PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

EXTERN SITE PREFERENCE REQUEST

IHS-856-16 (Rev. 2/08)

FORM APPROVED: OMB Approval No. 0917-0006 Exp. Date: 2/28/2011

See Estimated Average Burden Time per Response on Reverse Side

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	Service	☐ COSTEP Pro	gram 	
APPLICANT'S NAME				
STREET ADDRESS				
CITY		STATE		ZIP CODE
AREA CODE AND TELEPHONE	NUMBER	EMAIL ADDRE	SS I	
HEALTH PROFESSION CURREN	TLY ENROLLED IN	V:		
PROJECTED GRADUATION DATE: CURRENT GPA:				
NAME OF UNIVERSITY:				
DO YOU PLAN TO CHANGE YOU!	R MAJOR OR SCH	HOOL? EXPLAIN: _		
DATES AVAILABLE FOR EXTERN DESCRIBE CLEARLY AND SPEC				
	EXTERNSHIP	SITE PREFERE	ENCE	
INDICATE BY PRIORITY THE PREFERE	RED IHS AREA/PRO	GRAM LOCATION FOR	EXTERNSHIP	:
Aberdeen, SD Albuquerque, NM Anchorage, AK Bemidji, MN	Billings, MT Nashville, TN Navajo, AZ Okla City, OK			Phoenix, AZ Portland, OR Sacramento, CA Tucson, AZ
INDICATE YOUR PREFERRED IHS HO	SPITAL/CLINIC FOR	EXTERNSHIP:		
(1) (2)				
(3)				
(0)	(4)			
COMMENTS:				

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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 8 minutes per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Indian Health Service, OPHS/DHPS/Scholarships Branch, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852, RE: PRA 0917-0006.