

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM**IHS-856-18** (Rev. 2/08)**ANNUAL STATUS REPORT**FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 2/28/2011*See Estimated Average Burden Time
per Response on Reverse Side*

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

HEALTH PROFESSION DISCIPLINE: _____

GRADUATION DATE: _____

TYPE OF DEGREE CONFERRED: _____

NAME OF UNIVERSITY: _____

ASSIGNMENT LOCATION: INDIAN HEALTH SERVICE URBAN INDIAN HEALTH PROGRAM
 PRIVATE PRACTICE 638 COMPACT OR CONTRACT

NAME OF FACILITY		
STREET ADDRESS		
CITY	STATE	ZIP CODE

MY CURRENT POSITION TITLE: _____

(ATTACH TO THIS REPORT A COPY OF YOUR PERSONNEL ORDERS OR SF-50 AND A COPY OF YOUR CURRENT POSITION DESCRIPTION.)**NON-IHS EMPLOYEES MUST ATTACH A SUMMARY WHICH IDENTIFIES THE PURPOSE, MISSION OR NATURE OF THE EMPLOYING ORGANIZATION AND THE POPULATION SERVED BY THE ORGANIZATION.**

COMMENTS: _____

SCHOLARSHIP RECIPIENT'S SIGNATURE	DATE
IMMEDIATE SUPERVISOR'S SIGNATURE	DATE
SUPERVISOR'S TITLE	SUPERVISOR'S TELEPHONE NUMBER

Please return the completed IHS-856-18 form to IHSSP, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852.

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ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 15 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.