



National Health Service Corps Students to Service Loan Repayment Program

VERIFICATION OF GOOD STANDING FORM

(To Be Completed by a School Official Only)

The Verification of Good Standing report certifies that the student identified below is enrolled and in good standing for the 202x-202x academic year as indicated. Please note that all information will be verified for accuracy.

1. Student's Name (Last, First, Middle):
2. What program is the student currently enrolled in?
3. Degree/certificate the student will receive upon completion of the program:

4. Is the student in good standing? Yes No

(If No, please explain.)

5. Is the student in the final year of school? Yes No

6. Did the student take and pass step/level 1 of the USMLE/COMPLEX or NBDE?

Yes No N/A

(If No, when will the student take the exam?) (select a date)

7. When will all of the course work and rotations be completed? (select a date)

8. Anticipated date of graduation (select a date):

By signing my name below, I certify that the current status of the student listed above has been correctly identified. I further certify that, where necessary, I have corrected the "Year in Program" and "Date of Graduation" for the student to accurately reflect the anticipated graduation date given the current enrollment. I understand that any willfully false information may be punishable as felony under U.S. Code, Title 18m Section 1001.

SUBMITTED BY:

Signature:

Date:

Name:

Title:

Phone Number:

Email Address:

Name of School:

Student may upload signed form to the NHSC S2S LRP Online Application: My BHW Account

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 2541-1), 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.