



GEORGIA STATEWIDE AHEC NETWORK STUDENT PROFILE & SUPPORT FORM

This form must be received by the appropriate AHEC office before support can be granted.

 P: 706-235-0776 F: 706-378-3113	 P: 770-533-6866 F: 770-533-9893	 P: 912-478-1050 F: 912-478-0816	 Albany P: 229-439-7185 F: 229-888-5154 Valdosta P: 229-333-7431 F: 229-245-2237	 P: 404-589-1110 F: 404-589-1125	 P: 706-256-6345 F: 706-256-1809
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Last Name:		First Name:		Gender:	Birth Date:	Birth State:	
				M / F		County:	
Current Mailing Address:				Next of kin (dad, sister, etc.):			
City:	State:	Zip:		Permanent Address:			
Cell Phone:		Home Phone:		City:	State:	Zip:	
Email while enrolled:				County:		Phone Number:	
Email after graduation:							
School:	Degree Program Name:			Graduation month/year:	NHSC Scholar?	Student Ethnicity:	
					YES NO	AA / Alask / Asian / Amer In / Cauc / Hisp / Pac Is / Other	
School contact:		Contact Phone:			Email:		

Would you consider working in a rural or medically underserved area?

Yes _____ No _____

Rotation Information:

Begin date: _____ End Date: _____ # Days at Site: _____ # Clinical Training Hours: _____

Preceptor Information:

Last Name, First Name: _____

Preceptor Title:

CNM CRNA DDS
 DMD DO MD NP
 OT PA PharmD
 PT RN RT SP
 Other _____

Preceptor Specialty:

Anes Den ER
 Fam Int Neuro
 OBG Peds Pharm
 Psy Surg
 Other _____

Preceptor Ethnicity:

AA Alask Asian
 Amer In Cauc
 Hisp Pacific Is
 Other _____

Preceptor Site Name (company): _____

Address:

Street: _____

Phone: _____

City: _____ Zip Code: _____

Fax: _____

County: _____

Email: _____

**AHEC
USE ONLY**

Support Provided:

Travel _____ Housing _____
 Placement _____ Ovid / CINAHL _____
 Other _____ Guide _____

Housing Location: _____

Community \$ _____

AHEC \$ _____

Total Amount \$ _____