

From: [Clinton Kuntz](#)
To: [HRSA Paperwork](#)
Subject: [EXTERNAL] Information Collection Request Title: The Teaching Health Center Graduate Medical Education Program Eligible Resident or Fellow Full-Time Equivalent Chart, OMB No. 0915-0367—Extension
Date: Friday, July 25, 2025 2:27:23 PM
Attachments: [THCGME Eligible Resident or Fellow FTE ICR.pdf](#)

Please find attached my comments to the ICR: Information Collection Request Title: The Teaching Health Center Graduate Medical Education Program Eligible Resident or Fellow Full-Time Equivalent Chart, OMB No. 0915-0367—Extension.

Best,

Clint

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