

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
INDIAN HEALTH SERVICE

FORM APPROVED:  
OMB Approval No: 0917-0006  
Exp. Date: 01/31/27

See Estimated Average Burden Time  
per Response on page 2.

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
PLACEMENT UPDATE**

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

**HAVE YOU BEEN PLACED AT AN APPROVED IHS, TRIBAL OR URBAN INDIAN PROGRAM?**    **Yes**    **No**

If yes, provide the:

NAME OF FACILITY: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

START DATE: \_\_\_\_\_

If no, please attach documentation of your efforts to secure placement (e.g., proof of application/rejection). You must submit another Placement Update form in 30 days providing further information on your efforts to begin your service commitment.

If you have reached the 90 day limit and have not accepted placement at one of your preferred sites, or cannot find employment, the Director of IHS may place you at an Indian health facility based on the needs of the IHS.

GRADUATION DATE: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

DEGREE OBTAINED: \_\_\_\_\_

**Required signature on back of this form**

LIST POSITION(S) APPLIED FOR:

JOB 1	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:

  

JOB 2	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:

  

JOB 3	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:

  

JOB 4	Vacancy Announcement #:	
	Job Title:	
	Location:	
	Date Applied:	Application Status:

Use additional sheets as needed.

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

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### **ESTIMATED AVERAGE BURDEN TIME PER RESPONSE**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0006. This information collection is for the purposes of the Indian Health Service Scholarship Program to provide Preparatory, Pre-graduate, and Health Professions Scholarships to students pursuing health professions education and training and the information collected will be used to identify qualified American Indian/Alaska Native students. The time required to complete this information collection is estimated to average less than 11 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is required to obtain or retain a benefit (25 U.S.C. § 1613 and 25 U.S.C. § 1613a) and is subject to Privacy Act safeguards, 5 U.S.C. § 552a(e)(4) and the nature and extent of confidentiality is set forth in the Privacy Act and SORN # 09-17-0002, described at 74 FR 50222 (September 30, 2009). If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Indian Health Service, IHS Information Collections Clearance Officer, 5600 Fishers Lane, Mail stop: 09E70, Rockville, MD 20857.

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