



**Bureau of Health Workforce**  
U.S. Department of Health and Human Services  
Health Resources and Services Administration

## **National Health Service Corps Students to Service Loan Repayment Program Additional Letter of Recommendation – Instructions**

Please upload your letter of recommendation as soon as possible. The applicant cannot submit his/her application until the letters of recommendation are uploaded. You will not be able to upload your letter of recommendation after the application deadline (insert date) has passed.

Please review your contact information and update it if necessary. Once the application closes, this page will expire. If you have any questions, please contact the Customer Care Center at 1-800-221-9393. The recommendation letter **MUST** include the following:

- 1) Student's first initial, last name, and Application ID;
- 2) Student's discipline;
- 3) Your Name (Printed);
- 4) Your Title or Organization;
- 5) Your Address (unless already on letterhead);
- 6) Your Contact Information (phone number & email address);
- 7) Signature;
- 8) A description of your relationship to the student and the length of time you have known the student;
- 9) A discussion of the following points:
  - a. The student's education/work achievements,
  - b. The student's ability to work and communicate constructively with other people, and
  - c. Your assessment of the student's particular characteristics, interest and motivation to serve populations in areas of greatest need in health professional shortage areas. This assessment should include your knowledge of the student's work experiences, pertinent course work, special projects, research, or other activities that demonstrate an interest in and commitment to serving underserved populations.

**For questions on how/where to submit this form please contact the Customer Care Center at: 1-800-221-9393.**

**Public Burden Statement:** The purpose of this information collection is to obtain information through the National Health Service Corps Students to Service Loan Repayment Program (NHSC S2S LRP) that is used to assess a loan repayment applicant's eligibility and qualifications. Clinicians interested in participating in the NHSC S2S LRP must submit an application to the NHSC S2S LRP 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 0915-0146 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit [Section 338B of the Public Health Service Act (42 USC 254l-1), as amended; Section 331(i) of the Public Health Service Act (42 USC 254d(i)), 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 HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857.