Print Form

National Health Service Corps Site Profile Form

Please fill out the attached form and email it to NHSCSiteProfile@hrsa.gov or

Fax to: (301) 594-2721

National Health Service Corps Site Profile

Name of Site _____ UDS # _____

Street Address _____ City _____ State ____ Zip Code _____

Phone Number _____ Fax Number _____ Site URL/Web Address _____

Primary Site Contact _____ Preferred Method of Contact _____

Site Contact Phone _____ Site Contact Fax _____ Site Contact Email _____

Site Alternate Contact _____ Preferred Method of Contact _____

Site Contact Phone _____ Site Contact Fax _____ Site Contact Email _____

Please give description of the site including: location (i.e., urban/rural, public housing); amenities (i.e., schools, neighborhoods, churches, shopping); and recreational activities (i.e., after-school programs, intramural sports, cultural arts).

General Site Description	

Please select all that may apply:

Services Provided at Site	☐ Adult ☐ Pediatrics	☐ OB/GYN ☐ Mental Health	☐ Emergency Services ☐ Dental Care	☐ Other			
Days and Hours of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Languages Spoken by Patients	☐ Spanish ☐ French	☐ Russian ☐ Mandarin	☐ Vietnamese ☐ Korean	☐ Other			
Benefits Package	☐ Medical ☐ Dental	☐ Life Insurance ☐ Malpractice Insurance	☐ Moving Expenses ☐ 401K	☐ Productivity Bonus			
	☐ Vision	☐ Tail Coverage	☐ CME Tuition Assistance				
On Site Services	☐ Laboratory	☐ Pharmacy	☐ X-ray	☐ Number of medical exam rooms			
Staffing	*Please indicate the number of staff available at the site:*						
	____ Clinical Director On Site ____ Primary Care MD/DO/PA/NP		____ Specialist(s) (*PT, Pulmonology, etc .*) ____ Nursing Support (*RN, LPN, NA*)				
Salary	☐ Nationally Competitive	☐ Locally Competitive	☐ Negotiable	☐ Above National Average			