



Upstate Area Health Education Center (AHEC) Placement Request Form

Please return form (via mail, fax, or email) to:
 Health Professions Student Services
 HPS Coordinators
 Upstate AHEC
 200 N. Main St.
 Ste. 201
 Greenville, SC 29601
 Phone: 864-238-2648
 Fax: 864-349-1179 (attn: N. Stover-Nicholson)
 Email: nstover@upstateahec.org

- Please complete all sections.
- You should submit request form as soon as your rotation dates are confirmed.
- You will be notified (email or phone) by Upstate AHEC once your form is received to discuss your request.

Date : _____

Name: _____ Gender: _____

Address: _____

Phone Number: _____ Email Address: _____

Emergency Contact: _____ Phone(s): _____

University/Department: _____

Degree Program: _____ Current year of training: _____

School Contact (Name, Phone Number, Email): _____

	Rotation 1	Rotation 2 (if applicable)	Rotation 3 (if applicable)
Course Name and Number			
Rotation Site/ Preceptor Name or Preferred Rotation Location (i.e. city or county preference)			
Rotation Dates (Begin and End)			
Do you need AHEC Housing? If yes, please indicate the housing dates (Begin and End)			

Additional Rotation Information (ex: # of hours required, # of days per week, etc):

For office use only:
 Housing Available: _____
 Student Notified (Date): _____
 Housing Agreement/Policy Form Received (Date): _____