



Please complete this form and return it to the AHEC office located in the Instructional B-Bldg. Room 225 . If you have any questions, please call 852-2759.

Student Information

1. Name: _____
E-mail: _____
Student # _____

2. Last Four Digits of SS# _____ DOB ___/___/___

3. Check one: Male Female

4. Check one: Single Married

5. Number of Children _____

6. Ethnicity: Hispanic Non-Hispanic

7. Race: (Select all that apply)
 African American / Black
 Amer. Indian/ Alaskan Native
 Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai)
 Asian (Other)
 Native Hawaiian / Other Pacific Islander
 White Disadvantaged (educationally or economically)
 White Non-disadvantaged

8. Current Address:
Street: _____
City: _____ State _____ Zip _____

9. Home Phone #: _____
Cell Phone #: _____

10. **Please check which applies to you:**
 3rd Yr. Med. 4th Yr. Med.
 4th Yr. Dental 4th Yr. Dental Hygiene
 Resident - Residency Program: _____
 PGY (program year) _____

11. Graduation date (Month & Year) or completion of residency. _____/_____/_____

12. Family residence at time of High School
City: _____ County: _____
State: _____ Zip _____

13. **Approx. Population of #12 Above**
 Under 1,000 50,000 - 99,999
 1,000 - 24,999 100,000 & above
 25,000 - 49,999

AHEC ROTATION INFORMATION

List Below your Requested AHEC Region Rotation Site along with two alternative choices: Every effort will be made to accommodate student's first choices when possible.

AHEC Regions are:
North Central, Northeast, Northwest, Purchase, South Central, Southeast, Southern, & West

1st Choice: _____
2nd Choice: _____
3rd Choice: _____

Date of Rotation:

From: _____ to: _____
(mm/dd/yy) (mm/dd/yy)

Discipline of Rotation: _____ Required or Elective

Number of Weeks : _____

Name of Preceptor: *(Will be filled out by AHEC staff when assigned)* _____

Hospital / Clinic Name: _____

City of Rotation: _____ County: _____

Signature of UofL Departmental Coordinator: _____

Housing Arrangements (Check all that apply):

A: I want AHEC to help arrange housing B: I will arrange my own housing C: I will need AHEC rent Supplement
D: I will stay with family or friends E: I will commute (no travel \$)

***Please list any special housing needs: Allergies, wheelchair access, etc.**

If you check Box B and/or D, please provide an address and phone number where you can be reached while on rotation.

Street address: _____ City/Town _____ Phone# () _____

Answer the following:

What is your Veteran Status?: Not A Veteran Active Duty Military Reservist Veteran- Prior Service Veteran- Retired

What is your Post Graduation Intent: (Choose one)

I intend to become employed or pursue further training in a primary care setting
 I intend to become employed or pursue further training in a rural setting
 I intend to become employed or pursue further training in a medically underserved community
 None of the Above Not Applicable (N/A)

Please Date Fact Sheet:

DATE: _____