



# 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  
104 S Venture Drive  
Greenville, SC 29615  
Phone: 864-349-1168  
Fax: 864-349-1179 (attn: Tina Fulton)  
Email: tfulton@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. facility, 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 Guidelines Received (Date): \_\_\_\_\_  
 Student Info Form Completed (Date): \_\_\_\_\_