

PENNSYLVANIA AHEC	Practitioner Recruitment in Underserved Area PR-1	AHEC Region: _____
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To be completed by AHEC staff. Date Completed: ___/___/___
Month Day Year

A form should be filled out for each recruitment effort, regardless of whether it is successful. The form is intended to tally recruitment to underserved areas, safety net clinics, or sites that serve underserved populations. Please complete this form for all recruitment efforts, even if the site does not meet one of these criteria. *If the recruit had previous experience with the AHEC, please complete this form, even if the AHEC did not take an active role in the recruitment.*

1. Name of Recruit _____
2. Discipline of Recruit _____
3. Name of Site _____
4. Address of Site _____(street)
_____ (city)
_____ (state) _____ (ZIP)
5. Name or number of HPSA or MUA _____
6. Type of site (check all that apply).
 - CHC (a)
 - FQHC look alike (b)
 - Rural health clinic (c)
 - Other primary care practice (d)
 - Specialty practice (e)
 - Serves 40% or more Medicaid and uninsured (f)
 - NHSC site (g)
 - Hospital (h)
 - Other site _____ (i)
7. What best characterizes your contribution to the recruitment of this provider?
 - Lead or shared the lead (1)
 - Significant (2)
 - Minor (3)
 - None (4)
8. Was the recruitment effort successful?
 - Yes (1)
 - No (2)
 - Other _____ (3)

9. Please describe the AHEC's contribution to this recruitment effort

10. Please describe the recruit's previous experience with your or any other AHEC.
