



Georgia Statewide AHEC Support Form

First Name	Last Name	Middle Name	Maiden/Previous	Goes By	
Birthdate	Race	Gender	Mobile Phone	Home Phone	
Personal Email ↓		School Email ↓			
CURRENT MAILING ADDRESS:		PERMANENT/NEXT OF KIN INFORMATION:			
Street: _____		Next of Kin: _____			
City: _____		Relationship to you: _____			
State: _____		Next of Kin Phone: _____			
Zip: _____		Email: _____			
County: _____		Street: _____			
		City: _____ State: _____			
County you graduated High School: _____		County: _____			
State you graduated High School: _____		Zip: _____			
Student's Birth Country: _____		Country: _____			
School Name: _____		Expected Graduation Date: _____			
School Contact: _____		NHSC Scholar? Y/N _____			
School Contact Email: _____		Do you speak Spanish? Y/N _____			
Degree Program Name: _____		Military Status (active, vet, n/a): _____			
Have you been determined to be from a disadvantaged background and/or have you demonstrated financial need? (Y/N)					
SURVEY INFORMATION:					
SA	Strongly Agree	_____	I intend to work / practice / serve in a rural setting.		
A	Agree	_____			
SW	Somewhat Agree	_____	I intend to work / practice / serve in a setting that serves the medically underserved.		
D	Disagree	_____			
SD	Strongly Disagree	_____	I intend to work / practice / serve in a primary care setting.		
ROTATION INFORMATION:					
Start Date:	End Date:	# Days:	# Clinical Training Hours:		
PRECEPTOR INFORMATION:					
First Name/Last Name	M/F	Preceptor Title	Preceptor Specialty	Preceptor Ethnicity	
Site Name: _____					
Street Address: _____		Phone: _____			
City, Zip: _____		Fax: _____			
County: _____		Email: _____			
AHEC USE ONLY	Support Provided:		Housing Location:		
	_____	Travel	Amount/Bill To: _____		
	_____	Housing/Stipend	Amount/Bill To: _____		
	_____	Placement	TOTAL: _____		
 706-235-0776 p 706-378-3113 f blueridgeahec.org	 770-219-8130 p 770-533-9893 f foothillsahec.org	 912-478-1050 p 912-478-0816 f magnoliacoastlandsahec.org	 229-439-7185 p 229-888-5154 f sowega-ahec.org	 404-815-4996 p 404-815-4998 f spccatlantaahec.org	 706-507-0894 p 706-507-0896 f threeriversahec.org