

PUBLIC LAW 94-437 TITLE I – IHS SCHOLARSHIP PROGRAM

J-04 (Rev. 12/01)

EXTERN SITE PREFERENCE REQUEST

FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007
*See Estimated Average Burden Time
per Response on Reverse Side*

I am applying to: Civil Service COSTEP Program

APPLICANT'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP CODE
AREA CODE AND TELEPHONE NUMBER		

HEALTH PROFESSION CURRENTLY ENROLLED IN: _____

PROJECTED GRADUATION DATE: _____ CURRENT GPA: _____

NAME OF UNIVERSITY: _____

DO YOU PLAN TO CHANGE YOUR MAJOR OR SCHOOL? EXPLAIN: _____

DATES AVAILABLE FOR EXTERN ASSIGNMENT: From _____ To _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: _____

EXTERNSHIP SITE PREFERENCE

INDICATE BY PRIORITY THE PREFERRED IHS AREA/PROGRAM LOCATION FOR EXTERNSHIP:

- | | | |
|--|---|---|
| <input type="checkbox"/> Aberdeen, SD | <input type="checkbox"/> I.H.S. Headquarters
(Rockville, MD) | <input type="checkbox"/> Phoenix, AZ |
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Portland, OR |
| <input type="checkbox"/> Anchorage, AK | <input type="checkbox"/> Navajo, AZ | <input type="checkbox"/> Sacramento, CA |
| <input type="checkbox"/> Bemidji, MN | <input type="checkbox"/> Okla City, OK | <input type="checkbox"/> Tucson, AZ |
| <input type="checkbox"/> Billings, MT | | |

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC FOR EXTERNSHIP:

- | | |
|-----------|-----------|
| (1) _____ | (2) _____ |
| (3) _____ | (4) _____ |

COMMENTS: _____

Extern Applicant's Signature

Date

Please return the completed J-04 form to the SCHOLARSHIP COORDINATOR FOR YOUR IHS AREA (see pages B-02 through B-04 for listing).