

# EXPERIENCE, TRAINING & LICENSURE

## ADDENDUM

### GENERAL INFORMATION

Type Full Name (First, Middle, Last)	Discipline/Specialty

### EDUCATION AND TRAINING

#### RESIDENCY PROGRAM NAME

#### GRADUATE SCHOOL/TRAINING PROGRAM

Program Name	Institution Name
Year Completed	Year Completed
City/State/Country	City/State/Country

### CREDENTIALS

#### LICENSURE

#### BOARD CERTIFICATIONS

Do you have a current, full, permanent, unencumbered, and unrestricted health professional license, certificate or registration, in the discipline/specialty you have identified, in the State in which you intend to practice under the NHSC LRP?		List:
<input type="checkbox"/> YES <input type="checkbox"/> NO	License #: State:                      Expiration:	

### EMPLOYMENT

- I meet the full-time service requirements of 40 hours per/week. (See 2012 Application and Program Guidance)
- I meet the half-time service requirements of 20-39 hours per/week. (See 2012 Application and Program Guidance)
- I own or am part-owner of one or more of my NHSC-approved practice sites.

*If you work at more than 4 NHSC-approved services sites, complete additional sheets to include those locations.*

#### Current NHSC-Approved Site #1

#### Current NHSC-Approved Site #2

Type Name of NHSC-Approved Site	Type Name of NHSC-Approved Site
Current/Future Duties and Responsibilities:	Current/Future Duties and Responsibilities:

#### Current NHSC-Approved Site #3

#### Current NHSC-Approved Site #4

Type Name of NHSC-Approved Site	Type Name of NHSC-Approved Site
Current/Future Duties and Responsibilities:	Current/Future Duties and Responsibilities:

I certify that the information provided on this addendum is accurate