

HEALTH PROFESSIONS SCHOLARSHIP PROGRAM

IHS-856-19 (Rev. 2/08)

PREFERRED ASSIGNMENT

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	

BACKGROUND

HEALTH PROFESSION DISCIPLINE: _____

GRADUATION DATE: _____

TYPE OF DEGREE CONFERRED: _____

NAME OF UNIVERSITY: _____

DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF WORK ASSIGNMENT YOU DESIRE TO COMPLETE YOUR SERVICE OBLIGATION: _____

MY SERVICE OBLIGATION PERIOD CONSISTS OF (CIRCLE ONE): 1 2 3 4 years.

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Aberdeen, SD | <input type="checkbox"/> Nashville, TN | <input type="checkbox"/> Sacramento, CA |
| <input type="checkbox"/> Albuquerque, NM | <input type="checkbox"/> Navajo, AZ | <input type="checkbox"/> Tucson, AZ |
| <input type="checkbox"/> Anchorage, AK | <input type="checkbox"/> Okla City, OK | |
| <input type="checkbox"/> Bemidji, MN | <input type="checkbox"/> Phoenix, AZ | |
| <input type="checkbox"/> Billings, MT | <input type="checkbox"/> Portland, OR | |

INDICATE YOUR PREFERRED IHS HOSPITAL/CLINIC TO COMPLETE YOUR SERVICE OBLIGATION:

- | | |
|-----------|-----------|
| (1) _____ | (4) _____ |
| (2) _____ | (5) _____ |
| (3) _____ | (6) _____ |

I understand that IHS officials negotiate the assignment; however, the Director, IHS has the right to make the final decision regarding my Health Professions Section 104 Service Obligation assignment.

Applicant's Signature

Date

Please return the completed IHS-856-19 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 45 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.