

*HEALTH PROFESSIONS SCHOLARSHIP PROGRAM***PLACEMENT UPDATE****H-07** (Rev. 12/01)FORM APPROVED:
OMB Approval No. 0917-0006
Exp. Date: 12/31/2007*See Estimated Average Burden Time
per Response on Reverse Side*

SUBMITTED ON: _____ Date/Year

Placement Officer
IHS Scholarship Branch
801 Thompson Avenue - Suite 120
Rockville, Maryland 20852

Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Health Professions Discipline: _____

Graduation Date: _____

Type of Degree: _____

Name of University: _____

Standard Form 171 - Application for Federal Employment or Commissioned Corps Application (PHS Form 50), Health Professions Scholarship Program Service Obligation Preferred Assignment Form (Form **K-04**) sent to IHSSP Placement Officer: _____

POSITIONS APPLIED FOR (Rejection Letters Attached):

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Vacancy Announcement/Title: _____

Signature (*Do Not Print*)

*Please return the completed H-07
form to IHSSP, 801 Thompson
Avenue Suite 120, Rockville,
MD 20852.*