



# PRECEPTOR RECRUITMENT FORM

Are you interested in training health professional students? If so, please provide the requested information below\*:

**PLEASE TYPE OR PRINT CLEARLY**

**Section I**

Name: \_\_\_\_\_ (Last, First, Middle, Suffix, Degree)

Specialty: \_\_\_\_\_ Board Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Facility/Practice Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_ County: \_\_\_\_\_

Office Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Office Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section II**

Practice Type (Please check one)

- Hospital
- Private Group Practice
- Private/Solo Practice
- Public Health
- Dental Practice
- VA Hospital/Practice
- Community Health Center
- Behavioral/Mental Health Practice

Practice Specialty: (Please check all that apply)

- Family Practice
- Board Certified
- Internal Medicine
- Board Certified
- Pediatrics
- Board Certified
- Urgent Care/EM
- Board Certified
- Ob/Gyn
- Board Certified
- Other: \_\_\_\_\_
- Board Certified

Is your clinic a state/federally designated rural/underserved health clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your clinic a federally (PHS) funded clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever served as an AHEC Preceptor? Yes \_\_\_\_\_ No \_\_\_\_\_

*\*The information provided will be kept strictly confidential, and is for SPCC Atlanta AHEC use only. Please submit the completed form by email to [info@spcc-atlantaahec.org](mailto:info@spcc-atlantaahec.org) or by fax to (404) 815-4998. Upon receiving your completed form, an AHEC Representative will be contacting you. Thank you for your interest in becoming an AHEC Preceptor!*

Serving Fulton, DeKalb and Clayton counties with