



NATIONAL HEALTH SERVICE CORPS

Additional NHSC Scholar or Student to Service Clinician Request

Email the completed form to NHSCScholar@hrsa.gov.

Sites interested in hiring more than one National Health Service Corps (NHSC) Scholar or Student to Service (S2S) clinician from the same class, and discipline (if applicable), must provide a justification of need.

Describe your site’s special circumstances that prevent you from effectively meeting the health care needs of your community, and how an additional NHSC clinician will fill a long-standing unmet need and increase the possibility for clinician retention.

Examples of need include, but are not limited to, the following:

- Recent expansion of services
- Proportion of patients seen to that of patients needing to be seen
- Number of patients each clinician sees weekly (include each clinician’s discipline and specialty)
- Average length of time patients wait to be seen at your site
- Any public health situations unique to the area

Site Where the NHSC Clinician Will Serve his/her Obligation

Site ID Number: _____ Site Point of Contact: _____

Point of Contact E-mail Address: _____ Site Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Site Telephone #: _____ Site Fax #: _____

Primary Care HPSA Score: _____

Dental HPSA Score: _____

Mental HPSA Score: _____

**If the NHSC clinician will work at more than one site, please list each additional site’s ID Number, Address, and HPSA Score in the space below, attach an additional page if necessary:



On the lines below, provide the name(s) of the clinicians your site has already identified as potential NHSC hires, his/her profession, and specialty:

Name, Profession, Specialty: _____

Name, Profession, Specialty: _____

Professions: Physician, dentist, nurse practitioner, certified nurse midwife, physician assistant

Specialties: Pediatrics, internal medicine, family medicine, OB/GYN, psychiatry

JUSTIFICATION FOR AN ADDITIONAL NHSC CLINICIAN:

Site Official Name and Title: _____

Signature: _____

Date: _____

NHSC USE ONLY

Request is Approved By: _____

Director, Division of Regional Operations: _____

Public Burden Statement: The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service Corps. 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. The OMB control number for this information collection is 0915-0127 and it is valid until 3/31/2026. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857.

