

## Resident/Student Data Worksheet

Today's Date: AHEC Center

Information for this form is provided voluntarily. East Texas AHEC is required to report information about program participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly.										
☐ Dr. ☐ Miss Last Name ☐ Mr. ☐ Ms. ☐ Mrs.		First	M.I.	MF	<b>arital Statu</b> ] Single □ arried		Date of Birth			
Current Address	City	State	ZIP Code	Current Phone No	Э.	Cell Phone No.				
Permanent Address	City	State	ZIP Code	Permanent Phone	e No.	Pager/Other Pho	ne No.			
Last 4 digits of Social Security No. Email Address		Number of depend spouse/mate)		dents curi	ts currently living with you (not including					
BFA   MBA   MSN   Native Hav   MSN   White Disa   MSN   Med   PHD   White Non   MPA   MSN   White Non   MPA   MSN   MSN		erican / Black Idian/Alaskan Native aiian/Other Pacific Islander		Hispanic  Central American  Cuban  Mexican  Puerto Rican  South American  Other  Secondary		Asian  Asian Indian  Chinese  Filipino  Japanese  Korean  Other				
Institution Enrolled	Institution Ad			Course Director N		Office Phone No.				
Hometown at time of high school gra	College Attended (include City/State)				Undergraduate Major					
Is your hometown considered (select		Are you fluen  1. 2.	Spe		specify) Write Write					
People Type (select one)         ☐ Fellow       ☐ Resident       ☐ Student, Nursing School         ☐ Intern       ☐ Student, Graduate Health Professions Program       ☐ Student, Pre-Health Professions College         ☐ Other       ☐ Student, Medical School       ☐ Student, Undergraduate Health Professions Program										
☐ Community Health / Lay Health Worker       ☐ Medicine-All         ☐ Dental Hygienist       ☐ Medicine-Os         ☐ Dental Public Health       ☐ Mental Healt		istration		ractice	<ul> <li>☐ Physician Assistant</li> <li>☐ Podiatric Med. – Primary Care</li> <li>☐ Preventive Medicine</li> <li>☐ Public Health</li> <li>☐ Rehabilitation</li> <li>☐ Social Work</li> <li>☐ Technicians &amp; Technologists</li> </ul>					
☐ Internal Medicine-Allergy ☐ Internal Medic		dicine-Nephrolog dicine-Pulmonary dicine-Rheumato ogy	Pedia y Pedia lology Pedia Pedia Pedia Pedia Pedia Pedia Pedia Pedia Pedia	Otolaryngology Pediatrics-Allergy Pediatrics-Cardiology Pediatrics-Endocrinology gy Pediatrics-Gastroenterology Pediatrics-General Pediatrics-Genetics Pediatrics-Hematology/Oncology Pediatrics-Infectious Disease Pediatrics-Neonatology		Pediatrics-Nephrology Pediatrics-Pulmonary Pediatrics-Rheumatology Psychiatry Public Health Surgery-Cardiothoracic Surgery Surgery-Oral & Maxillofacial Surgery-Urology				
Did you obtain a NHSC (National Health Service Corp.) Scholarship?  ☐ Yes ☐ No, but interested ☐ No	locate for ultim apply)  Border Area	ommunity would ate practice? (se n  Rural [ Suburban [		List any services th are requesting from AHEC	n Š	Name any hobbies, interests or other for recreation that you	rms of			

ROTATION INFORMATION (Must be completed in it's entirety)											
Student Name	Tota	Total Combined Hours									
	•	W Preceptor or NEW Site									
Start Date	End Date	Total Hours	Start Date	End Date		Total Hours					
Course Name (i.e. POM, Clinical Fieldwork, Clinical Experiences II, etc)			Course Name (i.e. POM, Clinical Fieldwork, Clinical Experiences II, etc)								
(1) Preceptor Name			(2) Preceptor Name								
Site Name		Site Name									
Site Address, City, State		Site Address, City, State									
Community Health Center (CHC)		er AHEC Community Based ning Site er Medically Underserved Site rate Practice lic Housing Primary Care	Site Designation (select all that apply)  AHEC Urban Community Based Site Community Health Center (CHC) Federally Qualified Health Center Governor Designated Ambulatory Practice Site Health Care for Homeless Health Department Health Professions Shortage Area (HPSA) Indian Health Service (IHS) / Tribal Health Site								
Start Date	End Date	Total Hours	Start Date	End Date		Total Hours					
Course Name (i.e. POM, Clinical Fieldwork, Clinical Experiences II, etc)			Course Name (i.e. POM, Clinical Fieldwork, Clinical Experiences II, etc)								
(3) Preceptor Name		(4) Preceptor Name									
Site Name		Site Name									
Site Address, City, State			Site Address, City, State	е							
☐ Community Health Center (CHC)       ☐ National Health Street         ☐ Federally Qualified Health Center       (NHSC)         ☐ Governor Designated Ambulatory       ☐ Other AHEC Community         Practice Site       Training Site         ☐ Health Care for Homeless       ☐ Other Medically Umprivate Practice         ☐ Health Department       ☐ Private Practice		er AHEC Community Based ning Site er Medically Underserved Site rate Practice olic Housing Primary Care ntees	Site Designation (select AHEC Urban Commun Community Health Cer Federally Qualified Hea Governor Designated A Practice Site Health Care for Homel Health Department Health Professions Sho (HPSA) Indian Health Service (Health Site	ity Based Site  Inter (CHC)  Alth Center  Ambulatory  ess  Ortage Area	Natio (NHS Other Traini Other Privai Public	Migrant Health Center (MHC)     National Health Service Corp (NHSC)     Other AHEC Community Based Training Site     Other Medically Underserved Site     Private Practice     Public Housing Primary Care Grantees     Rural Health Clinic					
Dates Utilized Facility Type (i.e. Bed & Breakfas		st, Apts., Dorm, etc)			Capacity of Facility						
Facility Name			Facility Address								