

AREA HEALTH EDUCATION CENTERS SYSTEM
UofL Health Sciences Center
FACT SHEET

Office use:
 AHEC _____
 Date _____

INSTRUCTIONS:

Please complete the entire form with signature at least four weeks prior to the beginning date of the rotation. A fact sheet must be completed for every AHEC rotation.

1. Name _____
 Email _____
 Student ID# _____
2. SS# _____
 Date of Birth _____
3. Sex Male Female
4. Marital Status Single Married
5. Number of Children _____
6. Ethnic Background
 American Indian Asian Black
 White Hispanic Other
7. Current Phone # () _____
 Beeper # () _____
 Cell Phone # () _____
8. Current Address
 Street _____
 City _____ State _____ Zip _____
9. School in which enrolled
 Medicine Dentistry
 Nursing
10. Program Year (circle one)
 Undergraduate 1 2 3 4
 Graduate 1 2 3 4
 Resident 1 2 3 4
11. Graduate Date (month and year)
 or completion of residency
 _____ / _____
12. Family residence at time of high school
 City _____
 County _____
 State _____ Zip _____
13. Approx. population of #12
 Under 1,000 50,000-99,999
 1,000-24,999 100,000 & above
 25,000-49,999
14. Description of Rotation
 Department _____
 Course Name _____ Required or Elective
 Dates of Rotation _____
 Number of Weeks _____
 Name of Preceptor _____
 Hospital/Clinic _____
 City of Rotation _____ County _____

Departmental Coordinator Approval _____

15. Housing Arrangements (check all applicable): Smoking Non-Smoking Pet Allergies
 A. I want AHEC to help arrange housing. C. I will need AHEC rent supplement.
 B. I will arrange my own housing. D. I will stay with my family or friends-no rent.
 E. I will commute (no travel allowance).

Date and time of arrival at rotation site
 Date: _____ / _____ / _____ Approximate Hour: _____ AM or PM (circle one)

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

Street address _____ Town _____ Phone # () _____

16. PLEASE SIGN AND DATE FACT SHEET.

SIGNATURE _____ DATE _____