



IHS Scholarship  
Program



2011 – 2013  
**Student Handbook**  
*Your Health Career Starts Here*





### **IHS Mission Statement**

To raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level.

### **IHS Goal**

To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

## Discrimination Prohibited

Title VI of the Civil Rights Act of 1964 states: “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination, under any program or activity receiving federal financial assistance.”

Title IX of the Education Amendments of 1972 and its implementing regulations (45 Code of Federal Regulations, part 86) provide that no person in the United States shall, on the basis of sex, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance.

Section 504 of the Rehabilitation Act of 1973, as amended, provides that no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.

## Privacy Act Notice

### General

This information is provided pursuant to the Privacy Act of 1974 (Public Law [P.L.] 93-579), December 31, 1974, for individuals supplying information for inclusion in a system of records.

### Authority

Sections 751–757 of the Public Health Service Act and Sections 103 and 104 of the Indian Health Care Improvement Act (IHCA; [P.L. 94-437]), as amended by the Indian Health Care Amendments of 1988, 1992, 1996 and 2010 (P.L. 100-713, P.L. 102-573, P.L. 704-313 and P.L. 111-148).

### Purposes and Uses

The purpose of the IHS Scholarship Program is to obtain health professionals to meet the staffing needs of Indian health programs\* in health professional shortage areas.

The information you supply will be used to evaluate your qualifications and suitability for participation in the program. Selections are made on a competitive basis. A selectee’s application and related data are made part of the file to be used within the US Department of Health and Human Services (HHS) for recordkeeping and participant management while the selectee is in the program. The information may also be disclosed outside the Department as permitted by the Privacy Act, including disclosures to the public as required by the Freedom of Information Act, to the Congress, the National Archives, the Bureau of Accounting Office and pursuant to court order. The name of a scholarship recipient, the professional school he or she is attending and the date of graduation may be made available to health professions associations and to groups who have responsibility for coordinating funds paid to students from federal and other sources as well as to individuals and organizations deemed qualified by the Secretary of HHS to carry out specific research solely for the purpose of carrying out such research.

\*The term “Indian health program” is defined in the IHCA (P.L. 94-437) as any health program or facility funded in whole or in part by IHS for the benefit of American Indians and Alaska Natives. These health programs or facilities must be administered directly by IHS, by any Indian Tribe or any Tribal or Indian organization contracted under The Indian Self-Determination Act or by an Urban Indian organization pursuant to Title V of the IHCA.

## Reporting Fraud and Abuse

The General Accounting Office maintains a toll-free number **(800) 424-5454** for receiving information concerning fraud, waste and abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

For contacting the HHS Inspector General:

**Toll free Hotline:** (800) 447-8477

### Mailing address:

Office of the Inspector General  
Department of Health and Human Services  
Attn: HOTLINE  
Box 23489  
Washington, DC 20026

**Email:** [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov)

**Web site:** <http://oig.hhs.gov/fraud/hotline/>

## Copyright Date

The information in the Indian Health Service Scholarship Program Student Handbook is valid and accurate for calendar years 2011 through 2013 only.

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        Chief Grants Management Officer

        IHS Grants Scholarship Coordinator/Management Specialist

        Health Professions Support Branch Chief

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We are pleased to present you with the IHS Scholarship Program Student Handbook to help ensure that you are familiar with, and have the tools to fulfill, the responsibilities associated with maintaining your eligibility as a scholarship recipient. The requirements for all scholarship recipients include, but are not limited to, progress reports and curriculum verification contained within this handbook. In addition, Health Professions scholarship recipients are expected to complete required forms to inform the IHS Scholarship Program of your progress toward fulfilling your contractual service obligation.

It is your responsibility to fulfill these requirements, however, the IHS Scholarship Program staff and the IHS Division of Grants Operations are available should you have any questions regarding your scholarship requirements. Their contact information can be found within this handbook or on the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov).

## IHS Scholarship Program Overview

The IHS Scholarship Program offers three scholarships to help qualified American Indian and Alaska Native candidates move forward with their education and pursue careers in a health profession. It is important for you to familiarize yourself with the three IHS scholarships. Please read this section carefully and make notes of the conditions pertaining to your scholarship award.

- » Preparatory Scholarship — For qualified American Indian and Alaska Native students to enroll in preparatory or undergraduate prerequisite courses in preparation for entry to a health professions school.
- » Pre-Graduate Scholarship — For qualified American Indian and Alaska Native students to enroll in coursework leading to a bachelor's degree required for application to an accredited medical, dental, optometry or podiatry school and others as needed by Indian health programs.
- » Health Professions Scholarship — For qualified American Indian and Alaska Native students enrolled in, accepted by or applying to a health profession degree program.



## IHS Scholarship Financial Aid

### Preparatory Scholarship

The Preparatory scholarship provides financial aid for qualified American Indian and Alaska Native students (descendants and members of federally or state-recognized Tribes) to enroll in undergraduate prerequisite or preparatory courses in preparation for entry to health profession schools, such as nursing, pharmacy and others as needed. Preparatory courses are those required to improve science, mathematics or other basic skills and knowledge. Undergraduate prerequisite courses are pre-professional studies required in order to qualify for admission to a health profession program.

Preparatory scholarship financial aid is paid for up to two academic years full time or four academic years part time. This support covers tuition and required fees for undergraduate and pre-professional education that enables the student to qualify for enrollment or reenrollment in a health profession school (for example, freshman and sophomore years of study leading to a bachelor's degree in a priority health profession or junior and senior years of study required for entry into graduate professional school).

### Pre-Graduate Scholarship

The Pre-Graduate scholarship provides financial aid for qualified American Indian and Alaska Native students (descendants and members of federally or state-recognized Tribes) to enroll in courses leading to a bachelor's degree in specific pre-professional areas, such as pre-medicine, pre-dentistry, pre-optometry, pre-podiatry and others as needed by Indian health programs.

Pre-Graduate scholarship financial aid is paid for up to four academic years full time or eight academic years part time. This support covers tuition and required fees for health pre-professional courses leading to enrollment in an accredited medical, dental, optometry or podiatry school.



### Health Professions Scholarship

The Health Professions scholarship provides financial aid for qualified American Indian and Alaska Native students (members of federally recognized Tribes only) enrolled, accepted by or applying to a health profession degree program. Students incur a service obligation on acceptance of funding from this program. Priority is given to graduate students and junior- and senior-level students unless otherwise specified.

Health Professions scholarship financial aid is paid for the 12-month period from August 1 through July 31 of the next academic year, for up to four academic years full time or eight academic years part time. This support covers tuition, required fees for health profession courses and additional educational and living expenses.

## IHS Scholarship Comparison Chart

Scholarships	Disciplines	American Indian/ Alaska Native Eligibility*	Service Obligation	Years of Funding
<p><b>◆ Health Professions Preparatory</b> IHCIA Section 103(b)(1) Undergraduate Only</p>	<ul style="list-style-type: none"> <li>• Pre-Clinical Psychology — Junior and senior undergraduate years</li> <li>• Pre-Nursing — Courses leading to a BS in nursing</li> <li>• Pre-Pharmacy — Courses leading to a PharmD in pharmacy</li> <li>• Pre-Social Work — Juniors and seniors preparing for an MS in social work</li> </ul> <p><i>NOTE: Please visit <a href="http://www.scholarship.ihs.gov">www.scholarship.ihs.gov</a> to see this year's priority categories.</i></p>	Descendents and members of federally or state-recognized Tribes are eligible.	None	Up to two
<p><b>◆ Health Professions Pre-Graduate</b> IHCIA Section 103(b)(2) Undergraduate Only</p>	<ul style="list-style-type: none"> <li>• Pre-Dentistry</li> <li>• Pre-Medicine</li> <li>• Pre-Podiatry</li> </ul> <p><i>NOTE: Please visit <a href="http://www.scholarship.ihs.gov">www.scholarship.ihs.gov</a> to see this year's priority categories.</i></p>	Descendents and members of federally or state-recognized Tribes are eligible.	None	Up to four
<p><b>◆ Health Professions</b> IHCIA Section 104 Undergraduate and Graduate Level</p>	<ul style="list-style-type: none"> <li>• Bio Medical Engineering — BS</li> <li>• Bio Medical Technology — AAS</li> <li>• Chemical Dependency Counseling — Bachelor's and master's degrees</li> <li>• Clinical Psychology — PhD or PsyD</li> <li>• Dentistry — DDS or DMD degrees</li> <li>• Diagnostic Radiology Technology — Certificate, associate's degree and BS</li> <li>• Health Records Administration — AA in Registered Health Information Technician (RHIT) and BS in Registered Health Information Administrator (RHIA)</li> <li>• Medical Technology — BS</li> <li>• Medicine — Allopathic and osteopathic doctorate degrees</li> <li>• Nursing — Degrees: Associate Degree in Nursing (ADN), Bachelor of Science in Nursing (BSN) Specialties: Certified Registered Nurse Anesthetist (CRNA), Nurse Practitioner (NP) — see specialties on page 43 of the Application Handbook</li> <li>• Pharmacy — PharmD</li> <li>• Physician Assistant — Certified Physician Assistant (PA-C)</li> <li>• Physical Therapy — MS and Doctor of Physical Therapy (DPT) degrees</li> <li>• Public Health Nutrition — MS</li> <li>• Sanitarian/Environmental Health — BS</li> <li>• Social Work — Master's degree with concentration in mental health</li> <li>• Ultrasonography — Certification with completion of prerequisite Diagnostic Radiology Technology</li> </ul> <p><i>NOTE: Please visit <a href="http://www.scholarship.ihs.gov">www.scholarship.ihs.gov</a> to see this year's priority categories.</i></p>	Members of federally recognized Tribes are eligible.	One year of service per year of support for scholarship received (minimum of two years)	Up to four

### Purpose of the IHS Scholarship Program

In September of 1976, the Congress and the President of the United States enacted the Indian Health Care Improvement Act (IHCIA; [Public Law 94-437]), which declared that "it is the policy of this Nation, in fulfillment of its special responsibilities and legal obligation to the American Indian people, to meet the national goal of providing the highest possible health status to Indians and to provide existing Indian health services with all resources necessary to effect that policy."

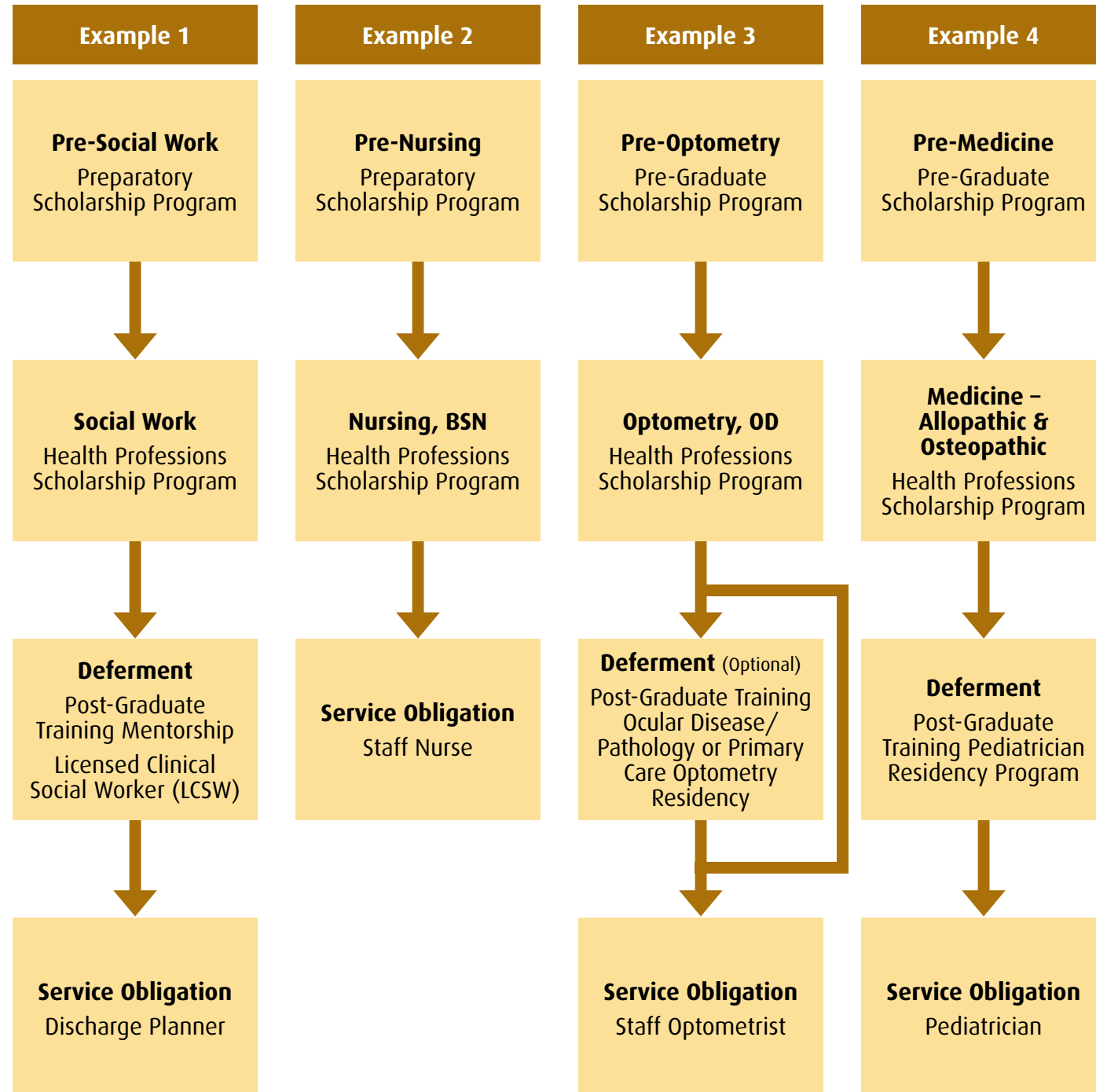
To help accomplish this goal, the Act and subsequent amendments of 1980, 1988, 1992, 1996 and 2010 authorize the Indian Health Service to conduct three interrelated scholarship programs, for American Indian and Alaska Native students, to train the health professionals necessary to staff IHS health programs and other health programs serving the Indian people.

\* You must submit documentation of American Indian or Alaska Native eligibility when you apply.



## IHS Scholarship Tracks

As a scholarship recipient with the Indian Health Service, you will have the opportunity to choose the scholarship track that best suits your career goals. Below are four examples demonstrating how to advance through the three IHS scholarships to employment in your chosen health profession.



## Preparatory Scholarship

To maintain eligibility for continued scholarship support, recipients must apply annually and meet the following criteria:

- » Be in good academic standing with a minimum 2.0 GPA
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full time) or six to 11 credit hours (part time)
- » Maintain enrollment status during the current academic year
- » Be recommended for continuation by the IHS Discipline Chief in your health profession degree track

## Pre-Graduate Scholarship

To maintain eligibility for continued scholarship support, recipients must apply annually and meet the following criteria:

- » Be in good academic standing with a minimum 2.0 GPA
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full time) or six to 11 credit hours (part time)
- » Maintain enrollment status during the current academic year
- » Be recommended for continuation by the IHS Discipline Chief in your health profession degree track

## Health Professions Scholarship

To maintain eligibility for continued scholarship support, recipients must apply annually and meet the following criteria:

- » Be in good academic standing with a minimum 2.0 GPA
- » Be enrolled for the next semester/quarter in at least 12 credit hours or the equivalent (full time) or six to 11 credit hours (part time)
- » Submit a letter from the institution's program director verifying the full-time or part-time status
- » Maintain enrollment status during the current academic year
- » Maintain required hours to meet graduation or completion of training date as agreed in your application
- » Be recommended for continuation by the IHS Discipline Chief in your health profession degree track

### Change in Enrollment Status for all IHS Scholarships

IHS scholarship recipients cannot change their enrollment status during the academic year. Changes can only occur when applying for continued scholarship support. If you are experiencing academic problems, please inform your IHS Scholarship Program analyst immediately. Refer to the **Notification of Academic Problem** section of this handbook on page 19 for further instructions.

# Maintaining Eligibility for Continued Scholarship Funding

## Notice to all Students

Your eligibility might have changed since the last time you applied. Please see the IHS Scholarship Comparison Chart on page 12 and 13 of this handbook to determine the correct scholarship for you.

## Change in Health Profession Degree Program

Preparatory and Pre-Graduate scholarship recipients cannot change their health profession degree track during their first full year as a scholarship recipient.

Preparatory and Pre-Graduate scholarship recipients who elect to change their degree track (for example pre-dietetics to pre-nursing or pre-medicine to pre-physical therapy) after receiving one year of IHS scholarship financial aid must apply as a new applicant.

Preparatory and Pre-Graduate scholarship recipients who have completed their coursework in their respective degree track and would like to continue to receive funding from the IHS Scholarship Program as a Health Professions scholarship recipient (for example, pre-medicine to medicine) must apply as a new applicant and compete against other applicants seeking scholarship support in that degree program.

Health Professions scholarship recipients cannot change their degree program (for example, pharmacy to medicine) without prior approval from the Director, DHPS. If you receive approval, you are required to apply as a new applicant and compete against other applicants seeking scholarship support in that program. If you are not selected for an award, if you pursue an unapproved change in degree programs or if you pursue a dual degree, you will be in breach of your contract and placed in default.

Contact your IHS Scholarship Program analyst before changing your degree track or program to discuss how doing so will affect your status as an IHS scholarship recipient.

For the most up-to-date information on degree programs, go to the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov).

In January, scholarship recipients continuing their studies during the next academic year under the same scholarship will receive a Continuation Application — Recipient Data Sheet. If you plan to apply for continued scholarship funding for the following fall semester, please refer to **Section J: IHS Scholarship Program Continuation Application** beginning on page 101, where you will find step-by-step instructions and a checklist of required forms and documentation to be submitted with your continuation application.

**Your application for continued scholarship funding with the IHS Scholarship Program is due to the Division of Grants Operations by February 28.** If your application is incomplete as of the deadline date, a Grants Scholarship Coordinator will notify you once to request the appropriate documents. All incomplete documents must be received by the Division of Grants Operations by March 28.

Preparatory and Pre-Graduate scholarship recipients who do not submit the identified documents will be terminated from the IHS Scholarship Program and will need to apply as new applicants during the following academic year to rejoin the program. Health Professions scholarship recipients must submit a **Change of Status** form (**IHS-856-10**) requesting a leave of absence for the next academic year. If you do not submit this form, you will be in breach of your contract and placed in default.

Recipients approved for a leave of absence will be notified by the Division of Grants Operations regarding when to apply as a continuation student during the next application cycle.

Please keep your IHS Scholarship Program analyst informed of any address change or other changes in your contact information using the **Change of Name or Address** form (**IHS-856-22**) in this handbook, so that a **Continuation Application — Recipient Data Sheet** can be sent to you in a timely manner.

## Section A: Reporting Requirements

### Overview

The IHS Scholarship Program reporting requirements are listed in this section. Please read the information carefully and note any information that pertains to you regarding your scholarship status. Please note the address and telephone number for your IHS Scholarship Program analyst. All of the following reporting requirements, notifications of academic problems and change of status documents must be mailed to your IHS Scholarship Program analyst. Your analyst's contact information can be found beginning on page 56 of this handbook or on the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov).

**If you fail to submit these reports as required, you will be ineligible for continuation of scholarship support and your scholarship payments will be discontinued.**



**It is your responsibility to maintain your status as a scholarship recipient within the guidelines explained in the following pages.** These requirements include progress reports of your academic standing, course load and curriculum. Health Professions scholarship recipients must complete the appropriate deferment or job placement forms prior to and during their final school year and then serve at a qualifying site to satisfy their service obligation.

### Recipient's Initial Program Progress Report

Within 30 days from the beginning of each academic term, you must submit a **Recipient's Initial Program Progress Report** form (IHS-856-8) to your IHS Scholarship Program analyst. This form must be signed by your school advisor or the registrar's office to verify that you are enrolled in a full-time or part-time course load for the current academic term.

### Transcripts

Within 30 days from the end of each academic period — semester, quarter or summer session — you must submit an official transcript. Official transcripts must have the institutional seal and/or the signature of the registrar. Copies of official transcripts or electronically produced grade reports will not be accepted. Do not remove official transcripts from your institution's original mailing envelope. Transcripts that appear to have been handled and/or altered in any way will not be accepted. Benefits will be suspended if official transcripts or other approved documentation are not submitted within 30 days.

You must send your official transcripts directly to your IHS Scholarship Program analyst. If an official transcript will not be available within 30 days, you must submit a copy of your official grade report or documentation indicating the grades you received in each class. This report or documentation must be signed by each instructor and your advisor.

### Notification of Academic Problem

If at any time during the academic term you experience an academic problem, you must submit a **Notification of Academic Problem** form (IHS-856-9) to your IHS Scholarship Program analyst.

**Under no circumstances should you withdraw from a course on your own. If you do so, the IHS Scholarship Program will automatically place you on academic probation and you will jeopardize your scholarship financial aid.**

### Reduction in Credit Hours

Submit a **Notification of Academic Problem** form (IHS-856-9) to your IHS Scholarship Program analyst **immediately** if:

- » You are failing a course
- » You are advised to reduce the number of credit hours in which you are currently enrolled below the minimum for a full-time student (12 hours), a part-time student (six hours) or to a level that may impact your graduation date

### Cancelled Course

You must register for another required course or appropriate elective if your college/university has discontinued a course that causes your enrollment status to fall below the required credit hours for full-time (12 hours) or part-time (six hours) enrollment. This course must be based on the curriculum for major in your health profession degree track to maintain your current enrollment status.

### Academic Probation

If placed on academic probation, you must submit a **Notification of Academic Problem** form (IHS-856-9) to your IHS Scholarship Program analyst **immediately**.

### Withdrawal from School

If you are withdrawing from school, you must submit a **Notification of Academic Problem** form (IHS-856-9) to your IHS Scholarship Program analyst **immediately** in order to stop your stipend payments.

Be sure to contact your Area Scholarship Coordinator and IHS Scholarship Program analyst prior to completing your withdrawal from classes to ensure that you have covered every option. Your coordinator or analyst may be able to advise you on an alternative course of action that will allow you to continue in the IHS Scholarship Program.

Preparatory and Pre-Graduate scholarship recipients who fail to notify their IHS Scholarship Program analyst will be liable for the return of all financial aid to which they were not entitled. Health Professions scholarship recipients who fail to notify their IHS Scholarship Program analyst to request a leave of absence will be held in breach of contract and be liable for repayment of all financial aid paid to them and the school on their behalf. Go to **Section E: Breach of Contract and Default** (beginning on page 43) for more information on your obligations as a Health Professions scholarship recipient.

## Section A: Reporting Requirements

### Dismissal from School

Preparatory and Pre-Graduate scholarship recipients who fail to notify their IHS Scholarship Program analyst will be liable for the return of all financial aid to which they were not entitled. Health Professions scholarship recipients who fail to notify their IHS Scholarship Program analyst to request a leave of absence will be held in breach of contract and be liable for repayment of all financial aid paid to them and the school on their behalf. Go to **Section E: Breach of Contract and Default** (beginning on page 43) for more information on your obligations as a Health Professions scholarship recipient.

### Change of Status

#### School Transfer/Dual Enrollment Request

The IHS Scholarship Program requires immediate notification (no later than 60 days) prior to the time of transfer or dual enrollment to a new school from the school you are currently attending. You must submit a **Change of Status** form (IHS-856-10) requesting approval. **The school transfer/dual enrollment request is for continuation students only. It is not available to new students in their first year of receiving IHS Scholarship Program financial aid.**

#### Valid Reasons for a Transfer/Dual Enrollment Request

**NOTE:** Continuation students may request a transfer/dual enrollment of schools during the academic year for only one of three reasons:

1. To transfer from a school with a non-accredited program in your health profession degree track to a school with an accredited program
2. To enroll on a second campus that offers course(s) required for your health profession degree track or to complete preparatory or pre-graduate requirements
3. Personal and/or family hardships, which may necessitate a school transfer, will be considered on an individual basis

#### How to Get Approval for a Transfer/Dual Enrollment Request

In order for your request for transfer/dual enrollment to be approved, you must meet one of the previously listed valid reasons for a transfer/dual enrollment request and:

- » Submit a **Change of Status** form (IHS-856-10)
- » Submit a letter from the school to which you are transferring or seeking dual enrollment that:
  - Verifies your acceptance (Preparatory and Pre-Graduate scholarship recipients)
  - Verifies your acceptance into a health profession program (Health Professions scholarship recipients)
  - Details the specifics of your curriculum
  - Lists the hours and courses earned at the previous school that the new school will accept
- » Submit two completed **Faculty/Advisor Evaluation** forms (IHS-856-24)

You will be notified of IHS' decision within 10 business days of receipt of your transfer/dual enrollment request.

**If you transfer schools without prior IHS Scholarship Program approval, your scholarship award will be discontinued. If you are a Health Professions scholarship recipient, you will be in breach of your contract and placed in default.**

#### Change in Graduation Date

Any time a change occurs in your expected graduation or completion-of-training date, you must submit a **Change of Status** form (IHS-856-10) immediately notifying your IHS Scholarship Program analyst. You must also submit documentation (signed by a school official) supporting the proposed change.

The IHS will determine on a case-by-case basis whether to approve a change in your graduation or completion-of-training date. If your request to change this date is denied, the IHS Scholarship Program may discontinue your financial aid, place you in leave of absence (LOA) or find you in breach of your contract and place you in default.

#### Change in IHS Scholarship

Preparatory and Pre-Graduate scholarship recipients must apply as new applicants and compete against all other applicants when changing scholarships or progressing from their current degree track to a Health Professions scholarship degree program (for example, pre-medicine to medicine).

#### Leave of Absence (LOA)

Health Professions scholarship recipients who elect to discontinue their scholarship support during the next academic term and would like to request a leave of absence (LOA) from the IHS Scholarship Program, must submit a **Change of Status** form (IHS-856-10) to their IHS Scholarship Program analyst. All LOA requests will be considered on a case-by-case basis.

#### LOA Requests

You may not request an LOA during your first year of funding. For example, if you receive your first award during the 2011–2012 academic year, you may not request an LOA for any academic term during the 2011–2012 academic year (Fall 2011, Winter 2011/2012, Spring 2012, Summer 2012).

#### The IHS Scholarship Program will only grant an LOA request for the following reasons:

- » Poor performance on required courses — the student must repeat and pass these courses in order to continue toward his degree
- » Medical or family issues requiring a student to leave school for a period of time

**EXAMPLE:** A Health Professions scholarship recipient fails a required course and cannot take the next course in the tract until the failed course is repeated and passed.

#### The IHS Scholarship Program will not grant an LOA request for:

- » Voluntary withdrawal from school (not taking classes without prior IHS Scholarship Program approval for medical or family issues)
- » Involuntary removal from school (suspension or removal from a professional school or academic program)
- » Requests for time away from a normal degree track or a delayed graduation date to complete:
  - A joint degree program (for example, an MD/MPH and PharmD/MBA)
  - Additional majors or minors

**EXAMPLE:** A Health Professions scholarship recipient decides that in addition to his medical degree, he would like to participate in a joint degree program offered by his school to obtain a Master of Public Health degree. This will require that he take one year off from medical school (between the third and fourth year) and attend the affiliated School of Public Health. The recipient submits an LOA request to his IHS Scholarship Program analyst for a one-year period to complete this dual degree. This request will be denied as an unapproved use of an LOA request. If the recipient continues with his pursuit of the dual degree, he will be found to be in breach of his contract and placed in default.

#### Approvals

When an LOA request is approved, your financial aid will be discontinued during the approved period of your LOA. The IHS Scholarship Program will draft an approval letter to keep you in good standing until you are ready to submit a continuation application and reenter the IHS Scholarship Program. As long as your IHS Scholarship Program analyst is kept informed of your academic status, you will remain in the active-non-pay status.

Current IHS Scholarship Program policy limits an LOA to a maximum of two consecutive years, with annual requests for continued LOA approval.

## Section A: Reporting Requirements



**NOTE:** The IHS Scholarship Program includes compensation for a post office box in Health Professions scholarship recipients' August stipend payments.

### Name Change

Legal documentation (for example, a marriage certificate) must accompany a **Change of Name or Address form (IHS-856-22)** before the IHS Scholarship Program will change your record to reflect a new name.

### Mailing Address

You are required to have an official mailing address for IHS Scholarship Program correspondence during the length of your scholarship award. A change in your mailing address may cause a delay or loss of correspondence. However, if your address does change, you must submit a **Change of Name or Address form (IHS-856-22)**. Address changes received after the 10th of each month will not take effect until the following month. Previous scholarship recipients have encountered delays of up to eight weeks in receiving their correspondence when addresses have been changed and the IHS Scholarship Program has not been notified.

## Section B: Scholarship Financial Aid



The IHS Scholarship Program provides financial aid covering tuition and required fees for all scholarship recipients. Health Professions scholarship recipients also receive additional financial aid to cover educational and living expenses as outlined below.

Please refer to page 27, **Potential Conflicts with Your IHS Scholarship**, for further information on financial aid and how it will affect your acceptance of other scholarships, grants and fee waivers.

The number of IHS scholarships awarded is dependent on the availability of funds appropriated each fiscal year by the Congress of the United States and, therefore, is subject to change annually.

### Tuition and Required Fees

All IHS scholarship recipients receive financial aid covering tuition and required fees.

You must submit a copy of your scholarship award letter to your school's business office and financial aid office once it is received from the Division of Grants Operations. This letter includes invoice and payment instructions and officially notifies your school of your participation in the IHS Scholarship Program. The award letter authorizes your school to bill IHS directly for your tuition and required fees.

This letter does not authorize billing for summer school. Go to page 27 of this handbook for more information on IHS Scholarship Program summer school policies.

### Changes in Curriculum

The IHS pays for tuition and fees (calculated by the educational institution) directly applicable to your approved curriculum and scholarship requirements. As part of the application process, you submitted a **Course Curriculum Verification** form (IHS-856-6) signed by your advisor or counselor, based on review of your curriculum for major. This details the courses you will take for your chosen major in the coming academic year.

The information contained within this form is used to determine whether you are meeting your graduation-related coursework goals and should continue to be funded for the next school year.

Substantial differences between your end-of-semester transcripts and your **Course Curriculum Verification** form can result in rescinding or declining to continue a scholarship award.

If unavoidable curriculum changes should occur (the school makes changes to the curriculum or classes, has canceled classes or the classes are filled), you are required to submit a

**Notification of Academic Problem** form (IHS-856-9) to your IHS Scholarship Program analyst immediately. Please be advised that non-required or unrelated courses will not be counted toward the school's required hours in determining full-time or part-time status.

IHS will not pay for a dual degree (for example, a Master of Public Health in addition to the degree in your health profession or a second major in a degree track unrelated to the core health curriculum, such as business administration).

Payment will not be made for tuition and fees unrelated to your approved degree track (classes not required for your major/minor(s), membership dues for student societies, associations and similar expenses or for school terms that begin prior to the academic year for which the scholarship is awarded). The amount awarded cannot be increased above what the school submitted for your degree track.

The IHS will only pay for repeat coursework during summer school if your school requires the course to be repeated to proceed with your academic program. Repeated courses during the normal academic year will not count toward a recipient's full-time or part-time status.

### Educational Expenses

#### Items Included in Health Professions Scholarship Financial Aid

- » Tuition and required fees are paid directly to your school for the approved curriculum, including lab and health unit fees
- » School-required books, laboratory expenses, dental/medical/optometric equipment and other miscellaneous educational expenses; your August stipend will include an advance to pay for these items
- » \$300 to offset travel expenses to and from school for the year, also paid in advance within your August stipend
- » \$35 to offset expense for a post office box, also paid in advance within your August stipend

## Section B: Scholarship Financial Aid

### Items Excluded in Health Professions Scholarship Financial Aid

- » School bookstore invoices
- » Dental/medical equipment rented from sources other than the school
- » Desktop or laptop computers (purchased, leased or rented)
- » Certification and licensure examination fees
- » Health insurance — The educational institution will accept documentation from your Tribe or IHS facility that you are eligible for health care and/or contract health care from/through our Indian health programs. If you find that the availability of health care services is inconvenient, you will be responsible for the cost of a separate health insurance policy (group or individual) while in school.
- » Additional travel expenses incurred over the \$300 allowed

### Living Expenses

#### Overview

All Health Professions scholarship recipients will receive a stipend to assist with living expenses. Part-time students will receive a pro-rated stipend.

You will receive your stipend for the 12-month period beginning August 1 through July 31. The Division of Grants Operations will specify the total dollar amount for your stipend, including room and board, in your scholarship award letter. The documented amount will be transmitted via direct deposit into your checking account at the end of each month.

**NOTE:** All Health Professions scholarship recipients are required to have a bank account and to enable direct deposit for receiving payments via electronic funds transfer (EFT).

#### Taxes

Indian Health Service scholarship stipends are subject to federal income tax and possibly state and local taxes. IHS withholds only federal income taxes from the stipend payments. Please contact your state and local tax offices about any state or local tax liability on your award. For instructions concerning allowances, exemptions and filing status, visit the IRS website at [www.irs.gov](http://www.irs.gov).

### August Payment

Health Professions scholarship recipients will receive additional funds paid in advance in their August stipend payment that are intended to cover the costs of books, travel and other necessary educational expenses for the entire year. The IHS Scholarship Program office will not approve requests for additional funds to cover other expenses. You must allocate your August stipend payments to cover all essential expenses related directly to your education. Please refer to your Grants letter to obtain your **regular** monthly stipend **amount** covering typical living expenses.

The IHS Scholarship Program recommends that all scholarship recipients set aside a portion of their monthly stipend to cover the costs associated with required license or certification examinations for their chosen health profession. All required examinations must be passed within 90 days of completing the health program requirements.

Although funds may be identified as salary, they are stipend payments. To protect yourself, you should not write checks on your account until you have received notice from your bank that the EFT has occurred. If your EFT is delayed and checks drawn on your account are not honored due to insufficient funds, the IHS Scholarship Program cannot pay any penalties your bank may impose for returned checks.

### Lost Stipend Payment

The Treasury Department will transfer stipend payments to your account during the last three days of the month. If you do not receive your stipend, you must immediately notify the Grants Scholarship Coordinator, Division of Grants Operations by submitting a **Lost Stipend Payment** form (IHS-856-19) after the seventh day of the month following the month that your payment was not received, so that the Treasury Department can be authorized to issue a replacement EFT. For example, if you do not receive your stipend at the end of November, you should submit the **Lost Stipend Payment** form on December 7.

Other Health Professions scholarship recipients at your school might receive their EFT before you receive yours. This sometimes occurs because stipend payments for scholarship recipients are not always transferred from the Treasury Department at the same time. **Unreported changes in direct deposit information are the primary reason for non-receipt of EFT.**

### Summer School

All scholarship recipients are eligible to receive financial assistance for summer school per program policies.

Submit a **Summer School Request** form (IHS-856-21) by April 22 if you are interested in attending summer school. This form is available on the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) and on page 95 of this handbook.

The **Summer School Request** form (IHS-856-21) must be completed and signed by your school advisor with an attached curriculum for your major. Documentation may be a curriculum listing for your program or a statement from your advisor. **Your degree track must require these courses.** Summer school can also be used to make up failed required courses for which IHS will pay fees and tuition. Summer school is not approved for optional courses not related to your degree track. Documentation of summer school tuition and fees must be submitted with your **Summer School Request** form.

Summer school costs are paid only if you have received prior approval from the IHS Scholarship Program Branch Chief. The IHS Scholarship Program will pay up to \$700 for full-time students or \$350 for part-time students for tuition and fees as billed by your school. There is no limitation on credit hours. However, you must pay costs for additional hours that are not covered by the maximum amounts listed above. No additional funds are available for books or other miscellaneous expenses.

If you are enrolled in a year-round program, you will not be limited to the \$700 or \$350 tuition and fee costs. However, you must still submit a summer school request to ensure the annual budget will cover those tuition and fees.

**Transcripts for summer school are due to your IHS Scholarship Program analyst as soon as they are available. Transcripts must be official copies from your academic institution. Please ensure these are ordered early to guarantee prompt delivery once the summer term is completed.**

### Tutorial Assistance

All Health Professions scholarship recipients are eligible to receive financial assistance for tutorial services per program policies.

The IHS would like to assist you in getting the maximum benefit from your education. We encourage you to use tutorial services to improve your grades (even if they are satisfactory) and/or to address weaknesses in other courses, such as in English or math, which may affect your overall academic performance. Financial assistance for tutorial services can also be used for licensure and certification examination preparatory courses if the course is taken prior to completion of your degree.

The IHS Scholarship Program will assist with the cost of tutoring, up to \$400 for full-time students and up to \$200 for part-time students. You must submit a **Request for Tutorial Assistance** form (IHS-856-20) to your IHS Scholarship Program analyst. These funds are reimbursed as part of your monthly stipend payment upon approval of the tutorial request. The **Request for Tutorial Assistance** form (IHS-856-20) is available on page 93 of this handbook or on the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov). **Please note that you are responsible for paying your tutor.**

### Potential Conflicts to Your IHS Service Obligation

#### Multiple Scholarships, Grants and Fee Waivers

Preparatory and Pre-Graduate scholarship recipients are encouraged to find other sources of financial aid to assist with the additional educational and living expenses not covered by your IHS scholarship.

Health Professions scholarship recipients are required to report their IHS Scholarship Program award to both their school's Business and Financial Aid offices, in order to avoid unlawful duplication of federal funding. Any scholarship, grants and fee waivers accepted from sources other than the IHS Scholarship Program must be detailed on your school's invoicing document. The IHS Scholarship Program will deduct this amount from your school invoice before approving final payment. Student loans are not included in this policy since those funds will be repaid following your graduation.

The IHS Scholarship Program recommends that all Health Professions scholarship recipients decline all other sources of outside funding (grants, fee waivers and scholarships), so that you can take advantage of your full IHS scholarship award.

## Section B: Scholarship Financial Aid

### Other Public Health Service Benefits

If you are currently receiving IHS scholarship financial aid, you are not eligible to participate in the National Health Service Corps Scholarship Program (Section 751 of the Public Health Service Act) or the Scholarship Program for First-Year Students of Exceptional Financial Need (Section 758 of the Public Health Service Act).

### Veterans Benefits

You may continue to receive educational benefits (GI Bill) from the US Department of Veterans Affairs (VA) along with your scholarship since your VA benefits were earned by prior active duty in a uniformed service.

### Benefits from State, Local and Other Federal Programs

If you owe an obligation for professional practice to a state or other entity under an agreement made before applying for an IHS scholarship, you are not eligible for an award unless the state or entity submits to the Secretary of HHS a written statement, which says:

- » There is no potential conflict in fulfilling your service obligation to the state or entity and the IHS Scholarship Program.
- » The IHS Scholarship Program service obligation will be served before the service obligation for professional practice owed to the state or entity.

### Suspension of Financial Aid

#### THE IHS SCHOLARSHIP PROGRAM WILL SUSPEND THE PAYMENT OF TUITION AND FEES FOR:

- » The period of time that the IHS Scholarship Program has approved a recipient's leave of absence
- » Any repeat course work during the academic year

Suspended financial aid, based on the approval of your LOA, will not resume until you have notified your IHS Scholarship Program analyst that you are prepared to resume your participation in the IHS Scholarship Program. In addition to notification, you are required to submit the necessary supporting documentation from your school. The resumption of your financial aid is also dependent on the availability of funds within the IHS Scholarship Program.

If repeat coursework does not delay graduation, but is taken in addition to your normal full-time or part-time course load, the IHS Scholarship Program will only pay tuition for the non-repeated courses. This will not affect payment of your stipend payment.

Your scholarship award could be rescinded if your enrollment status is affected by repeat course work.

#### THE IHS SCHOLARSHIP PROGRAM WILL SUSPEND THE PAYMENT OF STIPENDS WHEN:

- » The IHS Scholarship Program has approved a recipient's leave of absence
- » A **Recipient's Initial Program Progress Report form (IHS-856-8)** is not received within 30 days of the beginning of the academic term
- » A student fails to submit **official transcripts** within 30 days of the end of the academic term

The IHS Scholarship Program will not reinstate suspended stipends until the above-mentioned reports/transcripts have been received. These payments will not be issued until the next automated stipend cycle.

**Extended delays in providing these required documents could result in your scholarship award being rescinded.**

## Section C: Service Obligation for Health Professions Scholarship Recipients





### SPECIALTIES REQUIRING DEFERMENT

**NOTE:** No period of internship, residency or other advanced post-graduate clinical training will be counted toward satisfying any period of obligated service that is required under Section 104 (b)(3)(A) of the IHCA (P.L. 94-437), as amended.

#### Allopathic and Osteopathic Physicians

You must complete at least one year in an approved post-graduate clinical training program to be eligible to fulfill your scholarship service obligation as an allopathic or osteopathic physician. Completion of post-graduate clinical training is a critical factor in identification of the practice in which the scholarship obligation is to be fulfilled.

#### General Practitioners

You may encounter difficulty in obtaining assignments in which to serve should you elect to compete with board-eligible practitioners and serve as a general practitioner after only one year of post-graduate clinical training. Therefore, in order to become a fully qualified practitioner, you are encouraged to complete training in an approved specialty.

#### Social Workers and Clinical Psychologists

You must complete two years of clinical experience under a licensed practitioner to be eligible to sit for licensure boards and fulfill your scholarship service obligation as a licensed clinical social worker or licensed clinical psychologist. The number of supervised clinical hours required to meet the eligibility requirements for licensure examination commonly ranges from 2,000 to 3,000 hours. However, this requirement can vary based upon geographic location.

#### Dietitians

You must complete a 900-hour ADA-approved internship under the supervision of a registered dietitian (RD) within one year of completing your required coursework to be eligible to take the American Dietetic Association (ADA) registration exam and begin fulfilling your service obligation as an RD.

Certain schools incorporate this internship into their didactic instruction while other schools do not. If your school does not incorporate this internship into its instruction, you must request a one-year deferment of your service obligation to complete the internship and be eligible to take the registration exam.

**PLEASE SEE SECTION D: Post-Graduate Clinical Training beginning on page 37 for more information on applying for deferment and other post-graduate clinical training programs approved for deferment by IHS.**



## Section C: Service Obligation for Health Professions Scholarship Recipients

### Requirements of Health Professions Scholarship Graduates

Your **IHS Scholarship Program Contract (IHS-818)** is a commitment to serve within the Indian health system. The contract states that you agree to perform a service obligation in a full-time clinical practice in your health profession after graduation and/or completion of training. Your contract also states that you agree to provide one year of service for each year of scholarship support received (or the part-time equivalent), with a two-year minimum service period.

To fulfill your service obligation, you must adhere to IHS Scholarship Program policies and procedures and engage in full-time clinical practice in the health profession for which you were awarded a Health Professions scholarship, regardless of the policies of your service site. The IHS Scholarship Program defines full-time practice as working a minimum of 80 hours every two-week period (for an average of at least 40 hours per week). The 80 hours cannot be worked in less than seven days and no more than 12 hours of work can be performed in any 24-hour period. Time spent in on-call status will not count toward the 80 hours. Any hours worked over the required 80 hours per two-week period will not be applied to any other workweek.

The IHS Scholarship Program defines a full-time clinical practice for all health professionals as follows:

You must spend at least 64 hours of the minimum 80 hours per two-week period providing direct inpatient or outpatient care. These services must be conducted during normally scheduled hospital or clinic hours. The remaining 16 hours per two-week period may be spent providing additional patient care and/or performing practice-related administrative activities, with administrative activities not to exceed 16 hours per two-week period.

Teaching, attending staff meetings, supervising other health care professionals, making court appearances and other non-treatment related activities pertaining to the health professional's approved position are considered practice-related administrative activities. Supervision of other health professionals is defined as an administrative activity if the health professional being supervised is treating or providing health care services to a patient and billing or documenting such treatment in his name. If the supervising health professional is treating the patient and billing or documenting such treatment under his name, this activity would be counted as direct clinical services for the supervising health professional.

No more than seven weeks, or 35 workdays, per service year can be spent away from the practice for vacation, holidays, continuing professional education, illness or any other reason. Absences greater than seven weeks in a service year or any absent without leave period will not count toward the service obligation. The scholarship recipient is required to immediately notify the IHS Scholarship Program if there are absences greater than seven weeks so that the scholarship recipient's service end-date may be recalculated.

### Step One — When Fulfillment of Your Service Obligation Must Begin

Within 90 days of graduation or completion of training, you must begin your employment in a full-time clinical position in the health profession for which you were awarded a Health Professions scholarship. You must fulfill your service obligation at an approved service site, unless the IHS Scholarship Program has approved your request for deferment to complete additional post-graduate clinical training.

It is your responsibility to:

- » Begin searching for a position at least three to six months before graduation or completion of training
- » Become licensed (for career categories requiring licensure) and to find an approved position

**IHS Scholarship Program policy states that scholarship recipients who have not secured an assignment within 90 days after graduation or completion of training will be subject to involuntary placement by IHS. The Director, IHS, acting on behalf of the Secretary of HHS, can exercise direct placement authority to fill unmet health care provider needs identified by IHS, Tribal and/or Urban Indian health care facilities across the United States. Scholarship recipients unable or unwilling to secure a position will be in breach of their contract and placed into default.**

### Step Two — How to Determine if a Service Site and Position are Eligible

Health Professions scholarship recipients incur a service obligation of one year for each year of scholarship support received with a minimum service period of two years. The **IHS Scholarship Program Contract (IHS-818)** requires that after graduation or completion of training, the recipient must fulfill his service obligation in one of four ways:

1. At an Indian Health Service program
2. Through a Tribal health program (contracted under the Indian Self-Determination Act [P.L. 93-638])
3. Through an Urban Indian health program (assisted under Title V, Health Services for Urban Indians, of the IHCA [P.L. 94-437])
4. **For physicians, dentists and clinical psychologists only:** Private practice is an employment option in a designated Health Profession Shortage Area (HPSA) in which at least 75% of the patient base from that geographic area are documented members or descendants of federally or state recognized Tribes. This option is only available when there are no identified vacancies in the health profession in which you receive funding. Final approval of this option is at the discretion of the Director, IHS.

For more information, visit the Health Resources and Services Administration Shortage Designation website at [www.bhpr.hrsa.gov](http://www.bhpr.hrsa.gov). The private practice option cannot be used as a means to provide contract or locum tenens services to IHS, Tribes, Tribal organizations or Urban Indian programs.

You may also fulfill your service obligation in any one of these four ways if there is a qualifying program located on the reservation of the Tribe in which you are enrolled and that program has a position available for you to fill.

You are responsible for ensuring that your service (job and work location) can be credited toward your scholarship obligation. The placement process begins when you contact sites advertising full-time positions in your health profession. If the site is interested in hiring you, contact the IHS Scholarship Program to request certification that the site and specific position will meet the criteria of your IHS Scholarship Program service obligation.

The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation.

### SPECIAL CASES

#### Research

The purpose of the IHS Scholarship Program is to train health professionals to provide clinical health care services to Indian people. While research — especially research related to American Indians and Alaska Natives — is beneficial to Indian people, it does not meet the requirements of the IHCA. Requests for service in research positions or clinical positions containing a substantial research component will not be approved to fulfill a scholarship recipient's service obligation.

#### Epidemiology

Epidemiology is not considered a clinical health service for most health professions. However, individuals receiving an IHS scholarship for a Master of Public Health (MPH) degree with emphasis in epidemiology may be approved to fulfill their service obligations in an epidemiology position or clinical position containing a substantial epidemiology component.

## Section C: Service Obligation for Health Professions Scholarship Recipients

### Step Three — IHS Employment Paths

Graduating students can apply for employment through the federal civil service or the US Public Health Service (USPHS) Commissioned Corps. **Visit the IHS website at [www.ihs.gov](http://www.ihs.gov) for the most up-to-date vacancies.**

Whether you submit your application to the federal civil service or the USPHS Commissioned Corps, be sure to clearly indicate that you are an IHS Scholarship Program graduate. This will ensure that you receive priority consideration for jobs within IHS for which you qualify. However, priority is rescinded if you decline your first job offer. Please refer to the Indian Health Manual Section 5-20 for more information.

#### Civil Service

If you opt for the federal civil service system within IHS, you must submit the following forms and all other additional required materials (for example, official transcripts) to the IHS Personnel Office designated on the job vacancy announcement by the deadline specified on that announcement. Be sure to include:

- » **Optional Application for Federal Employment (Optional Form-612) or a resume**
- » **Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)**

All forms can be requested from any government office except **Form BIA-4432**, which can be obtained from the Bureau of Indian Affairs or your Tribal headquarter offices.

For information regarding benefits including salary, travel pay, health benefits, housing, etc., you must contact the IHS Personnel Office to which you are applying.

#### USPHS Commissioned Corps

You may wish to apply for service through the Commissioned Corps if your health profession is any of the following: medical, dental, optometry, podiatry, nursing (BSN, MSN), pharmacy, engineering, physical therapy, dietetics, sanitarian or master's/doctoral-level health or allied health professional training. For a complete listing of commissionable health professions, visit the USPHS website at [www.uphs.gov](http://www.uphs.gov). To receive information and an application, contact:

Office of Commissioned Corps Operations  
Division of Commissioned Corps Assignments  
1101 Wootton Parkway, Plaza Level, Suite 100  
Rockville, MD 20852  
Telephone: (240) 453-6125 or (800) 279-1605

Employment as a commissioned officer requires a dual application process that includes application to the Commissions Corps in addition to a health profession position. These tasks should be undertaken at the same time so that when you are offered a position, your Commissioned Corps paperwork is complete and you are eligible to be commissioned into your new position.

For information regarding benefits including salary, travel pay, health benefits, housing, etc., you should contact the Office of Commissioned Corps Operations.

#### Tribal Hire

An alternative to a federal employment career path is to accept employment directly from one of the 560 federally recognized Tribes in 35 states. Employment benefits for those who choose to work directly for a Tribe vary depending on the Tribe and the position, but benefits are comparable to those offered by federal personnel systems.

### Step Four — Application Process

As you are applying for current employment vacancies, the IHS Discipline Chiefs and Area Scholarship Coordinators can offer professional advice and assist you with the identification of job vacancies in your health profession degree track. It is strongly recommended that you begin looking for employment three to six months before your graduation date or completion of training.

The monitoring of your progress toward placement involves the following:

- » **Three months before graduation** — if you have not selected a job, send the following completed forms to each Area Scholarship Coordinator in the IHS Areas where you are interested in working. Also send a copy of each form to your IHS Discipline Chief and IHS Scholarship Program analyst. Follow up with each respective Area Scholarship Coordinator and IHS Discipline Chief **each** month regarding available vacancies and application status.

- **Optional Application for Federal Employment (Optional Form-612)**
- **Preferred Placement form (IHS-856-12)**
- **Verification of Indian Preference for Employment in the Bureau of Indian Affairs and the Indian Health Service (Form BIA-4432)**

**NOTE:** Hiring priority is given to IHS scholarship recipients. Please indicate on your documents that you are to receive this priority.

#### » One month before graduation you must:

- Send a **Notice of Impending Graduation form (IHS-856-13)** to your IHS Scholarship Program analyst
- Follow up with each respective Area Scholarship Coordinator and IHS Discipline Chief regarding available vacancies and application status if you have not yet selected a job
- Prepare for licensure, if applicable

- » A **Placement Update form (IHS-856-15)** must be sent to your IHS Scholarship Program analyst at 30 days, 60 days and 90 days after graduation or completion of training if you have been unable to secure employment. If after 90 days you still have not secured employment at a site of your choice, you will be subject to IHS involuntary placement according to the needs and priorities of the IHS and Tribes.

When completing the **Placement Update form (IHS-856-15)**, you must attach documentation regarding your attempts to secure employment (for example, your letter of application receipt, interview dates, denial letters, etc.). This form may also be used to express any dissatisfaction or note any problems encountered while seeking a position.

### Step Five — Obtaining Approval for Eligible Service Site and Position

The IHS Scholarship Program requires submission and approval of a written document from the placement site prior to employment. This document must:

1. Explain how placement at this site will meet one of the four service options listed in Step 2 — How to Determine if a Service Site and Position are Eligible
2. Identify the clinical position that the facility is trying to fill (for example, physician)
3. Include that the position is a full-time clinical position in the recipient's health profession for which he received his Health Professions scholarship (the IHS Scholarship Program considers full-time employment as working 80 hours every two weeks.)
4. State that if the services to be provided by the recipient are included in an IHS contract or compact, that the patients are those authorized to be served under the contract or compact

This documentation does not need to be of great length. For example, a site could provide an email or brief letter stating that you have been offered a position at their facility stating the location and full-time nature of your position.

In addition to the information from the proposed placement site, the IHS Scholarship Program requires a copy of the position description or a copy of the vacancy announcement, which includes a brief description of the position and duties to verify that the position meets IHS Scholarship Program requirements.

### Step Six — Verification of Employment

If the IHS Scholarship Program approves the position and you accept it, you must send a **Verification of Employment** letter from the site, which includes your anticipated or actual start date.

The following documentation will satisfy this requirement for each career path:

- » Notification of Personnel Action form (SF-50) — Federal civil service
- » Call-to-Active-Duty notice (CAD) — USPHS Commissioned Corps
- » Tribal hire letter — Tribal hire with a federally recognized tribe or with an Urban Indian health care program

The Director of IHS reserves the right to make final decisions regarding assignment of scholarship recipients to fulfill their service obligation according to the needs and priorities of IHS and Tribes.

Available openings will vary from year to year and among the different health profession career categories. You may contact your IHS Discipline Chief for information regarding placement. Although IHS will attempt to place you in the geographic location of your choice, this may not be possible and you may be required to take a position in another location.

## Section C: Service Obligation for Health Professions Scholarship Recipients

### Step Seven — Initial Documentation Requirements

Before you receive credit toward your service obligation, the IHS Scholarship Program requires the following documentation:

- » A copy of your diploma
- » An official final transcript stating the degree conferred
- » A copy of your license or certificate (if required for employment)

In addition, you must provide the following items that are applicable to your employment status:

- » Federal employment:
  - Civil Service:
    - a copy of your **Notification of Personnel Action form (SF-50)** from your personnel office reflecting your entrance on duty date
    - additional copies of **SF-50** should you transfer positions or sites during your service obligation
  - Commissioned Corps:
    - a copy of your **Call-to-Active-Duty notice (CAD)**
    - copies of personnel order transfer papers should you transfer positions or sites during your service obligation
- » Tribal employment:
  - a contract, work agreement or hire letter from the Tribe indicating the start date of employment
- » Private practice:
  - a contract, work agreement or hire letter from the facility indicating the:
    - start date of employment
    - position title
    - position description
    - terms of employment and benefits
  - quarterly reports documenting the:
    - total number of patients seen
    - total number of patients seen with documented AI/AN membership
    - total number of patients seen documented as descendants of a federally or state-recognized Tribe

If your IHS Scholarship Program analyst does not receive the information required, we will assume that you did not graduate and/or complete training or begin your service obligation. Failure to submit the information will result in breach of contract. See **Section E: Breach of Contract and Default** beginning on page 43.

### Step Eight — Final Documentation Requirements

Each year, you must submit an **Annual Status Report form (IHS-856-16)** and a leave report summary, provided by your local Human Resources Department, to your IHS Scholarship Program analyst until your service obligation is complete. This is required to monitor your service obligation activity and document that you have worked in an approved full-time clinical position in the health profession for which you received funding while not exceeding the maximum seven weeks or 35 days of leave. By doing so, you will ensure that credit is given toward your service obligation.

You must also notify the IHS Scholarship Program if there are any interruptions in the performance of your service obligation, such as maternity leave; extended sick, disability or family-friendly leave; outside training exceeding 10 days per each 12-month period; breaks in service related to a change of work site; or any other extended time away from work so that your service end-date may be recalculated.

Contact your IHS Scholarship Program analyst if you have any questions regarding these directions.

**DEADLINE: The appropriate documentation is required 90 days from the date of graduation or completion of training.**

## SECTION D: Post-Graduate Clinical Training

### Deferment

Health Professions scholarship recipients in certain health profession degree programs can request deferment of their service obligation to obtain post-graduate clinical training. It is your responsibility to familiarize yourself and comply with the deferment process. Failure to do so can result in denial of your deferment request and/or being found in breach of contract and being placed in default.



### Deferment Procedure Overview

The IHS Scholarship Program allows for the deferment of your service obligation for you to complete an IHS-approved post-graduate clinical training program that fulfills the requirements for board certification or licensure and has been approved by the appropriate certifying boards, as determined by the Secretary of HHS.

For your board certification or licensure, the IHS Scholarship Program officially recognizes only those training programs approved by the appropriate American specialty board.

However, there are exceptions. Health Professions scholarship recipients who have graduated from certain health profession degree programs (physicians, social workers, clinical psychologists and dietitians) are required to complete additional post-graduate training and licensure before they can begin their service obligation. Health Professions scholarship recipients in certain other health profession degree programs (pharmacists and optometrists), can elect to complete one additional year of post-graduate training upon receiving approval from their Discipline Chief. Please review the chart on page 14 for examples on IHS scholarship tracks.

**NOTE:** All requests for post-graduate training must be submitted to your IHS Scholarship Program analyst via the **Request for Approval of Deferment form (IHS-856-11)** prior to your final year of academic training. All post-graduate clinical training must begin immediately following graduation and be completed before beginning your service obligation. No period of internship, residency or other advanced post-graduate clinical training will be counted toward satisfying any period of scholarship-obligated service. Requests for part-time residency programs will not be approved.

The following information provides guidance on IHS Scholarship Program policy regarding deferment approval by health profession degree track:

#### Physicians

Medical students selecting a residency or current residents-in-training are provided information in this handbook and through other sources regarding IHS primary care provider needs. The IHS will no longer approve residencies or fellowships for subspecialties. For medical school graduates starting residencies March 12, 2009 or later, the only accredited residencies that will be granted three- to five-year deferment periods are:

#### Residency

##### Three Years:

- » Emergency Medicine
- » Family Practice
- » General Internal Medicine
- » General Pediatrics

##### Four Years:

- » Family Practice/Psychiatry
- » General Psychiatry
- » Internal Medicine/Family Practice
- » Internal Medicine/Pediatrics
- » Internal Medicine/Psychiatry
- » Obstetrics/Gynecology

##### Five Years:

- » Anesthesiology
- » General Surgery

This list of residencies is subject to change. Please reference the IHS Scholarship Program deferment newsletter (sent annually to those Health Professions scholarship recipients who are eligible to apply for deferment of their service obligation) for the most up-to-date list. A copy of this newsletter is also available on the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov).

#### Clinical Psychologists

IHS provides Health Professions scholarships to train clinical psychology students to practice as independent, licensed clinical psychologists. State licensing boards require that graduate psychologists practice under the supervision of a licensed clinical psychologist for a specified number of hours (usually 2,000) before they are eligible to take the state exam. Contact your State Psychology Board or visit the Association of State and Provincial Psychology Boards at [www.asppb.net](http://www.asppb.net) for details.

Health Professions scholarship clinical psychology students are expected to secure a training position within 90 days of graduation (inside or outside the Indian health system) to start earning the required clinical hours. The deferment request must be submitted stating the work location where these hours will be completed. The maximum deferment period is two years, therefore, all supervised work must be completed and a license obtained within those two years. The IHS requires that all Health Professions scholarship clinical psychology students complete a PhD or PsyD program and become independent, licensed clinical psychologists before any service will count toward their scholarship service obligation.

## SECTION D: Post-Graduate Clinical Training

### Social Workers

The IHS provides Health Professions scholarships to train social work students to practice as independent, licensed clinical social workers (title varies by state). State licensing boards require graduate social workers to practice under the supervision of a licensed clinical social worker for a specified number of hours (usually 2,000) before they are eligible to take the state exam. Contact your State Social Work Board or visit the Association of Social Work Boards at [www.aswb.org](http://www.aswb.org) for details.

Health Professions scholarship social work students are expected to secure a post-graduate clinical training position within 90 days of graduation (inside or outside the Indian health system) to start earning the required clinical hours. The deferment request must be submitted stating the work location where these hours will be completed. The maximum deferment period is two years. All supervised work must be completed and a license obtained within those two years. The IHS requires that all Health Professions scholarship recipients in social work complete a master's degree program and become independent, licensed clinical social workers before any service will count toward their scholarship service obligation.

### Dietitians

The IHS provides scholarships to dietetics students to train to practice as registered dietitians (RD). The American Dietetic Association (ADA) requires dietitians to complete a 900-hour ADA-approved internship under the supervision of an RD before they are able to take the ADA registration exam. Go to the Commission on Dietetic Registration website at <http://www.cdrnet.org/certifications/rddtr/pathwaysrd.htm> for information on the internship requirements and exam. Some schools incorporate this internship into their educational instruction while other schools do not.

Health Professions scholarship dietetics students who do not have the opportunity to perform an ADA-approved internship during their educational training are expected to secure the internship (inside or outside the Indian health system) within 90 days of graduation. A deferment request must be submitted stating the work location where the internship hours will be completed. The maximum deferment period is one year. Therefore, the student must complete all supervised work and become a registered dietitian within one year. IHS requires that all Health Professions scholarship recipients complete bachelor's degree programs and become registered dietitians before any service will count toward their scholarship service obligation.

### Pharmacists

Pharmacists can request a one-year deferment to complete a one-year American Society of Health-System Pharmacists (ASHP) or American Pharmacists Association (APhA) accredited Post-Graduate Year One (PGY 1) Pharmacy Residency Program (Hospital, Community or Managed Care only). Information about pharmacy residencies is available at [www.ashp.org](http://www.ashp.org) or [www.pharmacist.com](http://www.pharmacist.com). Scholarship recipients must submit the deferment request prior to starting their pharmacy residency.

Health Professions scholarship pharmacy students who have been approved for residency deferment are expected to secure a residency position (outside the Indian health system) within 90 days of graduation. Deferment requests to complete Post-Graduate Year Two (PGY 2) residencies or fellowships will not be approved.

### Optometrists

Optometrists can request a one-year deferment to complete a one-year post-graduate Residency Program. Residencies are only approved for Ocular Disease/Pathology and Primary Care Optometry residency programs. Scholarship recipients should consult with the IHS Discipline Chief for Optometry (visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) for the most up-to-date contact information) prior to applying to a residency program. Information about optometry residencies is available from the Optometric Residency Matching Services Inc. at [www.optometryresident.org](http://www.optometryresident.org) or the Association of Schools and Colleges of Optometry at [www.opted.org](http://www.opted.org).

Scholarship recipients must submit the deferment request prior to starting the optometry residency. Health Professions scholarship optometry students who have been approved for a residency deferment are expected to secure a residency position (inside or outside the Indian health system) within 90 days of graduation.

### Deferment Approval

Initial approval of your post-graduate clinical training plan is contingent upon full compliance with all policies and procedures applicable to the deferment of all graduates. The IHS Scholarship Program office requires that you submit a request for post-graduate clinical training before entering your program by completing the **Request for Approval of Deferment form (IHS-856-11)**. You must submit this form prior to beginning your final year of academic training. The IHS Scholarship Program will notify you whether your choice of post-graduate clinical training has been approved. You must then submit the **Notification of Deferment Program form (IHS-856-14)** by May 31 of your final year of school, notifying your IHS Scholarship Program analyst of where you have been accepted and intend to begin your post-graduate clinical training.

The specialty you identify on the Notification of Deferment Program form must be the same IHS-approved specialty you submitted on your **Request for Approval of Deferment** form. If you do not submit this form, you may be found to be in breach of contract and placed in default.

Once you begin an IHS-approved post-graduate clinical training program, you cannot transfer to another program without prior approval from the IHS Scholarship Program Branch Chief.

**The Notification of Deferment Program form (IHS-856-14), along with a letter of good standing and residency continuation from your program Director or Coordinator, must be submitted annually until you have completed your post-graduate clinical training. If you fail to return these documents, you will be in breach of contract and placed in default.**

### Deferment Extension Requirements

Your deferment extension request is approvable if you comply with these conditions:

- » Remain in good standing with your residency or program
- » Pursue training in your accredited program approved by the IHS Scholarship Program
- » Choose a deferment that does not incur a conflicting service obligation
- » Submit a **Notification of Deferment Program form (IHS-856-14)** notifying the IHS Scholarship Program of your post-graduate clinical training status for each year of deferment by May 31
- » Make no changes in the period, place of training or type of training without prior approval from the IHS Scholarship Program Branch Chief



## SECTION D: Post-Graduate Clinical Training

### Solving Deferment Problems

Below are problems that can arise during the deferment process. If any of these occur, you must contact your IHS Scholarship Program analyst **immediately**.

#### Unsuccessful Match

You must notify your IHS Scholarship Program analyst and discuss further options within seven days of completion of the match process if you are unsuccessful in matching to an internship or residency.

#### Incomplete Residency

Physicians who elect to withdraw from their residency program and apply as a General Practitioner might encounter difficulty in finding employment based on the hiring standards for physicians.

Physicians are significantly less likely to obtain positions in target IHS Areas if they are not board eligible or certified. This can result in a breach of contract based on the inability to fulfill your service obligation.

#### Failure to Advance in Training

Notify your IHS Scholarship Program analyst in writing if you did not pass your PGY 1 level of training and/or did not advance to the PGY 2 level. Your program director should also send a letter to your IHS Scholarship Program analyst.

#### Extension of Deferment Period

Individuals needing an extension of their deferment period due to medical or family issues should **immediately** contact their IHS Scholarship Program analyst for advice and consultation. Approval of extensions will be on a case-by-case basis and may require additional documentation from the recipient.

**The IHS Scholarship Program will not grant deferments for Chief Resident positions or post-residency fellowships or training. Once your residency is completed, IHS expects you to begin your service obligation. Additionally, an LOA request, instead of deferment, will not be granted to complete additional study in a specialty field.**

**If you do not comply with the policies and procedures outlined in this section, you will be placed in default of your scholarship contract. Go to SECTION E: Breach of Contract and Default on page 43 for more details.**

**PLEASE NOTE:** All deferment deadline dates and policies will be strictly enforced.

Contact your IHS Scholarship Program analyst if you need additional information regarding deferment of your service obligation or assistance with your post-graduate training plans as they relate to your scholarship.

## Section E: Breach of Contract and Default



### Failure to Complete Academic Training

If you are dismissed from school for academic or disciplinary reasons or voluntarily terminate academic training before graduation from the health profession program for which your scholarship was awarded, you will be liable to the US government for repayment of all Health Professions scholarship financial aid paid to you and to your school on your behalf. Payment must be made within three years from the date of breach or such longer period as specified by the Secretary, HHS.

### Failure to Begin or Complete the Service Obligation or Meet the Terms and Conditions of Deferment

You will be found in breach of your contract and placed in default by failing to begin or complete your service obligation for any reason other than failure to complete academic training, or by failing to comply with the terms and conditions of your deferment. In these cases, you are liable to repay three times the amount of all scholarship funding and benefits paid to you and to your school on your behalf, plus interest, as determined by the formula  $A=3Z(t-s/t)$ , in which:

- » 'A' is the amount the United States is entitled to recover
- » 'Z' is the sum of the amounts paid to or on behalf of the applicant and the interest on such amounts that would be payable, if at the time the amounts were paid, they were loans bearing interest at the maximum legal prevailing rate as determined by the Treasurer of the United States
- » 't' is the total number of months in the applicant's period of obligated service
- » 's' is the number of months of the period of obligated service served by the participant

The amount the United States is entitled to recover will be paid **within one year** of the date on which the applicant failed to begin or complete the period of obligated service, or failed to meet the terms and conditions of deferment or a longer period beginning on a date specified by the Secretary, HHS.



### Liability — Sample Calculation

A scholarship recipient received four years of support for medical school with tuition, fees and books at \$30,000 per year and a stipend of \$18,000 per year. The recipient completed a four-year Internal Medicine residency, but failed to begin fulfilling his service obligation.

- »  $A = 3Z(t-s/t)$
- »  $Z = (4 \times 48,000)$ ;  $t = 48$ ;  $s = 0$
- »  $A = 3(4 \times 48,000)(48-0/48)$
- »  $A = 3(192,000)(1)$
- » **Amount Owed = \$576,000 (plus 10% interest per year\*)**

\* Interest rate used is maximum prevailing interest rate as determined by the US Treasurer. This example uses 10%. Interest is compounded based on federal regulations.





## SECTION F: IHS Extern Program

### Overview

IHS scholarship recipients as well as other health profession students can be employed as IHS externs for 30 to 120 workdays per calendar year. Health Professions scholarship recipients are entitled to an externship and, therefore, receive priority placement. Extern assignments are available during non-academic periods. Students are assigned to Indian health programs in their chosen health profession degree tracks. This opportunity provides students with a hands-on instructive experience that complements the knowledge and skills developed in school.



### Eligibility to Apply

The IHS Extern Program is an opportunity to gain hands-on instructive experience in a clinical setting before you graduate. IHS externships are available to students who are:

- » US citizens — permanent resident aliens and other noncitizens are not eligible to apply
- » Enrolled in a currently funded health profession program
- » In good academic standing: undergraduate and graduate students with a 2.0 grade point average or above

### How to Apply

Contact the Area Scholarship Coordinator serving the IHS Area in which you want to work to discuss your opportunities for an externship. Application forms are available on pages 87 and 89 of this handbook and on the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov). Contact your Area Scholarship Coordinator for additional information or assistance with the application process.

The following documents are required to apply for an IHS externship:

- » Resumé or **Optional Application for Federal Employment form (OF-612)** (civil service applicants only)
- » **Application for Appointment as a Commissioned Officer in the US Public Health Service Commissioned Corps (PHS-50)** (Commissioned Corps applicants only)
- » **Extern Site Preference Request form (IHS-856-17)**
- » Official transcripts
- » **Request for Extern Travel Reimbursement form (IHS-856-18)**
- » Proof of immunity to measles and rubella — applicants who are not immune and refuse the recommended vaccine can be reassigned or removed from the service
- » Proof of possession of a Social Security number and driver's license
- » Documentation of enrollment in the coming Fall term

### The IHS Extern Program offers two paths for application:

- » Civil service — the federal civil service personnel system
- » Commissioned Officer Student Training and Extern Program (COSTEP) — a program of the US Public Health Service (USPHS) Commissioned Corps. Visit [www.usphs.gov](http://www.usphs.gov) for more information.

### Priorities for Selection

Funding for the IHS Extern Program is limited and selections are based on the needs of the Indian health program. Below is a priority listing of those eligible for the IHS Extern Program:

- » Health Professions scholarship recipients
- » Health Professions students (non-scholars) who are American Indian or Alaska Native
- » Health Professions students (non-scholars) who are not American Indian or Alaska Native
- » Preparatory or Pre-Graduate scholarship recipients

### Deadline for IHS Extern Program Application

Your completed application must be sent to the Area Scholarship Coordinator's office for the IHS Area in which you wish to work before the close of business on the first Friday in February.

## Benefits

### Salary

All IHS externs can be employed between 30 and 120 workdays per calendar year. Externs receive a salary based on experience and years of academic training that is comparable to industry standards. The salary is waived if the externship fulfills a required academic field placement or an internship, in which case IHS will pay required tuition and fees (**scholarship students only**).

**NOTE:** Your salary is determined by the personnel system you choose. For the USPHS Commissioned Corps, externs serve as an Ensign (O-1), for the civil service system your salary is based on your experience and the number of completed semester hours in your academic program according to the Office of Personnel Management (OPM) rules and regulations. The ratings listed below are proposed grade levels based on the number of credit hours completed. The personnel office responsible for the extern position will determine your grade level.

- » GS-3: 30 semester hours/45 quarter hours
- » GS-4: 60 semester hours/90 quarter hours
- » GS-5: Bachelor's degree (120 semester hours/180 quarter hours)
- » GS-7: First year of graduate school (18 semester hours of graduate education, 27 quarter hours of graduate selection)

### Travel

You can request travel reimbursement for one round trip to the externship site. The **Request for Extern Travel Reimbursement form (IHS-856-18)** must be completed and submitted prior to travel.

Travel reimbursements are authorized based on the travel and transportation allowance under federal regulations.

If an advance for travel is required, contact your Area Scholarship Coordinator and the IHS Area office, Service Unit or health clinic where you are assigned.

**Do not, under any circumstances, travel without authorized travel orders.**

### Housing

You are responsible for finding your own housing. However, information and assistance on finding housing may be available from your Area Scholarship Coordinator or the local site. A minimal allowance can be made for transportation of goods, but authorization is required on your travel orders.



**Please stay in touch with your Area Scholarship Coordinator and Extern Coordinator to verify all of your arrangements before traveling to the externship site.**

## SECTION G: IHS Scholarship Program Staff

### Overview

This section describes key personnel involved with your scholarship award and includes their location and contact information. Submit your required reports and forms to the appropriate person and feel free to contact that person with any questions you might have. The IHS Scholarship Program staff has an interest in your success and is ready to help.

**Go to the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) for the most up-to-date contact information.**



**Contact Information**

**IHS Area Offices and Area Scholarship Coordinators**

This section contains a complete list of the Indian Health Service Area offices and Area Scholarship Coordinators. The role of the Area Scholarship Coordinator is to serve as a resource within IHS for technical and programmatic questions, to monitor your academic performance and to assist you with the placement process.

**Aberdeen Area IHS  
(Iowa, Nebraska, North Dakota, South Dakota)**

Ms. Kim Annis  
Federal Building, Room 309  
115 Fourth Ave. SE  
Aberdeen, SD 57401  
Phone: (605) 226-7466  
Fax: (605) 226-7321  
kim.annis@ihs.gov

**Alaska Area Native Health Services  
(Alaska)**

Ms. Courtney Bridges  
Alaska Native Tribal Health Consortium  
4000 Ambassador Drive  
Anchorage, AK 99508  
Phone: (907) 729-1917  
cbridges@anthc.org

Ms. Angelique Anderson  
Alaska Native Tribal Health Consortium  
4000 Ambassador Drive  
Anchorage, AK 99508  
Phone: (907) 729-1913  
Fax: (907) 729-1335  
aaanderson@anthc.org

**Albuquerque Area IHS  
(Colorado, New Mexico)**

Ms. Cora Boone  
5300 Homestead Road NE  
Albuquerque, NM 87110  
Phone: (505) 248-4418 or (800) 382-3027  
Fax: (505) 248-4257  
cora.boone@ihs.gov

**Bemidji Area IHS  
(Illinois, Indiana, Michigan, Minnesota, Wisconsin)**

Mr. Tony Buckanaga  
Federal Building, Room 115A  
522 Minnesota Ave. NW  
Bemidji, MN 56601  
Phone: (218) 444-0486  
Fax: (218) 444-0498  
tony.buckanaga@ihs.gov

**Billings Area IHS  
(Montana, Wyoming)**

Mr. Delon Rock Above  
PO Box 36600  
2900 4th Ave. North, Suite 400  
Billings, MT 59107  
Phone: (406) 247-7215  
Fax: (406) 247-7251  
delon.rockabove@ihs.gov

**California Area IHS  
(California, Hawaii)**

Ms. Mona Celli  
650 Capitol Mall, Suite 7-100  
Sacramento, CA 95814  
Phone: (916) 930-3981 Ext. 311  
Fax: (916) 930-3953  
mona.celli@ihs.gov

**Nashville Area IHS  
(Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia and West Virginia)**

Ms. Gina Blackfox  
711 Stewarts Ferry Pike  
Nashville, TN 37214  
Phone: (615) 467-1575  
Fax: (615) 467-1595  
gina.blackfox@ihs.gov

**Navajo Area IHS  
(Arizona, New Mexico, Utah)**

Ms. Aletha Jamie John  
PO Box 9020  
Window Rock, AZ 86515  
Phone: (928) 871-1358  
Fax: (928) 871-1383  
aletha.john@ihs.gov

## SECTION G: IHS Scholarship Program Staff

### Oklahoma City Area IHS (Kansas, Oklahoma)

Ms. Larissa Walker  
701 Market Drive  
Oklahoma City, OK 73114  
Phone: (405) 951-3970  
Fax: (405) 951-3953  
larissa.walker@ihs.gov

### Phoenix Area IHS (Arizona, Nevada, Utah)

Ms. Melissa Ragels  
Phoenix Area Indian Health Service  
40 N. Central Ave., Suite 510  
Phoenix, AZ 85004  
Phone: (602) 364-5233  
Fax: (602) 364-5176  
melissa.ragels@ihs.gov

### Portland Area IHS (Idaho, Oregon, Washington)

Ms. Laurie Veitenheimer  
1414 NW Northrup Street, Suite 800  
Portland, OR 97209  
Phone: (503) 414-5548  
Fax: (503) 414-5537  
laurie.veitenheimer@ihs.gov

Ms. Eugenia Parker  
1414 NW Northrup Street, Suite 800  
Portland, OR 97209  
Phone: (503) 414-7745  
Fax: (503) 414-5537  
eugenia.parker@ihs.gov

### Tucson Area IHS (Arizona)

Ms. Melissa Ragels  
Phoenix Area Indian Health Service  
40 N. Central Ave., Suite 510  
Phoenix, AZ 85004  
Phone: (602) 364-5233  
Fax: (602) 364-5176  
melissa.ragels@ihs.gov

### IHS Discipline Chiefs

The role of the IHS Discipline Chief of your particular health profession degree track is to monitor your academic performance in order to ensure your success in your health education. The Discipline Chief also assists you with extern and service obligation placements. Please refer to the following listing of Discipline Chiefs. You can also access information about specific personnel at [www.ihs.gov/careers](http://www.ihs.gov/careers).

### Associate Degree Nurse/Bachelor's Degree Nurse/ Pediatric Nursing/Geriatric Nursing/Psychiatric Nursing/Women's Health Nursing/Registered Nurse Anesthetist/Nurse Practitioner

TBD  
Indian Health Service  
801 Thompson Ave., TMP-450  
Rockville, MD 20852

### Clinical Psychology/Chemical Dependency Counseling/ Counseling Psychology

Dr. Rose Weahkee  
Indian Health Service  
801 Thompson Ave., Suite 300  
Rockville, MD 20852  
Phone: (301) 443-2038  
rose.weahkee@ihs.gov

### Coding Specialist/Medical Records

TBD  
Indian Health Service  
801 Thompson Ave., TMP-450  
Rockville, MD 20852

### Community/Public Health Education, BS degree

Ms. Mary Wachacha  
IHS Health Education Program  
PO Box 752  
Cherokee, NC 28719  
Phone: (828) 292-1175  
mary.wachacha@ihs.gov

### Dentistry/Dental Hygiene

CAPT Timothy Lozon  
Acting Chief, Dental Program  
Indian Health Service  
801 Thompson Ave., Suite 300  
Rockville, MD 20852  
Phone: (301) 443-0029  
timothy.lozon@ihs.gov

### Dietetics/Public Health Nutrition

Ms. Jean Charles-Azure  
Indian Health Service  
801 Thompson Ave., Suite 300  
Rockville, MD 20852  
Phone: (301) 443-0576  
jean.charles-azure@ihs.gov

### Engineering/Biomedical Engineering/ Biomedical Technology

CAPT Carol Rogers  
Indian Health Service  
801 Thompson Ave., TMP-610  
Rockville, MD 20852  
Phone: (301) 443-1046  
carol.rogers@ihs.gov

### Environmental Health: Sanitarian

CAPT Kelly Taylor  
Indian Health Service  
801 Thompson Ave., TMP-610  
Rockville, MD 20852  
Phone: (301) 443-1054  
kelly.taylor@ihs.gov

### Injury Prevention

Ms. Nancy Bill  
Indian Health Service  
801 Thompson Ave., TMP-610  
Rockville, MD 20852  
Phone: (301) 443-0105  
nancy.bill@ihs.gov

### Master of Public Health: Epidemiology

Dr. James A. Cheek  
Division of Epidemiology  
5300 Homestead Road NE, Room 3028  
Albuquerque, NM 87110  
Phone: (505) 248-4226  
james.cheek@ihs.gov

### Medical Technology

Ms. Nancy Hartmetz  
Parker Indian Health Center  
12033 Agency Road  
Parker, AZ 85344  
Phone: (928) 669-3226  
nancy.hartmetz@ihs.gov

### Optometry

CAPT Michael Candreva  
Chief Clinical Consultant  
Standing Rock IHS Hospital  
10 N. Riva Road  
Ft. Yates, ND 58538  
Phone: (701) 854-3831  
michael.candreva@ihs.gov

### Pharmacy

CAPT Chris Watson  
Director, Pharmacy  
Indian Health Service  
801 Thompson Ave., Suite 300  
Rockville, MD 20852  
Phone: (301) 443-4330  
chris.watson@ihs.gov

### Physical Therapy/Physical Therapy Assistant/ Occupational Therapy

LCDR Lori Lee  
Physical Therapy Department  
Crownpoint Comprehensive Health Care Facility  
PO Box 358  
Crownpoint, NM 87313  
Phone: (505) 786-6290  
Fax: (505) 786-5840  
lori.lee@ihs.gov

### Physician Assistant/Physician, Osteopath/ Physician, Allopath

Dr. Phillip Smith  
Indian Health Service  
801 Thompson Ave., TMP-450A  
Rockville, MD 20852  
Phone: (301) 443-4700  
phillip.smith@ihs.gov

### Podiatry

Dr. Eugene Dannels  
Phoenix Indian Medical Center  
4212 N. 16th Street  
Phoenix, AZ 85016  
Phone: (602) 263-1509 ext. 1279  
eugene.dannels@ihs.gov

## SECTION G: IHS Scholarship Program Staff

### Radiology Technology/Ultrasonography

Mr. Richard Gwilt  
Deputy Director, Medical Imaging Program  
40 N. Central Ave., Suite 600  
Phoenix, AZ 85004  
Phone: (602) 364-5166  
dick.gwilt@ihs.gov

Mr. Philip J. Noonan  
Phoenix Indian Medical Center  
4212 N. 16 Street  
Phoenix, AZ 85015  
Phone: (602) 263-1545  
Fax: (602) 263-1627  
philip.noonan@ihs.gov

### Respiratory Therapy

Ms. Karen Chief-Onesalt  
Chief of Respiratory Therapy  
Phoenix Indian Medical Center  
Respiratory Therapy Department  
4212 N. 16th Street  
Phoenix, AZ 85016  
Phone: (602) 263-1565  
karen.chief-onesalt@ihs.gov

### Social Work

Mr. Bryan Wooden  
Indian Health Service  
801 Thompson Ave., Suite 300  
Rockville, MD 20852  
Phone: (301) 443-2038  
bryan.wooden@ihs.gov

### IHS Scholarship Program Branch Chief

The IHS Scholarship Program Branch Chief is responsible for the coordination of the programmatic aspects for the scholarship sections of P.L. 94-437, Title I and for the activities of the Area Scholarship Coordinators. Additionally, the IHS Scholarship Program Branch Chief serves as the authority on programmatic issues and decisions. The contact and mailing address is:

CAPT Dawn A. Kelly  
IHS Scholarship Branch Chief  
801 Thompson Ave., TMP-450  
Rockville, MD 20852  
Phone: (301) 443-6197  
Fax: (301) 443-6048  
dawn.kelly@ihs.gov

### IHS Scholarship Program Analysts

The IHS Scholarship Program analysts are responsible for the coordination of scholarship program functions and processes. As part of this responsibility, they work with you to ensure compliance with your obligations and/or liabilities. The analysts monitor the deferment and completion of your service obligations. In addition to these duties, analysts work with the Division of Grants Operations on matters dealing with payments, applications/awards and related processing. The analysts track and record data pertaining to you and monitor your academic progress to ensure compliance while you are in school. Analysts maintain ongoing communications with the Area Scholarship Coordinators as well as with other IHS components, governmental agencies and Tribal organizations. The mailing address is:

801 Thompson Ave., TMP-450  
Rockville, MD 20852  
Phone: (301) 443-6197  
Fax: (301) 443-6048

### Default Waiver Coordinators

The Default Waiver Coordinators monitor the default/waiver functions of the IHS Scholarship Award Program. The contacts and mailing addresses are:

Dr. Raymond Lala  
801 Thompson Ave., TMP-450  
Rockville, MD 20852  
Phone: (301) 443-4242  
Fax: (301) 443-1071  
raymond.lala@ihs.gov

Mr. Michael Berryhill  
801 Thompson Ave., TMP-450  
Rockville, MD 20852  
Phone: (301) 443-4242  
Fax: (301) 443-6038  
michael.berryhill@ihs.gov

### IHS Scholarship Program Extern Coordinator

The IHS Scholarship Program Extern Coordinator is responsible for the IHS Extern Program. The coordinator verifies and reconciles data on all externs by IHS Area Office. The coordinator also establishes and maintains cooperative and ongoing communications with Area Scholarship Coordinators as well as other IHS components, government agencies and Tribal organizations to ensure that externs comply with IHS Scholarship Program requirements. The contact and mailing address is:

Ms. Vickye Santiago  
801 Thompson Ave., TMP-450  
Rockville, MD 20852  
Phone: (301) 443-6197  
Fax: (301) 443-6048  
vickye.santiago@ihs.gov

### Chief Grants Management Officer

The Grants Management Officer is responsible for the administration of the scholarship program in accordance with grant policies and procedures. In addition, all management of appropriate business functions of the scholarship program is the Officer's responsibility. The contact and mailing address is:

Ms. Tammy Bagley  
Acting Director, Chief Grants Management Officer  
801 Thompson Ave., TMP-360  
Rockville, MD 20852  
Phone: (301) 443-5204  
Fax: (301) 443-5804  
tammy.bagley@ihs.gov

### IHS Grants Scholarship Coordinator/ Management Specialist

The IHS Grants Scholarship Coordinator is responsible for the coordination of all business functions of the scholarship program. These include application distribution, obligation of stipends, award notifications and payment of invoices and monthly stipends. The contacts and mailing addresses are:

Mr. Bernard Covers Up (Recipient last name A through L)  
801 Thompson Ave., TMP-360  
Rockville, MD 20852  
Phone: (301) 443-5204  
Fax: (301) 480-1091  
bernard.coversup@ihs.gov

Mr. Craig Boswell (Recipient last name M through Z)  
801 Thompson Ave., TMP-360  
Rockville, MD 20852  
Phone: (301) 443-5204  
Fax: (301) 480-1091  
craig.boswell@ihs.gov

### Health Professions Support Branch Chief

The Health Professions Support Branch Chief is responsible for the coordination of recruitment and retention for the Indian Health Service. The contact and mailing address is:

Dr. Raymond Lala  
801 Thompson Ave., TMP-450  
Rockville, MD 20852  
Phone: (301) 443-4242  
Fax: (301) 443-1071  
raymond.lala@ihs.gov

**SECTION H:  
Sample Agreement and Contract**



Sample Agreement

<b>HEALTH PROFESSIONS PREPARATORY AND PREGRADUATE EDUCATION SCHOLARSHIP PROGRAM AGREEMENT SCHOOL YEAR 2009 - 2010</b>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE
<p>Section 103 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Health Professions Preparatory and Pregraduate Education Scholarship Program for Indians ("Scholarship Program") with scholarship awards. The statute is codified at 25 U.S.C. 1613 and the implementing regulations are codified at 42 CFR, Part 36, Subpart J-3. In return for awards, applicants must indicate an intent to serve Indians as health care professionals in a discipline or specialty for which the award is given upon completion of their health care professional education.</p> <p>Program policy requires applicants to submit with their applications a signed Agreement which states the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those Agreements submitted by applicants who are selected for participation.</p> <p>The terms and conditions of participating in the Scholarship Program for the 2009-2010 school year are set forth below.</p>	
<p><b>Section A -- Obligations of the Secretary</b></p> <p>Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program of the Indian Health Service ("IHS"), the Secretary agrees to provide the undersigned applicant ("applicant") with a scholarship award for the school year 2009-2010 during which the applicant must be:</p> <ol style="list-style-type: none"> <li>1. enrolled, or is accepted for enrollment, as a full-time or part-time student in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and</li> <li>2. pursuing a preparatory education course or curriculum necessary for enrollment or reenrollment in a health professions school, or</li> <li>3. pursuing pregraduate education leading to a baccalaureate degree in premedicine, prenursing, predentistry, prepharmacy, prephysical therapy, or other health profession which has been determined to be needed by the Indian Health Service for participation in the Scholarship Program.</li> </ol> <p>The Scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the academic period covered by the award beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.</p> <p><b>Section B -- Obligations of the Applicant</b></p> <p>The applicant agrees:</p> <ol style="list-style-type: none"> <li>1. to accept the scholarship award provided to the Secretary under Section(A) of this Agreement for the school year 2009-2010;</li> <li>2. to maintain full-time or part-time enrollment until completion of the course of study for which the scholarship award is provided;</li> <li>3. to maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided; and</li> </ol>	<ol style="list-style-type: none"> <li>4. that it is his/her intent to provide services to Indians, as a full-practitioner of the profession for which the education scholarship awarded, upon completion of the necessary education and training and that it is his/her intent that these services will be provided to the Indian Health Service, an urban Indian organization established under 42 CFR, Part 36, Subdivision J-6 or in a health professions shortage area designated under Section 332 of the Public Health Service Act which address the health care needs of a substantial number of Indians as determined by the Secretary in accordance with guidelines of the Indian Health Service</li> </ol> <p><b>Section C -- Breach of Agreement</b></p> <p>If the applicant:</p> <p>Withdraws from the educational program for any reason, or fails to maintain an acceptable level of academic standing in the educational program for which the scholarship award is provided, the scholarship award will be terminated and to be reinstated, the applicant will be required to apply and compete as a new applicant during the next application cycle.</p> <p><b>Section D -- Extension of Scholarship Award</b></p> <ol style="list-style-type: none"> <li>1. The applicant may annually request extension of this scholarship award, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.</li> <li>2. Subject to the availability of funds appropriated by the Congress of the United States for the Indian Health Service Scholarship Program, the Secretary shall approve the request for an extension if:             <ol style="list-style-type: none"> <li>a. The request does not extend the total period of scholarship award beyond two (2) years for a preparatory education award or beyond four (4) years for a pregraduate baccalaureate degree award, and</li> <li>b. The applicant is otherwise eligible for continued participation in the Health Professions Preparatory and Pregraduate Education Scholarship Program.</li> </ol> </li> </ol>
<p>The Secretary or his/her authorized representative must sign this contract before it becomes effective.</p>	
Applicant Name (Please Print)	Applicant's Signature
Secretary of Health and Human Services	Date



# SECTION H: Sample Agreement and Contract

## Sample Contract

<b>INDIAN HEALTH SCHOLARSHIP PROGRAM CONTRACT</b> <b>SCHOOL YEAR 2009-2010</b> <b>HEALTH PROFESSIONS</b>	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE
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Section 104 of the Indian Health Care Amendments of 1988 authorizes the Secretary of Health and Human Services ("Secretary"), acting through the Indian Health Service, to provide applicants selected to be participants in the Indian Health Service Scholarship Program ("Scholarship Program") with scholarship awards as established under Section 338A. In return for awards, applicants must agree to provide health services in a manner determined by the Secretary for a period of obligated service equal to one year for each year of scholarship award received, or two years, whichever is greater, Section 338A requires applicants to submit with their applications a signed contract stating the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those contracts submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 2009-2010 school year are set forth below.

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**Section A -- Obligations of the Secretary**

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the Indian Health Service ("IHS"), the Secretary agrees to:

- Provide the undersigned applicant ("applicant") with a scholarship award for the school year 2009-2010 during which the applicant:
  - is enrolled, or is accepted for enrollment in an accredited (as determined by the Secretary) educational institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and
  - is pursuing a course of study leading to a degree in medicine, osteopathy, dentistry, or other health profession which has been approved by the Secretary for participation in the Scholarship Program.

The scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expenses incurred by the student, and a monthly stipend for the 12-month period beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.
- Utilize the applicant to provide health services in accordance with Section B(4) of this contract.
- Defer performance of an applicant's period of obligated service if the applicant: (1) receives a degree from a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry or pharmacy, and (2) requests a deferment of this period to complete internship, residency or other advanced clinical training. The period of deferment may not exceed: (1) three years for applicants receiving a degree from schools of medicine, osteopathy or dentistry, or (2) one year for applicants receiving a degree from schools of veterinary medicine, optometry, podiatry or pharmacy. The Secretary may, however, extend this period of deferment if the Secretary determines that the extension is consistent with the needs of the IHS.
- Release the Applicant from all or part of his or her service obligation to enter into the full-time private practice of the applicant's health profession where the provisions of Section 338C of the Public Health Service Act, 42 U.S.C. 254n and applicable IHS policies are met. The release is applicable to service obligations incurred under either or both the: (1) Public Health and Indian Health Scholarship Training Program (Section 225 of the Public Health Service Act as in effect on September 30, 1977), and (2) the Indian Health Scholarship Program (Section 751 of the Public Health Service Act as in effect on August 12, 1981, prior to its amendment and redesignation as Section 338A of the Public Health Service Act).

**Section B -- Obligations of the Applicant**

- The applicant accepts the right of the Director, IHS to make final decisions regarding assignment of scholarship recipients to fulfill their payback obligation.

**Section C -- Breach of Scholarship Contract**

If the applicant:

- Fails to maintain an acceptable level of academic standing in the course of study for which the scholarship award is provided, or voluntarily terminates academic training, or is dismissed from the educational institution for disciplinary reasons, the applicant shall, instead of performing the service obligation incurred under this contract, repay to the United States all funds paid to the applicant and to the educational institution under this contract. Payment of this amount must be made within 3 years of the date the participant becomes liable to make payment under this paragraph. Obligors who fail to complete their academic training or course of study for which the scholarship is provided, for the reasons described herein, may not substitute another academic training or course of study in order to fulfill any obligation incurred under this agreement. However, obligors who obtain approval from the Director prior to breach of their scholarship contract, may change their academic training or course of study for which the scholarship is provided. The obligors newly approved training or course of study will substitute as the professional discipline in which the obligor serves his or her service obligation.
- Fails to begin or complete the period of obligated service incurred under this contract for any reason other than those in paragraph 1 of this section, the United States shall be entitled to recover an amount equal to three times the scholarship funds awarded, plus interest, as determined by the formula:
 
$$A = 3\emptyset \frac{(1-s)}{t}$$

In which:

  - 'A' is the amount the United States is entitled to recover,
  - ' $\emptyset$ ' is the sum of amounts paid to or on behalf of the applicant and the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States,
  - 't' is the total number of months in the applicant's period of obligated service, and
  - 's' is the number of months of such period served by the applicant in accordance with Section 338B of the Act or with a written agreement under Section 338C of the Act.

**Section B -- Obligations of the Applicant**

The applicant agrees to:

- Accept the scholarship award provided by the Secretary under Section A(1) of this contract for the school year 2009-2010.
- Maintain full-time or part-time enrollment as determined by the Secretary until completion of the course of study for which the scholarship award is provided.
- Maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.
- Serve his or her period of obligated service by providing health services, as determined by the Secretary, in the Indian Health Service:
  - In the full-time practice of his or her health profession as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, a civilian employee of the United States, or an individual who is not an employee of the United States, providing service in the Indian Health Service, in a program conducted under a contract entered under the Indian Self Determination Act, in a program assisted under Title V of the Indian Health Care Improvement Act, such practice is situated in a physician or other health professional shortage area, designated under Section 332, and addresses the health care needs of a substantial number of Indians; except that scholarship recipients may at their election serve in one of the above programs that is located on the reservation of the tribe in which the recipient is enrolled; or serves the tribe in which the recipient is enrolled; or
  - In the full-time private clinical practice of his or her health profession under a Private Practice option agreement (Section 338C of the Act) in a Health Manpower Shortage Area for which designation under Section 332 of the Act has been validated by the Secretary with the applicant's understanding that the full-time private clinical practice option is subject to IHS primary responsibility to fill vacancies within IHS and, in particular, IHS priority sites. Only after IHS vacancies are filled will the applicant receive consideration for the other placement options.
- Serve one year of obligated service for each year the scholarship award is provided, or two years, whichever is greater.
- Apply for and undertake placement in accord with established placement policies and procedures.
- Comply with provisions of Title 42, Code of Federal Regulations.

The amount the United States is entitled to recover shall be paid within one year of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service and may include all collection costs including any litigation costs.

**Section D -- Creditability of Graduate Training Toward the Period of Obligated Service**

- No credit of time for internship, residency, or other advanced clinical training will be counted toward satisfying the period of obligated service incurred under this contract.

**Section E -- Cancellation, Suspension, and Waiver of Obligation**

- Any service or payment obligation incurred by the applicant under this contract will be canceled upon the applicant's death.
- The Secretary may waive or suspend the applicant's service or payment obligation incurred under this contract if:
  - compliance by the applicant with the terms and conditions of this contract is impossible or would involve extreme hardship, and
  - enforcement of such obligation would be unconscionable.

**Section F -- Contract Extension**

- The applicant may annually request extension of this contract, for a period not to exceed 12 months, if the request is submitted in accordance with procedure established by the Secretary.
- Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the IHS, the Secretary shall approve request for contract extension if:
  - the request does not extend the total period of scholarship award beyond four years, and
  - the applicant is otherwise eligible for continued participation in the Scholarship Program

**Section G -- Documents Incorporated by Reference**

The Indian Health Service Scholarship Program (IHSSP) Student Handbook and the IHSSP Applicant Information-Instruction Booklet are incorporated by reference into this agreement.

**The Secretary or his/her authorized representative must sign this contract before it becomes effective.**

Applicant Name (Please Print)	Applicant's Signature	Date
Secretary of Health and Human Services		Date

IHS-818 (2/09) EF

**SECTION I:  
Reporting Checklist and Forms**



## Checklist for Reporting Requirements

Please note the bottom of each form for mailing directions.

### General Reporting Forms/Documentation

#### Recipient's Initial Program Progress Report (IHS-856-8)

**Due:** Within 30 days of the beginning of each semester

#### Notification of Academic Problem (IHS-856-9)

**Due:** Immediately

#### Change of Status (IHS-856-10)

**Due:** Immediately

#### Your official transcripts

**Due:** Within 30 days from the end of each academic period

### Service Obligation Forms

#### Request for Approval of Deferment (IHS-856-11)

**Due:** By the beginning of your final year of school

#### Preferred Placement (IHS-856-12)

**Due:** Three months prior to graduation

#### Notice of Impending Graduation (IHS-856-13)

**Due:** At least one month prior to graduation

#### Notification of Deferment Program (IHS-856-14)

**Due:** Annually by May 31

#### Placement Update (IHS-856-15)

**Due:** Within 30 days of graduation and every 30 days thereafter (up to 90 days after graduation)

#### Annual Status Report (IHS-856-16)

**Due:** Annually according to the recipient's entry-on-duty date

### Extern Program Forms

#### Extern Site Preference Request (IHS-856-17)

**Due:** First Friday of February of the academic year

#### Request for Extern Travel Reimbursement (IHS-856-18)

**Due:** With application

### Additional Forms

#### Lost Stipend Payment (IHS-856-19)

**Due:** Notify the Grants Scholarship Coordinator, Division of Grants Operations (DGO) after the seventh day of the subsequent month from the month missed

#### Request for Tutorial Assistance (IHS-856-20)

**Due:** Prior to reimbursement for tutorial assistance

#### Summer School Request (IHS-856-21)

**Due:** April 22 of the current academic year

#### Change of Name or Address (IHS-856-22)

**Due:** Immediately

#### Request for Credit Validation (IHS-856-23)

**Due:** To your IHS Scholarship Program analyst granting release of pertinent information from your file to those with whom you have applied for credit (for example, credit card company, bank, department store, property manager, etc.)

**Note:** Please make a copy of this checklist and keep in a prominent place for quick reference.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
RECIPIENT'S INITIAL PROGRAM PROGRESS REPORT**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
------------------	------------------------

ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
---------	--

DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
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SCHOLARSHIP PROGRAM:  Preparatory  Pre-Graduate  Health Professions

**ENROLLMENT STATUS:**  Fall  Winter  Spring  Summer  
 Semester  Quarter  Trimester  
 Full-time  Part-time

**CLASS ENROLLMENT:** List the courses in which you are currently enrolled if you do not have an official university printout to attach to this report.

COURSE NUMBER	COURSE TITLE	HRS.	COURSE NUMBER	COURSE TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

During this report period I will participate in the following special activities in my school or community:

\_\_\_\_\_

\_\_\_\_\_

During this report period I have encountered the following problems with my school, community or scholarship:

\_\_\_\_\_

\_\_\_\_\_

Major activities which will affect me in the coming months are:

\_\_\_\_\_

\_\_\_\_\_

**Continues on back**

Additional comments:

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STUDENT'S SIGNATURE		DATE
ADVISOR OR REGISTRAR NAME (Print)	POSITION TITLE	DATE
ADVISOR OR REGISTRAR SIGNATURE		PHONE: CELL <input type="checkbox"/> OFFICE <input type="checkbox"/>

**Return to:**  
 IHS Scholarship Program  
 Attn: Program Analyst  
 801 Thompson Ave., Suite 120  
 Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
 Analyst, Branch Chief or Designee

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

FORM APPROVED:  
 OMB Approval No: 0917-0006  
 Exp. Date: 08/31/2013  
 See Estimated Average Burden Time per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
 NOTIFICATION OF ACADEMIC PROBLEM**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS

SCHOLARSHIP PROGRAM:  Preparatory  Pre-Graduate  Health Professions

**ENROLLMENT STATUS:**  Fall  Winter  Spring  Summer  
 Semester  Quarter  Trimester  
 Full-time  Part-time

**INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:**

- I am having problems with my courses.
- I am considering withdrawing from school.
- My advisor has recommended that I drop one or more of my courses.
- I have been dismissed from school.

<input type="checkbox"/> Current Enrolled Credit Hours _____	<input type="checkbox"/> Proposed Credit Hours _____
--	--

Description of problem: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List by course number, title, and hours the courses you are having problems in:

COURSE NUMBER	TITLE	HRS.	COURSE NUMBER	TITLE	HRS.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Describe your proposed action (i.e., seek no assistance and withdraw or terminate, plan to repeat course(s) during summer school, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Required signature on back of this form**

RECIPIENT'S SIGNATURE		DATE
ADVISOR/COUNSELOR NAME (Print)	POSITION TITLE	DATE
ADVISOR/COUNSELOR SIGNATURE		PHONE: CELL <input type="checkbox"/> OFFICE <input type="checkbox"/>

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE	FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013  <i>See Estimated Average Burden Time per Response on Reverse Side.</i>
<b>PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  CHANGE OF STATUS</b>	

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS

**INDICATE WHICH OF THE FOLLOWING APPLIES TO YOU:**

**SCHOOL TRANSFER/DUAL ENROLLMENT**

REASON FOR TRANSFER/DUAL ENROLLMENT:

- New school has an accredited program for my degree track
- Second campus offers courses necessary to obtain my degree
- Personal/Family hardship

COMMENTS: \_\_\_\_\_

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures that must be followed to complete a school transfer/dual enrollment.

**CHANGE IN GRADUATION DATE**

CURRENT GRADUATION DATE: \_\_\_\_\_

PROPOSED NEW GRADUATION DATE: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR GRADUATION DATE: \_\_\_\_\_

\_\_\_\_\_

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to changing your graduation date.

**IHS SCHOLARSHIP PROGRAM CHANGE**

CURRENT SCHOLARSHIP PROGRAM: \_\_\_\_\_

NEW SCHOLARSHIP PROGRAM: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR CHANGING YOUR SCHOLARSHIP PROGRAM: \_\_\_\_\_

\_\_\_\_\_

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to changing your scholarship program.

**Continues on back**

**LEAVE OF ABSENCE (LOA)**

DATE LOA WILL BEGIN: \_\_\_\_\_ DATE LOA WILL END: \_\_\_\_\_

EXPLAIN YOUR REASON(S) FOR REQUESTING AN LOA: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Note:** You may not request an LOA during your first year of scholarship funding.

See Change of Status section of the Student Handbook for the IHS Scholarship Program policies and procedures related to requesting an LOA.

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
 IHS Scholarship Program  
 Attn: Program Analyst  
 801 Thompson Ave., Suite 120  
 Rockville, MD 20852

Reviewed (IHS use only): \_\_\_\_\_  
 Analyst, Branch Chief or Designee

Approved (IHS use only): \_\_\_\_\_

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 25 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

\_\_\_\_\_

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
 REQUEST FOR APPROVAL OF DEFERMENT**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE
EMAIL ADDRESS	

Below is a list of required/optional post-graduate clinical training programs and residencies for which recipients are required to request deferment of their service obligation. Please check the type program(s) or residency(s) where you will be submitting an application.

If the post-graduate clinical training program(s) or residency(s) is not listed, please provide information regarding the program(s) or residency(s) under the section titled "Other."

**PHYSICIAN**

- |  |  |  |   |
|--|--|--|---|
| <b>Three Years</b>                                 | <b>Four Years</b>  | <b>Five Years</b>                        | <b>Fellowship</b>                             |
| <input type="checkbox"/> Emergency Medicine        | <input type="checkbox"/> General Psychiatry                | <input type="checkbox"/> Anesthesiology  | <input type="checkbox"/> Trauma-Critical Care |
| <input type="checkbox"/> Family Practice           | <input type="checkbox"/> Internal Medicine/Pediatrics      | <input type="checkbox"/> General Surgery |   |
| <input type="checkbox"/> General Internal Medicine | <input type="checkbox"/> Internal Medicine/Family Practice |  |   |
| <input type="checkbox"/> General Pediatrics        | <input type="checkbox"/> Obstetrics – Gynecology           |  |   |

**CLINICAL PSYCHOLOGIST**

- 2,000-hour supervised practice under a licensed clinical psychologist

**SOCIAL WORKER**

- 2,000-hour supervised practice under a licensed clinical social worker

**DIETITIAN**

- 900-hour American Dietetic Association (ADA)-approved internship (if not included in your school's didactic instruction)

**PHARMACIST**

- One-year American Society of Health-System Pharmacists (ASHP) or American Pharmacists Associations (APhA) accredited Post-Graduate Year One (PGY 1) Pharmacy Residency Program (hospital, community or managed care only)

**OPTOMETRIST**

- One-year post-graduate residency program for Ocular Disease/Pathology or Primary Care Optometry

**OTHER:** \_\_\_\_\_  
 \_\_\_\_\_

RECIPIENT'S SIGNATURE	DATE
-----------------------	------

**Return to:**  
 IHS Scholarship Program  
 Attn: Program Analyst  
 801 Thompson Ave., Suite 120  
 Rockville, MD 20852

Reviewed (IHS use only): \_\_\_\_\_  
 Analyst, Branch Chief or Designee

Approved (IHS use only): \_\_\_\_\_

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
PREFERRED PLACEMENT**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

**BACKGROUND**

DEGREE TRACK: \_\_\_\_\_  
 GRADUATION DATE: \_\_\_\_\_  
 DEGREE OBTAINED: \_\_\_\_\_  
 COLLEGE/UNIVERSITY: \_\_\_\_\_  
 DESCRIBE CLEARLY AND SPECIFICALLY THE TYPE OF WORK ASSIGNMENT YOU DESIRE TO COMPLETE YOUR SERVICE OBLIGATION: \_\_\_\_\_  
 MY SERVICE OBLIGATION IS FOR A PERIOD OF (Circle one): 2 3 4 YEARS.

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

- |                 |                |               |
|-----------------|----------------|---------------|
| ___ Aberdeen    | ___ Billings   | ___ Okla City |
| ___ Albuquerque | ___ California | ___ Phoenix   |
| ___ Anchorage   | ___ Nashville  | ___ Portland  |
| ___ Bemidji     | ___ Navajo     | ___ Tucson    |

**INDICATE YOUR PREFERRED IHS, TRIBAL OR URBAN HOSPITAL/CLINIC TO COMPLETE YOUR SERVICE OBLIGATION:**

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

I understand that IHS Scholarship Program officials must approve my placement and position at my chosen Indian health facility. The Director, IHS has the right to make the final decision regarding placement if I have not selected an Indian health facility at which to fulfill my contractual service obligation within 90 days of graduation or completion of training.

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee



**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
NOTICE OF IMPENDING GRADUATION**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

**GRADUATION DATE (month/day/year):** \_\_\_\_\_

**COLLEGE/UNIVERSITY:** \_\_\_\_\_

**TYPE OF DEGREE:** \_\_\_\_\_

Have you reviewed the IHS vacancies database?  Yes  No

Have you applied for placement at an IHS, Tribal or Urban facility?  Yes  No

Have you contacted your IHS Discipline Chief?  Yes  No

Do you need assistance seeking placement to fulfill your service obligation?  Yes  No

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 10 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
NOTIFICATION OF DEFERMENT PROGRAM**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

This document notifies the IHS Scholarship Program of your selected deferment program, if approved this will delay the service obligation incurred under Section 338-A of the Public Health Service Act.

POST-GRADUATE CLINICAL TRAINING PROGRAM: \_\_\_\_\_

PROGRAM DIRECTOR (Name): \_\_\_\_\_

PROGRAM ADDRESS: \_\_\_\_\_

City State Zip Code

Phone Email Address

LENGTH OF PROGRAM: \_\_\_\_\_  
Start Date End Date

DATE AVAILABLE TO BEGIN SERVICE OBLIGATION: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME		
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
CITY	STATE	ZIP CODE

RECIPIENT'S SIGNATURE	DATE
-----------------------	------

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_ **Approved (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
PLACEMENT UPDATE**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

**SITE PLACEMENT**

**HAVE YOU BEEN PLACED AT AN APPROVED IHS, TRIBAL OR URBAN FACILITY?**  Yes  No

If yes, provide the:

NAME OF FACILITY: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

START DATE: \_\_\_\_\_

If no, please attach documentation of your efforts to secure placement (e.g., proof of application/rejection). You must submit another Placement Update form in 30 days providing further information on your efforts to begin your service obligation.

If you have reached the 90 day limit and have not accepted placement at one of your preferred sites, or cannot find employment, the Director of IHS may involuntarily place you at an Indian health facility based on the needs of the IHS.

GRADUATION DATE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DEGREE OBTAINED: \_\_\_\_\_

NOTE: You should have already submitted these forms to your IHS Scholarship Program analyst:

OF 612 – Optional Application for Federal Employment or Commissioned Corps Application (PHS Form 50)

Preferred Placement (IHS-856-12)

POSITIONS APPLIED FOR (REJECTION LETTERS ATTACHED):

Vacancy Announcement No./Title/Location: \_\_\_\_\_

Vacancy Announcement No./Title/Location: \_\_\_\_\_

Vacancy Announcement No./Title/Location: \_\_\_\_\_

RECIPIENT'S SIGNATURE	DATE
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**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 11 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013  
*See Estimated Average Burden Time per Response on Reverse Side.*

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
ANNUAL STATUS REPORT**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	
<b>ASSIGNMENT:</b> <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Urban Indian Health Program <input type="checkbox"/> Private Practice <input type="checkbox"/> Tribal Facility			
NAME OF FACILITY			
ADDRESS			
MY CURRENT POSITION TITLE: _____			
HEALTH PROFESSION DEGREE TRACK (when funded by the IHS Scholarship Program): _____			
ENTRY-ON-DUTY DATE: _____			
YEARS REMAINING OF SERVICE OBLIGATION: _____			
(ATTACH TO THIS REPORT A COPY OF YOUR <b>PERSONNEL ORDERS</b> OR <b>SF-50</b> 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: _____			
EMPLOYEE'S SIGNATURE			DATE
SUPERVISOR'S TITLE (Print)		PHONE	
SUPERVISOR'S SIGNATURE			DATE
<p style="text-align: center;"><b>Return to:</b> IHS Scholarship Program Attn: Program Analyst 801 Thompson Ave., Suite 120 Rockville, MD 20852</p>			
Reviewed (IHS use only): _____ Analyst, Branch Chief or Designee			

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
EXTERN SITE PREFERENCE REQUEST**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

**I AM APPLYING TO:**  CIVIL SERVICE  COSTEP PROGRAM  
 ARE YOU AN IHS SCHOLARSHIP PROGRAM RECIPIENT?  YES  NO  
 PROJECTED GRADUATION DATE: \_\_\_\_\_ CURRENT GPA: \_\_\_\_\_  
 COLLEGE/UNIVERSITY: \_\_\_\_\_  
 DATES AVAILABLE FOR EXTERN ASSIGNMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DESCRIBE THE TYPE OF EXTERN ASSIGNMENT YOU DESIRE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXTERN SITE PREFERENCE**

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

- |                  |                 |                |
|------------------|-----------------|----------------|
| ____ Aberdeen    | ____ Billings   | ____ Okla City |
| ____ Albuquerque | ____ California | ____ Phoenix   |
| ____ Anchorage   | ____ Nashville  | ____ Portland  |
| ____ Bemidji     | ____ Navajo     | ____ Tucson    |

INDICATE YOUR PREFERRED IHS OR TRIBAL HOSPITAL/CLINIC FOR EXTERNSHIP:

- (1) \_\_\_\_\_ (2) \_\_\_\_\_  
 (3) \_\_\_\_\_ (4) \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE	DATE
-----------	------

Return the completed form to the Area Scholarship Coordinator at the IHS Area Office where you are requesting your extern assignment (visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) for the most up-to-date contact information).

**Reviewed (IHS use only):** \_\_\_\_\_  
 Extern Coordinator, Branch Chief or Designee

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR EXTERN TRAVEL REIMBURSEMENT**

Travel expenses are paid according to Travel and Transportation Allowances in the Joint Travel Regulations and Federal Travel Regulations.

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER	
ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS

**BELOW IS ESTIMATED EXPENSE OF PROPOSED TRAVEL**

PURPOSE OF TRAVEL: \_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

TRAVEL DESTINATION: FROM \_\_\_\_\_  
TO \_\_\_\_\_

MILES (by car): \_\_\_\_\_

TRAVEL DAYS: \_\_\_\_\_

AIRFARE (coach only): \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE	DATE
-----------	------

Return the completed form to the Area Scholarship Coordinator at the IHS Area Office  
where you are requesting your extern assignment (Visit [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) for the most up-to-date contact information.)

**Reviewed (IHS use only):** \_\_\_\_\_  
Extern Coordinator, Branch Chief or Designee

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 6 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
LOST STIPEND PAYMENT**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

Attention Grants/Financial Management:

I did not receive my Electronic Funds Transfer (EFT) in the amount of \$ \_\_\_\_\_ for the month of \_\_\_\_\_. I believe the EFT was not received for the following reason:

\_\_\_\_\_

\_\_\_\_\_

Please trace and reissue as soon as possible.

RECIPIENT'S SIGNATURE	DATE
-----------------------	------

**Return to:**  
IHS Division of Grants Operations  
Attn: Grants Scholarship Coordinator  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Grants Scholarship Coordinator

**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, IHS Scholarships Branch, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR TUTORIAL ASSISTANCE**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
------------------	------------------------

ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
---------	--

DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
--------------	-----------------	---------------

SCHOLARSHIP PROGRAM:  Preparatory  Pre-Graduate  Health Professions

ENROLLMENT STATUS:  Fall  Winter  Spring  Summer

Semester  Quarter  Trimester

Full-time  Part-time

**I AM SEEKING TUTORIAL ASSISTANCE FOR THE FOLLOWING COURSE(S):**

COURSE NUMBER	COURSE TITLE	HRS.

DESCRIPTION OF ACADEMIC PROBLEM(S)/JUSTIFICATION OF ASSISTANCE: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TUTORIAL REQUEST  
(Must include all tutors)**

NAME(S) OF TUTOR(S)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NUMBER OF HOURS	RATES PER HOUR	SUBTOTAL COST	NUMBER OF HOURS	RATES PER HOUR	SUBTOTAL COST

TOTAL COST: \_\_\_\_\_

Required signature on back of this form



RECIPIENT'S SIGNATURE	DATE
ADVISOR'S NAME (Print)	DATE
ADVISOR'S SIGNATURE	PHONE:

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE		FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013  <i>See Estimated Average Burden Time per Response on Reverse Side.</i>
<b>PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM SUMMER SCHOOL REQUEST</b>		
A Summer School Request must be received by your IHS Scholarship Program analyst by April 22 in order for an applicant to be eligible for Summer School.		
RECIPIENT'S NAME	SOCIAL SECURITY NUMBER	
ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
SCHOLARSHIP PROGRAM: <input type="checkbox"/> Preparatory <input type="checkbox"/> Pre-Graduate <input type="checkbox"/> Health Professions		
TYPE OF SUMMER SCHOOL REQUEST: <input type="checkbox"/> Repeat/Curriculum Required Course Work <input type="checkbox"/> Year Round Curriculum (use back of form)		
ENROLLMENT STATUS: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
EXPLAIN YOUR REQUEST FOR APPROVAL TO ATTEND SUMMER SCHOOL: _____ _____ _____		
<b>REPEAT/CURRICULUM REQUIRED COURSE WORK</b> (Please include all courses required)		
<b>SUMMER SESSION I:</b>		
COURSE NUMBER	TITLE	FROM _____ TO _____ HRS.
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>SUMMER SESSION II:</b>		
COURSE NUMBER	TITLE	FROM _____ TO _____ HRS.
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.</b>		
FUNDING REQUESTED (Must include tuition amount for each session):		
	SUMMER SESSION I	SUMMER SESSION II
TUITION	_____	_____
FEES	_____	_____
TOTAL	_____	_____
<b>Required signature on back of this form</b>		
IHS-856-21		EF

**YEAR ROUND CURRICULUM**  
(Please include all courses required)

**SUMMER SESSION I:** FROM \_\_\_\_\_ TO \_\_\_\_\_

COURSE NUMBER	TITLE	HRS.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SUMMER SESSION II:** FROM \_\_\_\_\_ TO \_\_\_\_\_

COURSE NUMBER	TITLE	HRS.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOU MUST SUBMIT DOCUMENTATION TO SUBSTANTIATE THESE COURSE REQUIREMENTS.**

RECIPIENT'S SIGNATURE	DATE
ADVISOR'S NAME (Print)	DATE
ADVISOR'S SIGNATURE	PHONE:

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 6 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

\_\_\_\_\_

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
CHANGE OF NAME OR ADDRESS**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER
ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE
	EMAIL ADDRESS

**INDICATE THE CHANGE YOU WOULD LIKE TO MAKE:**  NAME  ADDRESS

NEW NAME: \_\_\_\_\_

If you have officially changed your name you must attach the appropriate legal documentation. (e.g., marriage certificate).

If you are changing your address, complete the section below. Please note that a change of address that is processed after the 10th of the month will not take affect until the following month.

NEW ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NEW PHONE:  Cell  Home \_\_\_\_\_

DATE OF CHANGE: \_\_\_\_\_

CHECK THE APPROPRIATE BOX:

- I am enrolled in an undergraduate/graduate health or allied health professions program
- I am completing an IHS-approved post-graduate clinical training program
- I am fulfilling my service obligation

RECIPIENT'S SIGNATURE	DATE
-----------------------	------

**Return to:**  
IHS Scholarship Program  
Attn: Program Analyst  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

**Reviewed (IHS use only):** \_\_\_\_\_  
Analyst, Branch Chief or Designee

**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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time  
per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
REQUEST FOR CREDIT VALIDATION**

RECIPIENT'S NAME		SOCIAL SECURITY NUMBER	
ADDRESS			PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

WITH THE SUBMISSION OF THIS FORM I GRANT THE IHS SCHOLARSHIP PROGRAM PERMISSION TO RELEASE PERTINENT INFORMATION FROM MY FILE TO A CREDIT CARD COMPANY, BANK, DEPARTMENT STORE, ETC.

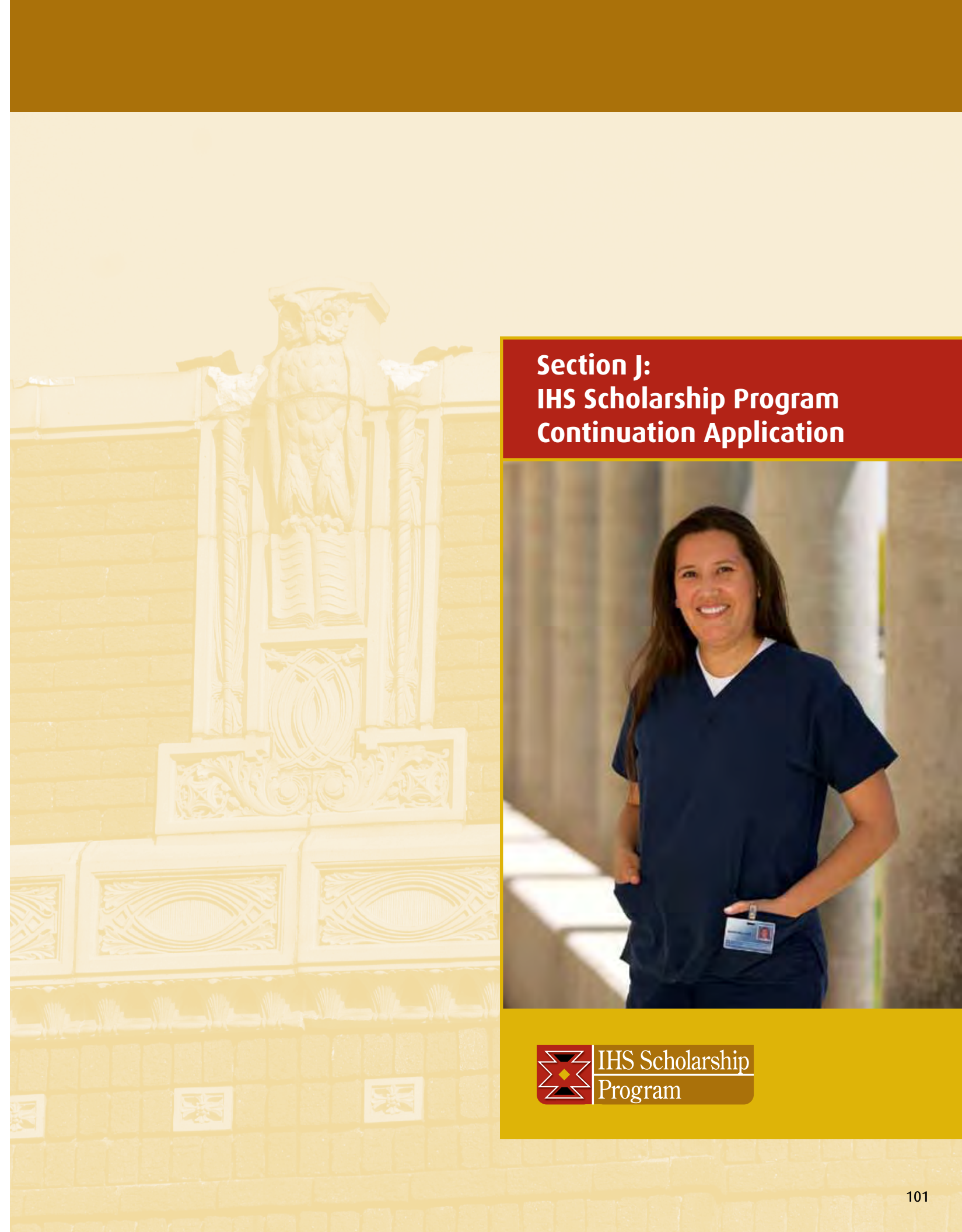
IF YOU WOULD TO LIMIT THE RELEASE INFORMATION, INDICATE THOSE ENTITIES TO WHOM YOU WISH TO HAVE YOUR INFORMATION RELEASED.

RECIPIENT'S SIGNATURE	DATE
-----------------------	------

IHS-856-23

### ESTIMATED AVERAGE BURDEN TIME PER RESPONSE

Public reporting burden for this collection of information is estimated to average 6 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.



## Section J: IHS Scholarship Program Continuation Application



## Step-by-Step Instructions

In January, scholarship recipients continuing their studies during the next academic year under the same scholarship will receive a **Continuation Application — Recipient Data Sheet**.

To expedite the submission of this form, you are encouraged to go to the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov) to complete your status for the next academic year via the online **Continuation Application — Recipient Data Sheet**.

This online option allows you to update your profile, providing your analyst and the Division of Grants Operations with your current contact information as well as your plans for the coming academic year. While you will still need to provide the supporting documentation outlined below, using the online application will help your IHS Scholarship Program analyst continue to provide you with vital program information.

January's mailing is sent as a reminder that you will need to submit a continuation application to continue to receive scholarship funding from the IHS Scholarship Program. If you do not have online access, complete the print option of the **Continuation Application — Recipient Data Sheet** and submit it with the necessary supporting documentation.

Preparatory and Pre-Graduate scholarship recipients who have completed their coursework in their respective degree track and would like to continue to receive funding from the IHS Scholarship Program as a Health Professions scholarship recipient must apply as a new applicant and compete against other applicants seeking scholarship support in that degree program (for example, pre-medicine to medicine).

## Continuation Application Checklist

The following is a checklist of all forms and documentation that comprise a complete and eligible continuation application. Use this checklist when you have completed each item to ensure your application will be eligible for continued scholarship support. You can download the required forms from the IHS Scholarship Program website at [www.scholarship.ihs.gov](http://www.scholarship.ihs.gov).

**All of the following forms are due February 28 of each year to:**

**Indian Health Service  
Division of Grants Operations  
801 Thompson Ave., Suite 120  
Rockville, MD 20852**

### Required Forms

- 1. **Continuation Application — Recipient Data Sheet** — Mailed annually in January
- 2. Two **Faculty/Advisor Evaluation (IHS-856-24)** — Applicable to continuation students who are transferring schools or requesting dual enrollment
- 3. **Delinquent Federal Debt (IHS-856-5)**
- 4. **Federal Income Tax Withholding (Form W-4) (Health Professions scholarship recipients only)**
- 5. **Course Curriculum Verification (IHS-856-6)**
- 6. **Acknowledgment Card (IHS-815)**

### Required Documentation

- 7. **Letter of Acceptance/Proof of Application or Letter of Good Academic Standing** — A letter of acceptance or proof of application to a health profession degree program is required for applicants who are transferring schools or requesting dual enrollment. A letter of good academic standing with an advisor's signature is required for applicants who are applying for continued scholarship support under the same scholarship.
- 8. **Official Transcripts** — Do not open or make copies; transcripts must be received by the Division of Grants Operations in an official, sealed envelope with the college/university stamp or seal.
- 9. **Curriculum for Major** — Must be attached to your **Course Curriculum Verification** form (IHS-856-6)

### Continuation Application — Recipient Data Sheet

#### Instructions for Checklist Line 1

In January, scholarship recipients continuing their studies during the next academic year under the same scholarship will receive a **Continuation Application — Recipient Data Sheet**. You are required to complete the form updating your contact information and accepting or declining support for the coming academic year. If you are declining support, you must indicate you have been approved for an LOA or are electing to no longer be associated with the IHS Scholarship Program. If you are a Health Professions scholarship recipient, you must have an approved LOA or you will be in breach of your scholarship contract and placed in default. Return the form with an original signature accompanied by all the supporting documentation listed on the Continuation Application Checklist.

# Continuation Application Checklist: Required Forms

## Faculty/Advisor Evaluation (IHS-856-24)

### Instructions for Checklist Line 2

**NOTE: For recipients requesting a transfer or dual enrollment.**

You must use this form if you are transferring schools, seeking dual enrollment at another college/university or requesting a change in your health profession degree track. **A letter of recommendation without this form is not acceptable.** You are required to submit **two** completed **Faculty/Advisor Evaluation** forms (IHS-856-24) with original signatures.

Provide these forms to a faculty member or advisor who can evaluate your academic performance. Collect the completed forms and submit them with your continuation application. Make sure the forms are signed by the evaluator, including the Statement of Conflict of Interest (bottom of form) certifying that the evaluator is not related to you by blood or marriage and can attest that the evaluation provided is accurate. Any false representation is sufficient cause for rejection of your application.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE		FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013  See Estimated Average Burden Time per Response on Reverse Side.
<b>PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM                  FACULTY/ADVISOR EVALUATION</b>		
RECIPIENT'S NAME		SOCIAL SECURITY NUMBER
ADDRESS		PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS
<p>The student identified above is requesting a change of status related to his/her Indian Health Service (IHS) scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating individuals, consideration will be given to faculty or advisor recommendations.</p> <p>The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the <i>Federal Register</i>.</p>		
PLEASE RETURN COMPLETED FORM TO APPLICANT		
1. How do you rate the educational achievement of this applicant? 5 <input type="checkbox"/> OUTSTANDING    4 <input type="checkbox"/> ABOVE AVERAGE    3 <input type="checkbox"/> AVERAGE    2 <input type="checkbox"/> BELOW AVERAGE    0 <input type="checkbox"/> POOR Comments: _____ _____ _____		
2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others. 5 <input type="checkbox"/> OUTSTANDING    4 <input type="checkbox"/> ABOVE AVERAGE    3 <input type="checkbox"/> AVERAGE    2 <input type="checkbox"/> BELOW AVERAGE    0 <input type="checkbox"/> POOR Comments: _____ _____ _____		
3. Based on this applicant's personal, emotional and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Professional Shortage Area (HPSA)? 5 <input type="checkbox"/> OUTSTANDING    4 <input type="checkbox"/> ABOVE AVERAGE    3 <input type="checkbox"/> AVERAGE    2 <input type="checkbox"/> BELOW AVERAGE    0 <input type="checkbox"/> POOR Comments: _____ _____ _____		
4. Type of work (applicant): _____		
5. Length of time known: _____		
<b>Required signature on back of this form</b>		
IHS-856-24		EF

**Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.**

I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.

NAME (Print or type)	
SIGNATURE	DATE
POSITION TITLE (Required)	PLACE OF EMPLOYMENT (Required)

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 50 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 08/31/2013

See Estimated Average Burden Time per Response on Reverse Side.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
FACULTY/ADVISOR EVALUATION**

RECIPIENT'S NAME	SOCIAL SECURITY NUMBER	
ADDRESS	PHONE: CELL <input type="checkbox"/> HOME <input type="checkbox"/>	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS

The student identified above is requesting a change of status related to his/her Indian Health Service (IHS) scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating individuals, consideration will be given to faculty or advisor recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

1. How do you rate the educational achievement of this applicant?  
 5  OUTSTANDING    4  ABOVE AVERAGE    3  AVERAGE    2  BELOW AVERAGE    0  POOR

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others.  
 5  OUTSTANDING    4  ABOVE AVERAGE    3  AVERAGE    2  BELOW AVERAGE    0  POOR

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Based on this applicant's personal, emotional and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Professional Shortage Area (HPSA)?  
 5  OUTSTANDING    4  ABOVE AVERAGE    3  AVERAGE    2  BELOW AVERAGE    0  POOR

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Type of work (applicant): \_\_\_\_\_  
 5. Length of time known: \_\_\_\_\_

Required signature on back of this form



**Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.**

I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.

NAME (Print or type)

SIGNATURE

DATE

POSITION TITLE (Required)

PLACE OF EMPLOYMENT (Required)

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 50 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

## Delinquent Federal Debt (IHS-856-5)

### Instructions for Checklist Line 3

The purpose of the **Delinquent Federal Debt** form (IHS-856-5) is to determine if you have any delinquent federal debt past due on your scheduled payments. This includes federal income taxes, guaranteed or direct student loans, FHA loans and other miscellaneous administrative debts. Delinquency is defined as being more than 31 days past due on a scheduled payment for direct and guaranteed loans. IHS does not consider deferred loans to be delinquent.

You must complete and sign this form and include it with your application. Fill in your name, career category, Social Security number, email address and the IHS office through which you are applying. Answer "YES" or "NO" to the question: "Are you delinquent on the repayment of any federal debt(s)?"

If you answer "NO," sign and date the form at the bottom and submit it with your application.

**If you are delinquent on the repayment of any federal debt,** check "YES." Write an explanation of your delinquent debt in the space provided. Include the name of the federal agency that you owe, the type of debt (such as student loan or HUD mortgage, for example), the name and phone number of a contact person handling your debt and the account number.

Additionally, you are required to provide a notarized power of attorney document (in some cases, the federal agency may require you to use its power of attorney document) authorizing the release of information to the IHS Division of Grants Operations to inquire about your debt. Your application will not be considered for an award if you do not include this authorization. If you have any questions regarding the power of attorney, contact the IHS Division of Grants Operations. An example is provided on the next page for your reference.

## Sample Power of Attorney

I, \_\_\_\_\_ of \_\_\_\_\_  
[print student's name] [insert address]

do hereby authorize the IHS Division of Grants Operations \_\_\_\_\_  
[insert address of organization-in-fact]

to inquire on my debt to the \_\_\_\_\_, for my benefit to remain eligible as  
[insert organization]

an IHS scholarship applicant.

This **Power of Attorney** is granted for a period of one year and shall become effective on \_\_\_\_\_  
[date]

and shall terminate on \_\_\_\_\_.  
[date]

### Specified Date

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.  
[month] [time]

\_\_\_\_\_  
[print name] [signature]

### Notary Acknowledgement

State of \_\_\_\_\_; County of \_\_\_\_\_.

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_,  
[day] [month] [insert name of notary]

the undersigned officer, personally appeared \_\_\_\_\_,  
[print student's name]

known to me or proven satisfactorily to be the person whose name is subscribed to the within instrument,

and acknowledge that he or she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my name and official seal.

\_\_\_\_\_  
[signature of notary]

My Commission Expires:

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
DELINQUENT FEDERAL DEBT**

APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

**INSTRUCTIONS:**

The applicant must complete and forward this sheet with their application and required supporting documentation. Please check the appropriate box below. If the "Yes" box is checked, please provide an explanation in the space provided.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, and other miscellaneous administrative debts. The definition of delinquency for the purposes of direct and guaranteed loans are any loan(s) more than 31 days past due on a scheduled payment. Deferred loans are not considered delinquent by the Indian Health Service.

**ARE YOU DELINQUENT ON THE REPAYMENT OF ANY FEDERAL DEBT(S)?  Yes  No**

If your response was "Yes," please provide an explanation in the space provided below. Explanation must include name of Federal Agency (to which debt is owed), type (student loan, HUD Mortgage, etc.), telephone number and name of contact person(s) handling debt, and account number if different from your SSN. **You are required to provide a notarized power of attorney, in some cases the Federal Agency may require you to use their power of attorney document, authorizing the release of information to the IHS Division of Grants Operations to inquire about your debt. If authorization is not included, your application will not be considered for an award.**

Federal Agency	Type of Loan	Account #	Contact Name	Phone #

*I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be subject to penalties under U.S. code, Title 18, Section 1001.*

APPLICANT'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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

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## Continuation Application Checklist: Required Forms

### Federal Income Tax Withholding (Form W-4)

(Health Professions scholarship recipients only)

#### Instructions for Checklist Line 4

**REMINDER:** Health Professions scholarship recipients must submit a Form W-4 for the fall term of the scholarship year for which they are applying along with their application for it to be complete. Go to [www.irs.gov](http://www.irs.gov) to download the correct form.

All IHS scholarship stipend payments made to Health Professions scholarship recipients are subject to federal income tax. You must complete the Internal Revenue Service (IRS) Form W-4 in order to comply with tax withholding requirements in the event you are selected.

Contact your local IRS office or visit the IRS website if you have any questions regarding federal income tax withholding.

# Continuation Application Checklist: Required Forms

## Course Curriculum Verification (IHS-856-6)

### Instructions for Checklist Line 5

The **Course Curriculum Verification** form (IHS-856-6) is to be verified and signed by your current advisor or counselor at the college/university you are attending. This form is used to confirm that the courses that you plan to take during the coming academic year are consistent with your curriculum for major.

If you have not been accepted for admission to a college or university at this time, complete and submit this form with a copy of your **curriculum for major (instruction available on page 131)** for each college or university where you applied.

Before your advisor or counselor verifies and signs this form, fill in your name, Social Security number, career category, email address and the IHS Area Office you have selected. Next, fill in the name of your college/university, indicate the academic year for which you are applying and circle your enrollment status (full time or part time, printed in boldface).

The next section provides space for you to list the coursework you are planning to take during the following academic year. You are required to list the courses in which you have enrolled or plan to enroll based on your school's academic term (semester, quarter or trimester). Include the course number, credit hours and course title when completing the form. In the space to the right of each section, fill in the total number of credit hours for each term.

Provide the completed form to your advisor or counselor for verification, reminding him to sign, date and provide his title and phone number. Submit the completed form with a copy of your curriculum for major attached.

Your Area Scholarship Coordinator can serve as a proxy advisor if you are transferring to a new school or cannot get in contact with your advisor. You must request that he reviews and signs this document for submission with your application.

IHS will not pay for courses that are not required for your approved degree track and which would not be counted toward meeting the hourly requirements for full-time or part-time status.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE INDIAN HEALTH SERVICE			FORM APPROVED: OMB Approval No: 0917-0006 Exp. Date: 08/31/2013  See Estimated Average Burden Time per Response on Reverse Side.
<b>PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM COURSE CURRICULUM VERIFICATION</b>			
APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	
Are you applying as a: <input type="checkbox"/> New Applicant <input type="checkbox"/> Continuing Applicant			
<b>THIS FORM MUST BE COMPLETED AND THEN SIGNED BY THE APPROPRIATE COLLEGE OR UNIVERSITY OFFICIAL</b>			
This verifies that the individual referenced above has applied for admission or is enrolled at (Name of College/University) _____ for the <b>academic year 20</b> _____ – <b>20</b> _____.			
He/She will be enrolled in either a <b>full-time</b> or <b>part-time (circle one)</b> undergraduate/graduate curriculum which fulfills the requirement for admission into his/her chosen health program identified above. The individual will be enrolled/or is anticipated to be enrolled in the following courses commencing <b>Fall 20</b> _____.			
<b>***ATTACH CURRICULUM FOR MAJOR FROM FIRST YEAR TO COMPLETION***</b>			
<b>SEMESTER I / TRIMESTER I / QUARTER I (Required)</b>			TOTAL S / T / Q HOURS: _____
COURSE NUMBER	CREDIT HOURS	COURSE TITLE	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>SEMESTER II / TRIMESTER II / QUARTER II (Required)</b>			TOTAL S / T / Q HOURS: _____
COURSE NUMBER	CREDIT HOURS	COURSE TITLE	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>Continues on back</b>			
NAME (Print)		POSITION TITLE (Required)	
SIGNATURE	DATE	PHONE NUMBER	
IHS-856-6		EF	

**TRIMESTER III / QUARTER III (Required, if applicable)**

TOTAL T / Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**QUARTER IV (Required, if applicable)**

TOTAL Q HOURS: \_\_\_\_\_

COURSE NUMBER	CREDIT HOURS	COURSE TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

Public reporting burden for this collection of information is estimated to average 42 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, IHS Scholarship Program, 801 Thompson Ave., TMP-450, Rockville, MD 20852.

## Acknowledgment Card

### Instructions for Checklist Line 6

The **Acknowledgment Card (IHS-815)** is used by the Division of Grants Operations to document receipt of your application. Enter your name and address on the front of the card, then separate the postcard along the perforated edges and submit with your application packet. The card will then be returned to you within four weeks of receiving your application. Keep this with your copy of your application when returned from IHS.

The second half of the postcard provides recipients with another option to document a change of address. Complete the **Address Change Notice (IHS-816)** section of the postcard and mail it to the IHS Scholarship Program to initiate a change of address.

### INDIAN HEALTH SERVICE IHS SCHOLARSHIP PROGRAM ADDRESS CHANGE NOTICE

PRINT NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

*(Please fold on dotted line and tape closed on all three sides)*

#### Check Appropriate Box

- I have applied, but have not been notified of the status of my application.
- I already have an IHS scholarship.
- I am in postgraduate training.
- I am fulfilling my service obligation.

SIGNATURE: \_\_\_\_\_

Enter YOUR complete mailing address on the IHS SCHOLARSHIP PROGRAM mailing card (below), tear along perforated line, and place in Application Package (refer to instructions). Do NOT mail the card.



The Address Change Notice (IHS-816) card should be retained for future use.



DEPARTMENT OF  
HEALTH & HUMAN SERVICES

Indian Health Service  
Rockville, MD 20852

Official Business  
Penalty for Private Use \$300

PLEASE PRINT NAME AND ADDRESS



DEPARTMENT OF  
HEALTH & HUMAN SERVICES

Indian Health Service  
Rockville, MD 20852

Official Business  
Penalty for Private Use \$300

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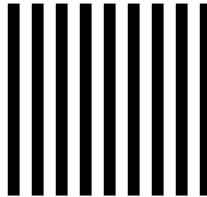
FIRST CLASS MAIL PERMIT NO. 2787 ROCKVILLE MD

POSTAGE WILL BE PAID BY ADDRESSEE

Indian Health Service  
IHS Scholarship Program  
801 Thompson Ave., Suite 120  
Rockville MD 20852-9736



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



Your application for an  
**INDIAN HEALTH SERVICE SCHOLARSHIP**  
has been received by this office.

Please notify this office of changes in address or telephone.  
You may be contacted by the IHS Scholarship Program should  
further information be needed.

Indian Health Service  
IHS Scholarship Program  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

IHS-815

Acknowledgement of Receipt of Application

# Continuation Application Checklist: Required Documentation

## Letter of Acceptance/Proof of Application or Letter of Good Academic Standing

### Instructions for Checklist Line 7

**Applicants applying for continued scholarship support under the same scholarship must submit a letter of good academic standing signed by their advisor.**

**Applicants who are transferring schools or requesting dual enrollment for the next academic year must submit a letter of acceptance or proof of application to a health professions degree program with their application.**

### Applicants transferring schools or requesting dual enrollment:

#### Preparatory and Pre-Graduate Scholarship Applicants:

A general letter of acceptance into school for the fall/spring academic year in which you are applying for scholarship support will satisfy this requirement.

**Health Professions Scholarship Applicants:** You are required to submit a specific letter of acceptance (the most current) showing you have been accepted into your health profession degree program. A letter of general admission is not acceptable.

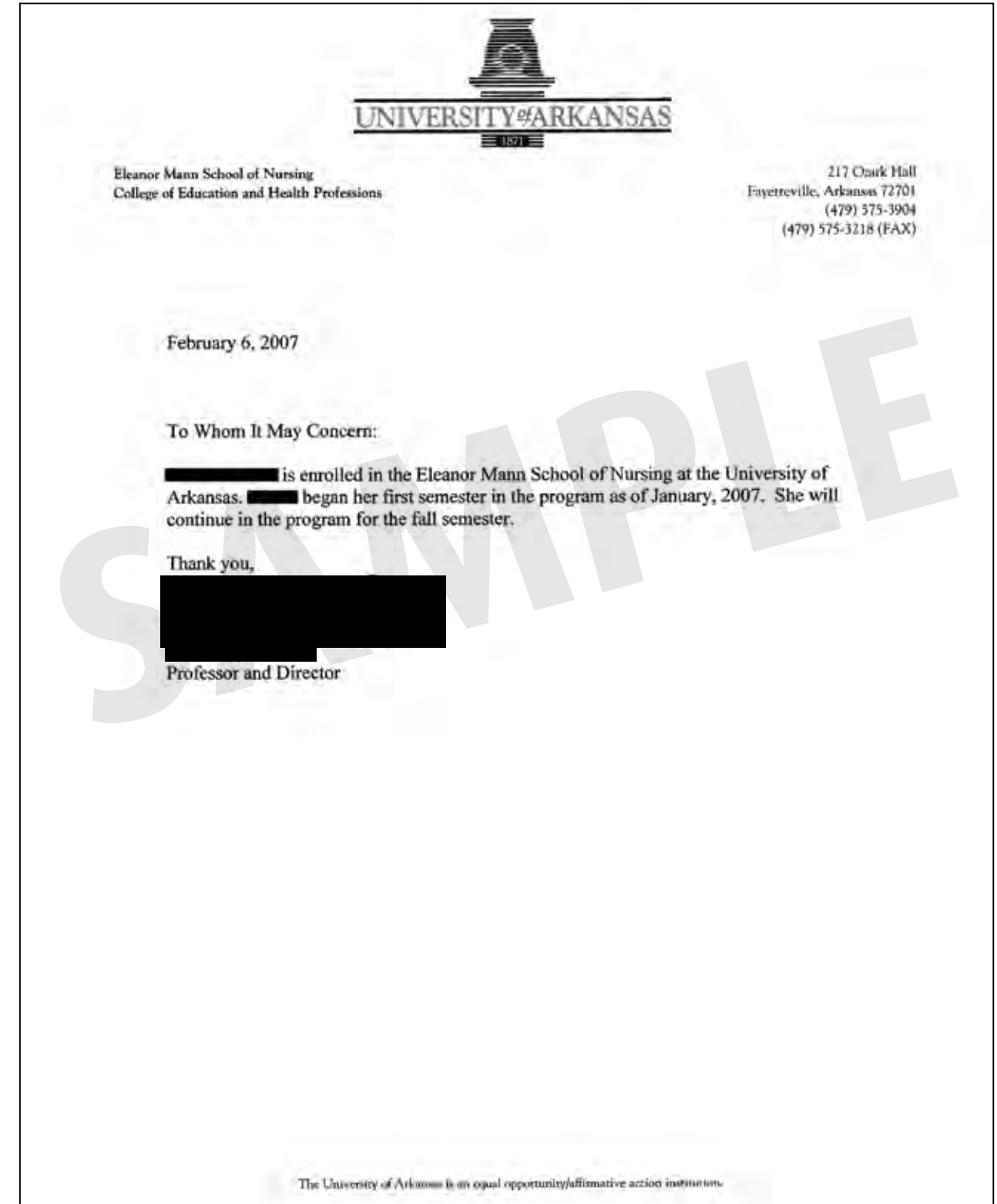
If you have applied to one or more schools and are waiting for acceptance, you must include letters from **all** of the schools to which you have applied stating that your application for admission has been received. These letters must include the date formal acceptance will be given if you are accepted. If you submit such letters, you must follow up with evidence of official acceptance to the school in which you choose to attend **as soon as you are informed of your acceptance**. This official acceptance must be received by IHS by May 1, prior to the selection of students to be awarded. Later dates of acceptance will be considered on a case-by-case basis if there is documentation from the school to this effect.

# Continuation Application Checklist: Required Documentation

Letter of Acceptance is for example purposes only.



Proof of Application to a Health Profession Degree Program is for example purposes only.



# Continuation Application Checklist: Required Documentation

## Official Transcripts

### Instructions for Checklist Line 8

You must submit official transcripts from your current college/ university. Transcripts must be in an official, sealed envelope with the college/university's institutional seal and/or the signature of the registrar.

Copies of transcripts will not be accepted. Official transcripts that show signs of tampering will not be accepted as part of your supporting documentation. To fulfill the requirements of your complete and eligible application, the IHS Scholarship Program office will make the necessary copies of your official transcript(s).

Official transcript from Northeastern State University. The document shows a detailed academic record for William E. Nowlin, Dean of Enrollment Management / Registrar. It includes sections for Transfer Credits, Undergraduate Totals, and semester-by-semester course listings with grades and GPAs. The transcript is signed and stamped by the Registrar, William E. Nowlin.

## Curriculum for Major

### Instructions for Checklist Line 9

**REMINDER:** Individuals who apply for a health profession degree track not listed as a priority during the scholarship cycle under review will not be considered for an IHS scholarship award.

You will need a copy of the course curriculum for your major. This can usually be obtained from your school catalogue or your major's department office. You must attach a copy to your **Course Curriculum Verification form (IHS-856-6)** when submitting your application.

Curriculum plan for the Bachelor of Science in Nursing (BSN) program. The plan is divided into Freshman, Sophomore, Junior, and Senior years, each with two semesters. It lists required courses, credit hours, and cumulative GPA requirements. The total program requires 124 credit hours.

ELEANOR MANN SCHOOL OF NURSING UNIVERSITY OF ARKANSAS FAYETTEVILLE, ARKANSAS BACCALAUREATE NURSING PROGRAM CURRICULUM PLAN GENERIC			
<b>FRESHMAN YEAR</b>		<b>SOPHOMORE YEAR</b>	
<b>Semester I</b>		<b>Semester I</b>	
<b>Course</b>	<b>Hours</b>	<b>Course</b>	<b>Hours</b>
ENGL 1013 Composition I	3	*Social Science (except HESC 1403)	3
MATH 1203 College Algebra (or higher)	3	HESC 1403 Life Span Development	3
BIOL 1541 / BIOL1541L Principles of Biology	4	*U.S. History	3
CHEM 1074/1074L Fundamentals of Chemistry	5	ENGL 2003 Advanced composition (or Exempt)	0-3
	15	BIOL 2213 & 2211L Human Physiology w/Lab	4
		BIOL Elective	1
			17
<b>Semester II</b>		<b>Semester II</b>	
ENGL 1023 Composition II	3	PHIL 2003, 2103, or 3103	1
*Social Science (except HESC 1403)	3	Intro to Philosophy, Ethics, or Medical Ethics	3
NURS 2022 Intro to Professional Nursing Concepts	2	*Fine Arts or Humanities (select from category a), c), or d)	4
BIOL 2443 & 2441L Human Anatomy w/Lab	4	BIOL 2013/2011L Microbiology w/Lab	1
Elective	1	NURS 2032 Therapeutic Communication	2
	15	NURS 2012 Nursing Informatics	2
		EDFD 2403 Statistics in Nursing, PSYC2013 or STAT2303	1
			17
*Core areas must be completed as outlined in Catalog of Studies NOTE: This Eight Semester Plan does not comply with the ACT 1014 requirements. Incoming nursing admissions following pre-professional study to graduate success be guaranteed to new Freshmen.			
<b>GENERIC NURSING BSN CURRICULUM PROGRAM PLAN PROFESSIONAL PROGRAM OF STUDY</b>			
<b>JUNIOR YEAR</b>		<b>SENIOR YEAR</b>	
<b>Semester I</b>		<b>Semester I</b>	
<b>COURSE</b>	<b>HOURS</b>	<b>COURSE</b>	<b>HOURS</b>
NURS 3212 Teaching and Health Promotion	2	NURS 4154 Nursing Concepts: Child and Family	4
NURS 3313 Pharmacology	2	NURS 4164 Professional Role Implementation IV: Teacher	4
NURS 3314 Pathophysiology	4	NURS 4242 Management in Nursing	2
NURS 3321L Health Assessment	1	NURS 4263 Nursing Concepts: Older Adult	1
NURS 3422 Nursing Concepts: Fundamentals	2	NURS 4273 Professional Role Implementation V: Manager	2
NURS 3424 Professional Role Implementation I: Caregiver	8		
	16		14
<b>Semester II</b>		<b>Semester II</b>	
NURS 3634 Nursing Concepts: Adult Health	4	NURS 4443 Nursing Concepts: Critical Care	3
NURS 3643 Professional Role Implementation II: Caregiver	3	NURS 4453 Professional Role Implementation VI: Role Synthesis	3
NURS 3742 Nursing Concepts: Mental Health and Illness	2	NURS 4603 Nursing Concepts: Communities	3
NURS 3752 Professional Role Implementation III: Caregiver	2	NURS 4613 Professional Role Implementation VII: Role Synthesis	2
NURS 3841L Professional Nursing Skills - Advanced	1	NURS 4712 Seminar in Professional Nursing	3
NURS 3842 Research in Nursing	2		
	14		11
<b>Total for Bachelor of Science in Nursing: 124 credit hours</b>		<b>Total for Bachelor of Science in Nursing: 124 credit hours</b>	
Note: This curriculum is subject to change without notice.			

# NOTES

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## *Your Health Career Starts Here*

INDIAN HEALTH SERVICE  
801 Thompson Ave., Suite 120  
Rockville, MD 20852

IHS Scholarship Program Phone: (301) 443-6197  
Division of Grants Operations Phone: (301) 443-0243

[www.scholarship.ihs.gov](http://www.scholarship.ihs.gov)

