

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

RECIPIENT'S NAME	DEGREE PROGRAM
ADDRESS	PHONE: CELL HOME
IHS AREA OFFICE	EMAIL ADDRESS

Please identify the health profession discipline and post-graduate clinical training program or residency specialty that you will be pursuing. On page 2, please include information on the program(s) to which you will apply.

Please read the Post-Graduate Clinical Training section of the Service Commitment Handbook for more information.

**REQUIRED PROGRAMS**

Physicians, social workers, clinical psychologists, dietitians and podiatrists are required to complete additional post-graduate training and licensure before they can begin their service commitment.

**Physician**

**Three Years**

Emergency Medicine  
Family Practice  
General Internal Medicine  
General Pediatrics

**Four Years**

Anesthesiology  
Emergency Medicine  
General Psychiatry  
Internal Medicine/Family Practice  
Internal Medicine/Pediatrics  
Obstetrics/Gynecology

**Five Years**

Family Practice/Psychiatry  
General Surgery  
Internal Medicine/Psychiatry

**Clinical Psychologist**

2,000-hours supervised practice under a licensed clinical psychologist. Please specify required hours and attach a copy of state licensure requirements.

**Social Worker**

2,000 – 3,000 hours supervised practice under a licensed social worker. Please specify required hours and attach a copy of state licensure requirements.

**Dietitian**

1,200-hour Accreditation Council for Education in Nutrition and Dietetics (ACEND)-approved internship under the supervision of a registered dietitian (if not included in your school's didactic instruction).

**Podiatrist**

Three-year resource-based, competency-driven, assessment-validated program that consists of training in inpatient and outpatient medical and surgical management and approved by the Council on Podiatric Medical Education (CPME).

**OPTIONAL PROGRAMS**

Pharmacists, optometrists, nurses and dentists can elect to complete one year of post-graduate training upon receiving IHS Scholarship Program approval.

**Pharmacist**

One-year IHS pharmacy residency, American Society of Health-System Pharmacists (ASHP) or American Pharmacists Association (APhA) accredited Post-Graduate Year One (PGY1) Pharmacy Residency Program (Hospital, Community or Managed Care only).

**Optometrist**

One-year Ocular Disease/Pathology or Primary Care Optometry residency program.

**Nurse**

One-year training program with an emphasis on clinical out-patient (OPD), in-patient (IPD) and/or emergency (ERD) nursing skills.

**Dentist**

One-year Advanced Education Program in General Dentistry or General Practice Residency. Only programs that are fully operational with the American Dental Association Commission on Dental Accreditation (ADA CODA) status are permitted.

**Required signature on back of this form**

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**Program 1**

NAME OF FACILITY

ADDRESS

PROGRAM DIRECTOR

PHONE

EMAIL ADDRESS

**Program 2**

NAME OF FACILITY

ADDRESS

PROGRAM DIRECTOR

PHONE

EMAIL ADDRESS

**Program 3**

NAME OF FACILITY

ADDRESS

PROGRAM DIRECTOR

PHONE

EMAIL ADDRESS

RECIPIENT'S SIGNATURE

DATE

**Return to:**  
Indian Health Service  
Scholarship Program  
5600 Fishers Lane  
Mail Stop: OHR (11E53A)  
Rockville, MD 20857

**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, Scholarship Program, 5600 Fishers Lane, Mail Stop: OHR (11E53A), Rockville, MD 20857.

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