



Member of the
STATEWIDE PROGRAM

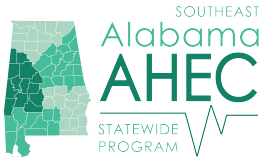
STUDENT HOUSING REIMBURSEMENT FORM

Please complete all information requested below to be eligible for funding assistance.

Students may receive reimbursement while funding is available each year..

Please attach a copy of the housing lease agreement & email students@seaahec.org.

Today's Date:		
Student Name:		
Clinical Site Name:		
Clinical Site Address:		
Clinical Site Preceptor Name:		
Rotation Date(s):	Total Number of Hours Completed:	
Housing Site:		
Housing Site Address:		
Date(s) of Stay:	Length of Stay:	
Cost of Stay (per day/week):	Total Amount Paid by Student:	
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:			PREVIOUS ROTATION INFORMATION:			
Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____			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>)

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
				-					-				
or													
Employer identification number													
				-									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.