



Georgia Statewide AHEC Support Form

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|---|---|--|---|--|---|
| 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 State: _____ | | Country: _____ | | | |
| Student's Birth Country: _____ | | | | | |
| School Name: _____ | | Expected Graduation Date: _____ | | | |
| School Contact: _____ | | NHSC Scholar? Y/N Y N | | | |
| School Contact Email: _____ | | Do you speak Spanish? Y/N 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 spcc-atlantaahec.org | 706-507-0894 p 706-507-0896 f threeriversahec.org |