OMB Approval No: 0915-0374 Expiration Date: 03/31/2020

NAT Program Specific Data Forms

Fields marked with an asterisk (*) are required

NURSE ANESTHETIST TRAINEESHIP							
* Current Fiscal Year: (Select the fiscal year date that is provided in the current NAT Funding Opportunity Announcement cover page)							
Table 1 - NAT: Enrollment, Traineeship Support, Graduates, Graduates Supported and Projected Data							
Students							
# Masters Students							
# Doctoral Students							
GRAND TOTAL							

Practice Settings	Number of Graduates
Community Health Centers	
Migrant Health Centers	
Health Care for the Homeless Grantees	
National Health Service Corps Sites	
Indian Health Service Sites/ Tribal Health Sites	
Federally Qualified Health Centers	
State or Local Health Departments	
Ambulatory Practice Sites Designated by State Governors	
Health Professional Shortage Areas (HPSAs)	
Rural Populations/Settings	
Underserved Populations/Settings	
3. Percentage of Graduates Employed in these Settings (SFP) (Number 1 divided by Number 2)	