



## TRAVEL STIPEND REQUEST

Date \_\_\_\_\_

Would you consider working in a rural or medically underserved area? Yes \_\_\_\_ No \_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mail Check to (address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PRACTICUM RECORD

Dates at this Site: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Name of Site: \_\_\_\_\_

Site's Address: \_\_\_\_\_

Amount: \$50.00

Student's Signature: \_\_\_\_\_

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1512 W Third Avenue  
Albany, GA 31707  
(229) 439-7185  
(229) 888-5154 fax  
khitch@sowega-ahec.org

*Thank you for helping us increase health professionals in southwest Georgia*

### OFFICE USE ONLY

Date practicum record updated: \_\_\_\_\_

Staff Initials: \_\_\_\_\_