

In School Verification – Program Participant Entry

Personal Information

Please review the personal information below. If any information is incorrect, please make updates by clicking "Edit", making the necessary changes, and returning to the In-School Verification request.

Name	Mailing Address	Phone	Email
Caitlyn Daly	123 Anywhere St. Anytown, Connecticut 06029	0000000000	5F04311604CB01B7AA@EXAMPL E.com

Edit

School Information

Please review the current school and school address for correctness.

SCHOOL NAME	ADDRESS
University of New England College of Dental Medicine	716 Stevens Ave, Portland, ME 04103-2656

Enrollment Information

WINTER 2023 IN SCHOOL VERIFICATION

Will you be completing coursework in the Winter 2023 term?

Yes No

2:14 / 3:19

School Information

Please review the current school and school address for correctness.

SCHOOL NAME	ADDRESS
University of New England College of Dental Medicine	716 Stevens Ave, Portland, ME 04103-2656

Enrollment Information

WINTER 2023 IN SCHOOL VERIFICATION

Will you be completing coursework in the Winter 2023 term?

Yes No

Back

Save and Continue

Questions?

Email or call 1-800-221-9393(TTY: 1-877-897-9910) Monday to Friday (except federal holidays) 8am to 8pm ET

Enrollment Information

WINTER 2023 IN SCHOOL VERIFICATION

Will you be completing coursework in the Winter 2023 term? ☒ Yes ☐ No

PLEASE PROVIDE THE START AND END DATES OF YOUR TERM

Start Date: 12/01/2022 TO End Date: 01/11/2023

Are you currently enrolled in the above school as a Full-Time or Part-Time student? ☒ Full Time ☐ Part-Time

Are you repeating any coursework during the Winter 2023 term? ☐ Yes ☒ No

Are you currently on academic probation for the Winter 2023 term? ☐ Yes ☒ No

Program Information

Please verify that the below information is correct. If your last day of class and/or graduation date is incorrect, please make updates by clicking "Edit." Please refer to the Student Handbook for more information.

Select School Official who will review entered information and verify status

School Official Review Request

First Name: Test Last Name: Tester Email: sclements@hrs.a.gov Department Title: Tester

[Request Review](#)

HISTORY

DEPARTMENT TITLE T↓	FIRST NAME T↓	LAST NAME T↓	EMAIL T↓	STATUS T↓
No records found				

SCHOOL OFFICIAL DECISION

DECISION T↓	COMMENT T↓	DATE T↓
No records found		

[Back](#) [Save and Continue](#)

Participant entered information for review

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Enrollment Information

WINTER 2023 IN SCHOOL VERIFICATION

Will you be completing coursework in the Winter 2023 term?

Yes

Start Date	End Date
12/01/2022	01/11/2023

PLEASE PROVIDE THE START AND END DATES OF YOUR TERM

Are you currently enrolled in the above school as a Full-Time or Part-Time student?

Full-Time

Are you repeating any coursework during the Winter 2023 term?

No

Are you currently on academic probation for the Winter 2023 term?

No

Program Information

1:18 / 3:25

School official verifies, or requests correction.

TYPE	FILE NAME	DATE UPLOADED	COMMENT	ACTION
No records found				

Submit Decision

☒ Yes, I confirm the information in this verification is accurate.

☐ No, this information should be sent back to the scholar for correction.

Please provide an explanation of your decision so the scholar can review and adjust accordingly.

Enter Text Here...

Electronic Signature

☐ I certify that the information on this ISV is accurate and complete to the best of my knowledge and belief. I understand that any willfully false statements made herein may be investigated and be punishable as a felony under U.S. Code, Title 18, section 1001.

2:46 / 3:25

OMB Number: 0915-0146

Expiration Date: xx/xx/xxxx

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.

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