| U.S. DEPARTMENT OF HEALTH AND F<br>INDIAN HEALTH SERVI   |                                 | IHS-856-20 (Rev. 2/08)   |
|--|---------------------------------|--|
| HEALTH PROFESSIONS SCHOLARSHIP PROGRAM<br>REQUEST FOR PRIOR APPROVAL OF DEFERMENT                    |                                 | FORM APPROVED:<br>OMB Approval No. 0917-0006<br>Exp. Date: 2/28/2011 |
|  |                                 | See Estimated Average Burden Tim<br>per Response on Reverse Side     |
|  |                                 |  |
| This document represents a prior request from yo<br>under Section 338-A of the Public Health Service |                                 | ce obligation incurred   |
| Name:  |                                 |  |
| Address:   |                                 |  |
|  |                                 |  |
| Email Address:   |                                 |  |
| Daytime Telephone Number:  |                                 |  |
| Social Security Number:  |                                 |  |
| Postgraduate Clinical Program:   |                                 |  |
| Program Director's Name and Clinic Address:  |                                 |  |
|  |                                 |  |
|  |                                 |  |
| Length of Program:   |                                 |  |
| Date available for Service:  |                                 |  |
| Name, address, and telephone number (other than be reached:  | your own) of a person through w | vhom you may always  |
|  |                                 |  |
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|  |                                 |  |
|  |                                 |  |
| Desinient's Cisnet   |                                 |  |
| Recipient's Signature  | Date                            |  |

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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.