

**PENNSYLVANIA
AHEC**

**RESIDENCY TRACKING
FORM II
RT-2**

AHEC Region Use Only:

Code: _____

The Pennsylvania AHEC, in partnership with your residency program, 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. Name _____
Last Name

First Name

Middle Name

2. What is the name of the medical school that you attended? (If the school is *not* in Pennsylvania, please enter city and state or country.)

(City/State or Country)

3. What is the name of the hospital or health system at which your residency is taking or took place?

4. What is the name of that residency program (e.g., family medicine or pediatrics)?

5. What is the address of that residency program?

Street Address

City State Zip

6. What is (will be) the completion date of your residency?

____ / ____
Month Year

7. Have you made a commitment to post-residency employment?

- Yes (1)
- No (if "No", skip to question 11) (2)

8. What is the name of the medical practice or institution where you will be working?

9. What is the address of this practice or institution?

Street Address

City

State

Zip

10. What best describes this practice or institution?

- Solo medical practice (1)
- 2-3 physician medical practice (2)
- Larger group medical practice (3)
- Community Health Center (CHC) (4)
- Hospital (5)
- Other clinical _____ (6)
- Other non-clinical _____ (7)

11. In what specialty are you seeking certification (or are certified)?

- Family practice (1)
- Pediatrics (2)
- Psychiatry (3)
- Internal medicine (4)
- OB/GYN (5)
- Other (please specify) _____ (6)

12. Are you participating in a Federal or State loan repayment program?

- No (1)
- Yes, National Health Service Corps (2)
- Yes, Military Service Corps (3)
- Yes, Other Federally-sponsored loan repayment program (4)
- Yes, State-sponsored loan repayment program (5)

13. Are you participating in a Visa waiver program (like J-1 or H-1)?

- Yes (1)
- No (2)

Thank you!

AHEC Region Use Only

Date Entered: ____ / ____ / ____
Month Day Year

Entered by: _____