



# GEORGIA STATEWIDE AHEC NETWORK - REQUEST FORM

All requests are subject to availability of services. Submitting this form does not guarantee services can be granted.

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| <br>P: 706-235-0776<br>F: 706-378-3113 | <br>P: 770-533-6866<br>F: 770-533-9893 | <br>P: 912-478-1050<br>F: 912-478-0816 | <br>Albany P: 229-439-7185<br>F: 229-888-5154<br>Valdosta P: 229-333-7431<br>F: 229-245-2237 | <br>P: 404-589-1110<br>F: 404-589-1125 | <br>P: 706-256-6345<br>F: 706-256-1809 |
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The AHEC can best assist you when this form is completed in its entirety and returned to the Preceptor Coordinator at the appropriate AHEC office listed above. Forms may be submitted by fax or email. The earlier requests are made, the better opportunity we will have to assist in making the arrangements you have requested. For further questions, please contact the AHEC office associated with your request. Thank you!

|   |            |   |             |
|---|------------|---|-------------|
| Individual submitting this request:   |            | Please select type of request:  |             |
| <input type="checkbox"/> Student<br><input type="checkbox"/> Clinical Coordinator or other Program Representative |            | <input type="checkbox"/> New request<br><input type="checkbox"/> Change to previous request   |             |
| Student Name:   |            | Gender:   |             |
|   |            | <input type="checkbox"/> Male<br><input type="checkbox"/> Female  |             |
| Current Email:  |            | Current Mailing Address:  |             |
| Preferred Phone:  |            | Street:   |             |
| School:   |            | City:   |             |
| Degree Program Name:  |            | State: Zip:   |             |
| Graduation month/year:  |            |   |             |
| Clinical Coordinator/ Program Contact:  |            | Phone: Email:   |             |
| <b>ROTATION PLACEMENT ASSISTANCE</b>  |            |   |             |
| Dates of rotation   | First day: | Last day:   |             |
| Type of rotation (Peds / Fam Med / Psy / ObGyn / etc)   |            |   |             |
| If you want to request specific Preceptors or sites list in order of preference:                                  |            | 1.<br>2.<br>3.  |             |
| OR if you want to request specific town/location list in order of preference:                                     |            | 1.<br>2.<br>3.  |             |
| Do you need confirmation by a specific date?  |            | <input type="checkbox"/> YES, I need to let my program know by: _____<br><input type="checkbox"/> NO, I just need to know as soon as can be confirmed |             |
| <b>HOUSING ASSISTANCE:</b>  |            |   |             |
| Will you need housing during this rotation?   |            | <input type="checkbox"/> YES - preferred location: _____<br><input type="checkbox"/> NO, I will provide my own housing arrangements                   |             |
| If you need housing, please list reservation dates if different than rotation dates listed above                  | Move in:   | Move out:   |             |
| Please circle any additional type of AHEC support you would be interested in learning about:                      |            | Travel Support  | Ovid CINAHL |