

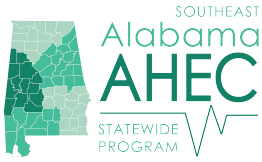


Member of the
STATEWIDE PROGRAM

Mileage Reimbursement

Please complete all requested information to be eligible for funding assistance and send to students@seaahec.org - students may receive funding reimbursement while funding is available each year.

Today's Date:				
Student Name (last, first):				
Clinical Site Name:				
Clinical Site Address:				
Clinical Site Preceptor Name:				
Rotation Date(s):		Total Number of Hours Completed:		
Date of Travel	Starting Address:	Ending Address:	Round Trip (Y/N)	Total Mileage
<i>Ex. 12/13/2014</i>	<i>123 Virginia Street, Troy, AL 00000</i>	<i>145 Hwy 231S Dothan, AL 00000</i>	<i>Y</i>	<i>65</i>
Total Miles				
To be complete by AHEC staff only	Approved by:		Date Approved	
	Amount Paid		Date Paid	



CBET Student/Resident Worksheet

(Please Print)

STUDENT INFORMATION:			Today's Date:		
Last Name/First name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Birthdate (mm/dd/yyyy)	
Address		City	County (not USA)	State	Zip code (9 digit if possible)
Primary Phone #		Email Address:			
Race (select all that apply) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Not reported		Can you answer yes to any of the following? Yes No - You are (or will be) the first generation in your family to attend college. - You have or currently receive Scholarship or Loan for Disadvantaged Students. - While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid etc.). - While growing up, you lived where there were few medical providers at a convenient distance.			
Did you grow up in a rural or remote (geographically isolated) area? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Veteran Status <u>Active Duty Military:</u> An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services. <u>Reservist:</u> An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services. <u>Veteran (Prior service):</u> An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more. <u>Veteran (Retired):</u> An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more OR An individual discharged from one (1) of the seven (7) uniformed services due to medical status. <u>Individual is not a Veteran:</u> A student who has never served in one (1) of the seven (7) uniformed services OR An student who was discharged from one (1) of the seven (7) uniformed services before serving a total of 90 days or more. Not Reported					
AHEC Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School:			Anticipated Date of Graduation (mm/yyyy):		
Type of Student/Trainee: <input type="checkbox"/> Resident <input type="checkbox"/> Student – Medical School <input type="checkbox"/> Student – Nursing School <input type="checkbox"/> Student – Dental School <input type="checkbox"/> Student – Graduate Health Professions Specify: _____ <input type="checkbox"/> Student - Undergraduate		Health Profession Discipline: <input type="checkbox"/> Medical School <input type="checkbox"/> Allopathic Medicine – MD <input type="checkbox"/> Osteopathic General Practice - DO <input type="checkbox"/> Nursing <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP—Specify _____		<input type="checkbox"/> Optometry <input type="checkbox"/> General Dentistry <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Pharmacy School <input type="checkbox"/> Resident—Specify Discipline & Specialty _____ <input type="checkbox"/> Other: _____	
After training, I plan to work (check all that apply): <input type="checkbox"/> In a primary care clinical setting <input type="checkbox"/> With underserved populations <input type="checkbox"/> In a rural area <input type="checkbox"/> None of these <input type="checkbox"/> Don't know					
CURRENT ROTATION INFORMATION: Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____					
PREVIOUS ROTATION INFORMATION: Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____			PREVIOUS ROTATION INFORMATION: Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____		
If your rotation qualifies, would you like housing assistance or mileage reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No					

This section for office use:	Entered: _____
<input type="checkbox"/> EC <input type="checkbox"/> NA <input type="checkbox"/> SA <input type="checkbox"/> SE <input type="checkbox"/> WC	(initials & date)

Payment Information Form

Please make sure that your writing is legible if not typed.

<ul style="list-style-type: none"> • Up to \$500 per calendar year. • Can receive either mileage or housing reimbursement per rotation, but not both. • Limit of \$400 per rotation for housing and \$200 for mileage per rotation • Payment is made after rotation is completed and all paperwork has been received • Please allow up to 14 days to process your request 	
Student Name:	
Email:	Phone Number:
Bank Name:	Checking Savings
Account #	Bank Routing #

Forms needed for each reimbursement request:

Housing Reimbursement	Mileage Reimbursement
<ul style="list-style-type: none"> • Housing Reimbursement Form • Student Worksheet • W9 – with original signature (<i>only needs to be completed one time</i>) • Payment Information form (<i>only needs to be completed one time</i>) 	<ul style="list-style-type: none"> • Mileage Reimbursement Form • Student Worksheet • W9 – with original signature (<i>only needs to be completed one time</i>) • Payment Information form (<i>only needs to be completed one time</i>)

