



## National Health Service Corps

### NHSC Scholar and Student to Service Offer & Acceptance Employment Form

The NHSC Site Point of Contact must complete this form once a job offer is made. **All fields must be completed.** Upload the completed form to the BHW Customer Service Portal account. This form may be e-signed.

**Clinician Name, Discipline, Specialty:** \_\_\_\_\_ has received a job offer with \_\_\_\_\_.

**This clinician will work:** Full time      Half time      at the following location(s):

Site Name	Site Address	Number of hours/week
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The start date for this clinician is:

Does the organization provide malpractice insurance and tail coverage (either commercially or through the Federal Tort Claims Act): Yes      No

\_\_\_\_\_  
Site Point of Contact Signature

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NHSC Clinician

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Date



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION

