



TRAVEL STIPEND REQUEST

Date _____

Would you consider working in a rural or medically underserved area? Yes ____ No ____

Name: _____ Phone: _____

Mail Check to (address): _____

City: _____ State: _____ Zip: _____

PRACTICUM RECORD

Dates at this Site: _____

Preceptor's Name: _____

Name of Site: _____

Site's Address: _____

Amount: \$25.00

Student's Signature: _____

SOWEGA-AHEC
1512 W Third Avenue
Albany, GA 31707
(229) 439-7185
(229) 888-5154 fax

Thank you for helping us increase health professionals in southwest Georgia

OFFICE USE ONLY

Practicum record updated? _____

Date Updated: _____

Staff Initials: _____