

<b>PENNSYLVANIA AHEC</b>	<b>Practitioner Recruitment in Underserved Area PR-1</b>	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

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

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