



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: 864-349-5992 (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): _____