## **Education Request**

If you would like an NPDB staff member to participate in an event, please complete the following:

- Complete the form below.
- 2. Once completed, this form will prepopulate into an email.
- Verify the email is sent to NPDBpolicy@hrsa.gov

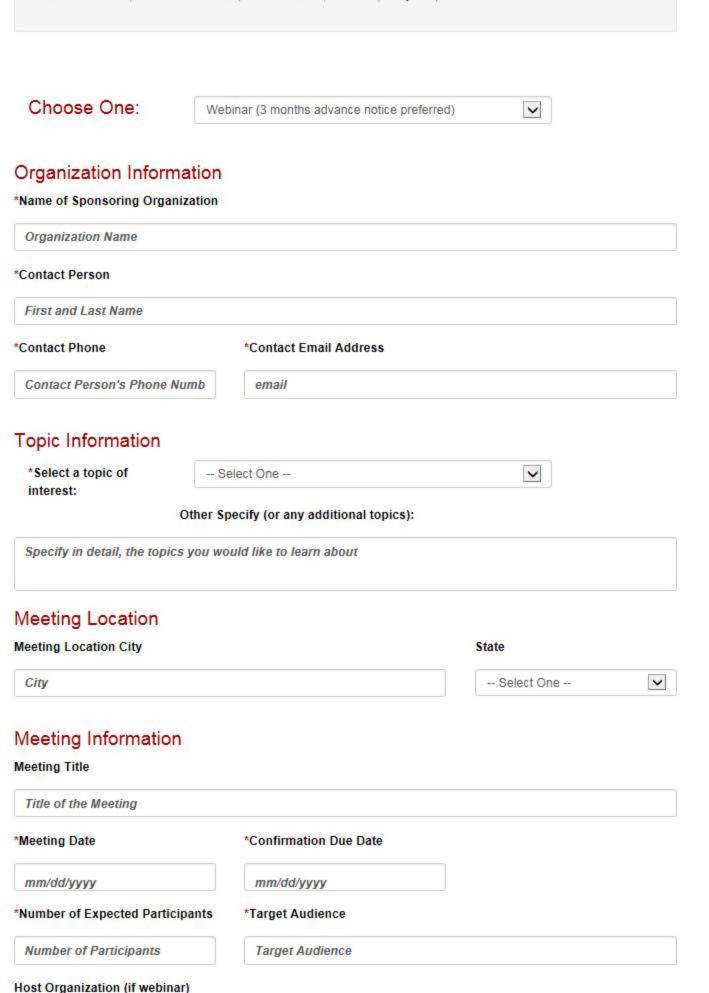
For more information, contact 301-443-2300.

Note: Fields with an asterisk (\*) are required in order to ensure an accurate response; the information will not be used for any other purpose.

## Public Burden Statement

OMB # 0915-0126 expiration date 03/31/21

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 currently valid OMB control number. The OMB control number for this project is 0915-0126. Public reporting burden for this collection of information is estimated to average 15 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, and completing and reviewing 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 Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.



Host Organization

By what date, and in what format, would you need presentation materials in advance of the event? Please note that it may take up to four weeks to have presentations and other materials approved after they are prepared.

Materials need by date

Have we previously presented/hosted an education session for this organization? If so, when?

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