



# SPCC ATLANTA • AHEC

Southeastern Primary Care Consortium Inc.  
Atlanta Area Health Education Center

## CLINICAL TRAINING AND SUPPORT FORM

**You must completely fill out this form to receive reimbursement/support.**

Urban  
Rural

Name:		School:
Mailing Address:		E-Mail Address:
City:	State:	Zip Code:
Day Phone:	Evening Phone:	Fax:
Program of Study (NS, NP, PA, MD, PA, RN, OT, PT, etc.)		Need mileage assistance in future?

### Clinical Rotation Record

Specialty Rotation (OB, Surgical, etc.):			
Preceptor Name:		Facility:	
Preceptor Address: Street		City	State
		Zip	
Preceptor's Ethnicity:		Phone:	Fax:
County of Rotation: _____	<b>Type of Preceptor Site (Please Circle):</b>		
E-mail Address: _____	Community Health Center	Mental Health Center	
	Public Health Department	Rural Health Center	
	Private Practice (Individual/Group) Other: _____		
Dates at This Site: From:		To:	
<b>Total Number of Days at This Site:</b>		<b>Total Number of Hours at This Site:</b>	
Was your preceptor a National Health Service Corp Loan Recipient? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>After graduation, would you consider practicing in a rural or underserved community? Yes <input type="checkbox"/> No <input type="checkbox"/></b>			

Have you received a reimbursement from AHEC before? Yes  No  If Yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Have you completed a Student Profile Form? Yes  No

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

#### AHEC OFFICE USE ONLY

Total Miles \_\_\_\_\_ x .36 = \$ \_\_\_\_\_  
 Housing Stipend: \$ \_\_\_\_\_  
 Total Amount of Reimbursement: \$ \_\_\_\_\_

County: _____			
HPSA	Y <input type="checkbox"/>	N <input type="checkbox"/>	
MUA	Y <input type="checkbox"/>	N <input type="checkbox"/>	
DISAD	Y <input type="checkbox"/>	N <input type="checkbox"/>	
MIN	Y <input type="checkbox"/>	N <input type="checkbox"/>	

Approved By:	Check Number:	Date Paid:
Date Input into Data Base:	Input By:	Input into Report Data Base? Y <input type="checkbox"/> N <input type="checkbox"/>

**PLEASE RETURN YOUR COMPLETED APPLICATION TO:**  
 75 Piedmont Avenue, NE, Suite 1190, Atlanta, GA 30303 Phone (404) 589-1110 Fax (404) 589-1125  
 spccatlantaahcec.org