed Activities** table.*

ACTIVITY TYPE ↑↓	ACTIVITY DESCRIPTION ↑↓	INITIATED DATE ↑↓	RESPONSE DATE ↑↓	STATUS ↑↓
Postgraduate Training	2024	11/8/2023	11/8/2023	Approved

<< < 1 2 > >>

### POSTGRADUATE TRAINING REQUEST RETURNED FOR CORRECTIONS AND/OR ADDITIONAL DOCUMENTATION

Program may return the training request for corrections if any discrepancies are identified during the review process. **Participant must resubmit the request by the new due date.** Participant will receive a portal message/email if the request is returned for corrections. The status for the request will show as “Returned to Participant”.

Open Activities

ACTIVITY TYPE ↑↓	ACTIVITY DESCRIPTION ↑↓	INITIATED DATE ↑↓	RESPONSE DATE ↑↓	STATUS ↑↓
In-School Verification	Summer 2023 In-School Verification	6/1/2023	Not Available	Overdue
Postgraduate Training	2024	11/8/2023	11/8/2023	Returned to Participant

## POSTGRADUATE TRAINING REQUEST DECISION

Once program reviews your postgraduate training request and makes a decision, participant will receive communication from the program in form of a portal message/email and official decision letter.



To access the decision letter, navigate to the “Decision Documents” table on the “Review and Submit” page of submitted Postgraduate Training Request which will be located in **Closed Activities** table on “My Activities” page.

**Decision Documents**

*Documents should not be larger than 5MB. Documents of types .jpg, .txt, .tiff, or .png will not be accepted.*

FILE NAME ↑↓	DOCUMENT TYPE ↑↓	DATE UPLOADED ↑↓	COMMENT ↑↓	ACTION ↑↓
NHSC SP Training Decision Letter	Training Request Decision Letter	11/8/2023	Letter to accompany decision on requested postgraduate training request	

Back

## **POSTGRADUATE TRAINING REQUEST CANCELLATION/WITHDRAWAL**

Participant may cancel submitted Postgraduate Training Request at any time if deferment plans change. To cancel newly submitted training request or withdraw an approved request, contact the program immediately by submitting an inquiry through the Customer Service Portal via the Ask a Question option on your portal home page. Please state your request to cancel the Postgraduate Training Request with the reason so that the program is notified of your decision.