



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: _____						
County you graduated High School: _____					City: _____ State: _____						
State you graduated High School: _____					County: _____						
Student's Birth State: _____					Zip: _____						
Student's Birth Country: _____					Country: _____						
School Name: _____					Expected Graduation Date: _____						
School Contact: _____					NHSC Scholar? Y/N <input type="checkbox"/> Y <input type="checkbox"/> N						
School Contact Email: _____					Do you speak Spanish? Y/N <input type="checkbox"/> Y <input type="checkbox"/> 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?								<input type="checkbox"/> Y	<input type="checkbox"/> 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 spcc-atlantaahec.org		 706-507-0894 p 706-507-0896 f threeriversahec.org	