



Please complete this form and return it to Ron Welch in the AHEC office Rm 231 Instructional B Building. If you have any questions please call the AHEC office at 852-2759.

AHEC AREA HEALTH EDUCATION CENTER

Fact Sheet

Student Information

1. Name: _____

Email: _____

Student ID# _____

2. SS# _____

Date of Birth: _____

3. Sex: Male Female

4. Marital Status: Single
Married

5. Number of Children: _____

6. Ethical Background:

American Indian Asia Black
 White Hispanic Other

7. Home Phone #: () _____

Cell Phone #: () _____

8. Current Address:

Street: _____

City: _____

State: _____ Zip: _____

9. Please check which applies to you:

3rd Yr. Medical Student:

4th Yr. Medical Student:

4th Yr. Dental Student:

4th Yr. Dental Hygiene Student:

Resident:

10. Graduation date (Month & Year) or completion of residency.

_____ / _____

11. Family residence at time of High School

City: _____

County: _____

State: _____ Zip _____

12. Approx. Population of #11 above:

Under 1,000 50,000 — 99,999

1,000 — 24,000 100,000 & 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 (no rent) E: I will commute (no travel \$)

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# () _____

Please sign and date fact sheet:

SIGNATURE: _____ DATE: _____