

PENNSYLVANIA AHEC	Resident Remote Rotation R-3	AHEC Region Use Only: Code: _____
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The Pennsylvania AHEC, in partnership with your school, is seeking to help meet the primary care needs of our communities and to make health careers training a more valuable experience. Results from this survey will be used to support these goals. **All survey responses are confidential.** Data will only be used within the AHEC program and never for commercial purposes.

Please answer each item as completely as possible. Please print all responses.

Date Completed: ____/____/____
Month Day Year

1. Your Name _____
Last Name

First Name Middle Name

2. What is the name of the facility where your rotation took place?
 Name of facility: _____
 City: _____

3. How much clinical time did you spend at this site? *(If less than 1 day enter "1".)*
 ____ ____ ____ days Start date of this rotation ____/____/____
Month Day Year

4. Has the clinical rotation you just completed influenced your feelings about the probability that you might practice in one of the following areas upon graduation? *(Please answer all.)*

	Made It less Likely	No Influence	Made it More Likely
a. In Pennsylvania	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. In a rural area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. In an inner-city area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. In a medically underserved area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Thank you!

AHEC Region Use Only	
Date Entered: ____/____/____ <small style="margin-left: 50px;">Month Day Year</small>	
Site Code: _____	Entered by: _____