

Student Verification Form / Invoice

4th Quarter 2016 (rotations completed by 06/30/16)

**GREENSBORO AHEC
OFFICE OF REGIONAL PRIMARY CARE EDUCATION (ORPCE)**

1200 N. Elm Street
Greensboro, NC 27401-1020

PHONE: (336) 832-8568 FAX: (336) 832-3570

Please verify that ALL information is correct, including the payee, student, preceptor and provide any incomplete information. "Be sure to sign the form where indicated below" then FAX the form to 336-832-3570 or 336-832-2851. PLEASE NOTE: ALL FORMS MUST BE RECEIVED IN OUR OFFICE BY Friday June 24th. Payment cannot be guaranteed for forms received after Friday June 24th, 2016. Your signature on this form verifies the accuracy of this report. Checks can not be re-issued once processed by our Accounting Dept. Payment for precepting students will be processed and mailed in approximately five weeks. IF WE DO NOT RECEIVE YOUR SIGNED VERIFICATION FORM OR W-9 (if required by June 24th WE WILL TEMPORARILY PLACE YOU IN A NO-PAY STATUS FOR THIS QUARTER. We only need a W-9 if you are a new site, your payee or address has changed.

TRAINING SITE: Chatham County Health Department, Siler City PHONE: (919) 742-5641

ADDRESS: 1000 S. 10th Avenue FAX: (919) 742-7496

Siler City, NC 27344-

ATTENTION:

~~Bonnie Dukeman~~ *Debbie Garrett*

PAYEE #: 56-600284A

STUDENT INFORMATION:

STUDENT: Anna Peek

SCHOOL: Nurse Practitioner

COURSE: N 826 Adv. Practicum in the Primary Car PRECEPTOR: Rachel McInerney, FNP

FROM: 1/11/2016 TO: 4/27/2016 WEEKS: 6

TOTAL # OF WEEKS FOR SITE: 6

TOTAL PAYMENT: \$675.00

** INFORMATION VERIFIED BY: *Debbie Garrett, RN, DNP* DATE: *6-16-16*

*Thank you for precepting health profession students.
Please keep this form for your records.*