



Request for Additional National Health Service Corps Scholar Placement

Please fax to the attention of: Division of National Health Service Corps Fax: (301) 480-1684

Sites interested in requesting an additional scholar placement must provide a justification on how NHSC placement of two scholars during the same placement cycle will benefit the community by meeting long-standing unmet needs and increasing the possibility for clinician retention after service obligations are completed.

Additional NHSC Scholar Placement will be authorized on a case by case basis. Requests must demonstrate the site’s special circumstances that prevent the site from effectively meeting the health care needs of its community. Examples of need include, but are not limited to, the following:

1. Need for expansion of services.
2. Proportion of patients seen to that of patients needing to be seen.
3. Number of patients each clinician sees weekly (include each clinician’s discipline and specialty).
4. Average length of time patients wait to be seen at the site.
5. Current number of clinicians by discipline and specialty.
6. Number of new patients seen versus number of patients with chronic conditions per month.
7. Average distance patients must travel to get to the site.
8. Average time it takes for patients to travel to the site.
9. Public health situations unique to the area.

PRACTICE SITE INFORMATION (where the NHSC clinician will serve his/her obligation) Type of Health Professional Shortage Area (HPSA): Place an “x” to indicate the appropriate HPSA type(s) and score for the Site requesting an additional scholar placement.

Primary Care _____ HPSA ID Number _____ Score

Dental _____ HPSA ID Number _____ Score

Mental Health _____ HPSA ID Number _____ Score

Uniformed Data System (UDS) Number: _____

Site Name: _____

Site Street Address: _____

Site City: _____ State: _____ Zip Code: _____

Site Telephone #: _____ Site Fax #: _____

Site E-mail Address: _____



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If the NHSC scholar will be serving at more than one site, please list the UDS Number, Address, and HPSA Score for each of the other clinical practice sites in the space provided.

Please indicate with an "x" for which profession and specialty the site is requesting an additional placement:

<u>Profession:</u>	Physician	Dentist	Nurse Practitioner
	Certified Nurse Midwife		Physician's Assistant
<u>Specialty:</u>	Pediatrics	Internal Medicine	Family Medicine
	OB/GYN	Psychiatry	Other: _____

If the site has already identified a potential additional scholar, please provide his/her name:

Scholar Name: _____

Please provide the Name, Profession, and Specialty of the NHSC scholar who has been offered a position from the current placement cycle:

Scholar Name: _____ Profession: _____ Specialty: _____



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JUSTIFICATION FOR AN ADDITIONAL SCHOLAR PLACEMENT:

Name of Site Official: _____

Signature of Site Official: _____ Date: _____

All requests for the placement of an additional scholar will be approved on a case-by- case basis. The National Health Service Corps is committed to the placement of clinicians throughout the country in areas and sites of greatest need and cannot guarantee that requests for an additional scholar placement will be granted. Sites must meet all other requirements for "Recruitment of Sites for Assignment of National Health Service Corps (NHSC) Personnel Obligated under the NHSC Scholarship Program". For further information, see <http://edocket.access.gpo.gov/2010/pdf/2010-15356.pdf>.

NHSC USE ONLY

Request is Approved By

Director, Division of Regional Operations: _____

Director, Division of NHSC: _____

BCRS Associate Administrator: _____