

BUREAU of CLINICIAN RECRUITMENT AND SERVICE
 College Cost of Attendance
 DATA COLLECTION WORKSHEET (DCW)

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The OMB control number for this project is 0915-0146. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and completing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, HHS-101-0184.

School Name	
Address	
City / State / Zip	
Discipline / Degree	
Applicant Name	

Year 1	Year 2	Year 3	Year 4
2011 - 2012	2011 - 2012	2011 - 2012	2011 - 2012

Annual Tuition

Resident				
Non-resident		\$ -	\$ -	\$ -

Required Fees (charges directly billed by the school)

Technology Fee				\$ -
Student Activities Fee				
Other (specify below)				
<i>Health Insurance</i>				
<i>Life/Disability</i>				
<i>Performance Assessment</i>				
<i>Examination Fee</i>				
<i>Other</i>				
Total Tuition / Fees:				

Other Related Costs (ORC - not billed by the school)

Books and Supplies				
Uniforms	\$ -		\$ -	\$ -
Lab Costs	\$ -	\$ -	\$ -	\$ -
Clinical Supplies	\$ -	\$ -	\$ -	\$ -
Health Insurance (if not billed by the school)				\$ -
Malpractice Liability Insurance	\$ -	\$ -	\$ -	\$ -
National Boards	\$ -			\$ -
Microscopes	\$ -		\$ -	\$ -
Instruments			\$ -	\$ -
Other (specify below)				
<i>Computer</i>		\$ -		\$ -
<i>Background Check</i>				
<i>Transportation</i>	\$ -	\$ -		\$ -
<i>(specify)</i>	\$ -	\$ -	\$ -	\$ -
Total ORC:				
ANNUAL TOTAL				

Name _____

Department / Administrative Unit _____

Title

Email

(Area code) Phone Number

(School Completion/Submittal) Date

Dept. Mailing Address

City / State/Zip

(Area code) Fax Number

Fed Reviewer / Date

), a collection of information unless it displays a currently valid OMB control
1 of information is estimated to average 1 hour per response, including the time
nformation. Send comments regarding this burden estimate or any other aspect
e Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.

Total

\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
\$ -
