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| **HOUSING REIMBURSEMENT FORM**  The purpose of AHEC reimbursement is to **help ease the financial burden and encourage students** that are interested in completing rotations in rural or underserved Southern Alabama communities. Rotations must be completed at a clinical site or organization that is located in a Health Profession Shortage Area (HPSA) or Medical Underserved Area (MUA). In order to determine if your site meets these requirements please use the [HRSA designation look-up page](http://datawarehouse.hrsa.gov/geoAdvisor/ShortageDesignationAdvisor.aspx). Students may receive reimbursement while funding is available. SAAHEC can reimburse up to $400 per rotation for housing.  **Please attach a copy of housing lease/agreement or hotel receipts** | | | |
| Today’s Date: | | | |
| Student Name (Last, First, M): | | | |
| Academic Institution: | | | |
| Type of Rotation (Peds, Family Med, OB, etc) | | | |
| Clinical Site Name: | | | |
| Clinical Site Address: | | | |
| Clinical Site Preceptor Name: | | Preceptor Email Address: | |
| Rotation Date(s): | | Total Number of Hours Completed: | |
| Housing Site: | | Housing Site Address: | |
| Date(s) of Stay: | | Length of Stay: | |
| Cost of Stay (per day/week) | | Total amount paid by student: | |
| To be complete by AHEC staff:  Approved by | Date Approved | | |
| Amount Paid | | Date Paid |