



Preceptor Recruitment Form

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



PLEASE PRINT CLEARLY

Section I

Name (First & Last, Suffix, Degree): _____

Specialty: _____ Board Certified: Yes: _____ No: _____

Facility/Practice Name: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____ County in GA: _____

Office Phone No: _____ Fax No: _____

Office Contact: _____ Phone No: _____

Contact's Direct Email Address: _____

Section II

Practice Type (Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Private Group Practice | <input type="checkbox"/> Private/Solo Practice |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Dental Practice | <input type="checkbox"/> VA Hospital/Practice |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Behavioral/Mental Health Practice | <input type="checkbox"/> Other (_____) |

Practice Specialty: (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Family Medicine | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> General Dentistry | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> General Surgery | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> Urgent Care/EM | <input type="checkbox"/> Board Certified |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Board Certified |

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

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

Have you ever served as an AHEC Preceptor? Yes _____ No _____

If yes, when and where did you serve? With what type of health professional students?

****The information provided will be kept strictly confidential and is for SPCC Atlanta AHEC use only. Please submit completed form by email to shanetria@spcc-atlantaahec.org or fax to 404-815-4998. Upon receiving your completed form, Ms. Shanetria Pierson, the Preceptor Coordinator will contact you. Thank you for your interest in becoming an AHEC Preceptor!***

Serving Fulton, DeKalb, and Clayton Counties with ♥!