



**Instructions for Completing the Deferment Request Form for NHSC Scholarship Physicians and Dentists Pursuing Postgraduate Training between July 1, 2011 through June 30, 2012**

**A. General Information:**

- 1) Review the Deferment Information Bulletin for guidance on requesting deferment.
- 2) Enter the information requested into the appropriate spaces on the Deferment Request Form.
- 3) Review the information you entered for accuracy.
- 4) Print and sign the form.
- 5) Fax the completed and signed Deferment Request Form to the Division of National Health Service Corps, Scholarship Branch at 301-451-5612 or complete the form on the NHSC Self-Service Portal at <https://programportal.hrsa.gov/extranet/participant>.

**B. Social Security Number:** Enter the last four (4) digits of your social security number.

**C. Name, Home Address, Home/Cell Phone Number, and E-mail Address:** Complete the required fields to reflect your current information. If your name has changed, fax or upload a copy of the legal documentation certifying your name change to the DNHSC with your Deferment Request Form. The home address should be the address where you receive your mail. We will use this address to contact you. Enter your home phone number and e-mail address where you can be reached if there are any questions. If you have a cell phone that is the optimum number to reach you, please provide this as well.

**D. Postgraduate Residency Program:** Please refer to the Deferment Information Bulletin for the 2011-2012 Training Year for the primary care postgraduate training for which we may grant deferments. The Bulletin can be found on the NHSC website at: <http://nhsc.hrsa.gov/scholarship/residency.htm>

**E. Program ID Number:** For all allopathic residency/fellowship programs, please include the 10-digit program ID # that is listed in the American Medical Association Graduate Medical Education Yearbook and Directory. For osteopathic internship/residency/fellowship programs, please include the 6-digit program ID # that is listed by the American Osteopathic Association.

**F. Length of Program:** Enter the number of years required to complete the postgraduate training you are entering or for which you have already been deferred. This number should not exceed the approved length of program located in the current Deferment Bulletin.

**G. Program End Date:** Indicate the day your training ends. Requests for extensions, beyond the normal period required to complete a residency in the approved specialty, must be accompanied by an explanation from you and confirming documentation from your training program director, giving the new date you expect to complete your residency. **NOTE: If at any time during your program your expected date to complete your residency changes, you must notify the DNHSC immediately.**

- H. **Postgraduate Training Program Director's Name and Telephone Number:** Enter name of the residency program director and his/her telephone number.
- I. **Name, Address, Phone Number, and E-mail Address of Residency Program:** Enter the program's name, address, phone number, and an e-mail address for your residency program.
- J. **Emergency Contact Information:** Provide the name of a person, address and telephone number, other than at your own address or clinic address, through which we can contact you.
- K. **Signature/Authority to Complete:** This form must be signed by the scholarship recipient or someone who has a Power-of-Attorney (POA) to act for the recipient. (If applicable, a copy of the POA must be faxed or uploaded to the DNHSC with the Deferment Request Form.)
- L. **Scholar's Signature:** Your signature certifies, under Federal penalties, that the information provided in the Deferment Request Form is accurate and complete to the best of your knowledge and belief. Please check the Deferment Request Form again before you sign, date, and return it to the DNHSC.

**DEADLINES:**

Physicians: Your Deferment Request Form and Letter from the Program Director (and other applicable supporting documentation as listed in the Deferment Bulletin) must be received by April 15, 2011. If you do not submit your Deferment Request Form and supporting documentation by the deadline, you may be subject to liquidated damages prescribed by Federal law.

Dentists: Dentists are not required to participate in postgraduate training. However, if you decide to pursue postgraduate training, the DNHSC must receive your "Notice of Intent" Form to request a deferment by February 28, 2011 and your Deferment Request Form must be received by April 15, 2011. If you decide not to request postgraduate training, you will begin service as a general practice dentist upon your graduation from dental school. If you fail to accept your assignment, you will be placed in default and will be liable for payment of the liquidated damages prescribed by Federal law.

*Please fax to the attention of: Division of National Health Service Corps (DNHSC), Scholarship Branch*

*Fax: (301) 451-5612*

OR

*Complete the form on the NHSC Self-Service Portal here: <https://programportal.hrsa.gov/extranet/participant>.*

Should you require any assistance, the Scholarship Support Branch is available at 1-800-221-9393 or 301-594-4400, 9:00 a.m. to 5:30 p.m. Eastern Standard Time, Monday through Friday.



**DEFERMENT REQUEST FORM** FOR 07/01/11-06/30/12

Please fax to the attention of: Division of National Health Service Corps (DNHSC) Fax: (301) 451-5612

Or

Complete the form on the NHSC Self-Service Portal at: <https://programportal.hrsa.gov/extranet/participant>

This document represents a formal request for the deferment of your service obligation incurred under Section 338A of the Public Health Service Act to pursue postgraduate training.

**CONDITIONS OF APPROVAL:**

- Pursue only the training approved for your deferment.
- Submit documentation of your training status in an approved program prior to each year of training.
- Make no changes in the period or type of training without prior written approval from the DNHSC.
- Notify the DNHSC in writing within 30 days of any change of address, intent to terminate training, or similar change.

Scholar Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 Digits SSN: XXX-XX-\_\_\_\_\_  
 Home/Cell Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

<b>Postgraduate (Residency) Training Program Contact Information</b>	
Program Director Name: _____	Director's Phone Number: _____
Name of Program: _____	Length of Program: _____
Program ID Number: _____	Program End Date: _____
Program Address: _____	Phone Number: _____
City: _____ State: _____ Zip: _____	E-mail Address: _____

**Emergency Contact Information**

Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

I certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that any knowingly and willfully false representation of a material fact may be punishable by fine or imprisonment under U.S. Code Title 18, Section 1001.

Scholar's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Notice of Intent to Request a Deferment

I am a National Health Service Corps (NHSC) Scholarship Program participant graduating from dental school in 2011. I hereby certify my intent to request a deferment to complete postgraduate training in one of the primary care dental specialties set forth in the Deferment Information Bulletin for the 2011-2012 Training Year. I understand that the NHSC will not provide any financial support while I am in a dental residency program. I also understand that if I do not proceed with approved postgraduate training, I will begin my NHSC service obligation as a general dentist upon my graduation from dental school.

\_\_\_\_\_  
(Name of NHSC Scholar)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(E-mail Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature of NHSC Scholar)

\_\_\_\_\_  
(Date)