Dear Student;



Thank you for choosing Genesis Healthcare Associates for your clinical rota on in Primary Care. It is our goal to provide you with a high-quality learning experience through hands on teaching and prac cal applica on of clinical skills and knowledge.

In order to enhance your learning experience, we have altered our patient schedules and the physical environment of the office in order to accommodate the teaching model. These changes have made an economic impact on our practice.

Genesis Healthcare Associates, LLC would love to continue to provide Preceptor Services to the Nurse Practitioner community at no charge, but it has become necessary to assess a fee for these services. Effective May 2024, summer term, the fee will be as follows:

The fee is \$15.00 per credit hour. (ex: 100 hours = \$1500.00).

Students will be accepted on a first come basis. Your spot will be reserved with the return of our paperwork and your payment. I will notify you of days we have available for rotation. You may choose the days best meet your needs (out of the available dates) but keep in mind there are other students vying for these same spots, so it is imperative that you choose your days as soon as possible. There is a 25% deposit (non-refundable) for students requesting rota ons more than 30 days out from the date of contact. These fees must be paid prior to the start of your rotation.

Please contact me at 770-434-1662 if you have any additional ques ons or to pay your fees.

Please sign below and return to me as soon as possible.

Thank you,

Carla Neal-Haley, M.D. Medical Director

I have read and understood the terms of this agreement.

Printed Name: _____

Signature:______Date:_____

Payments can be made on our website : <u>www.genesishca.net</u> .Click on the home page and scroll to The bottom, there is a PayPal option. For account number type "student" and then your name and follow the prompts. You may also call our office at 770-434-1904.