

**North Carolina AHEC Program
COMMUNITY PRIMARY CARE ROTATION**

TO: The ORPCE office at the AHEC checked below.

- | | | |
|---|---|--|
| <input type="checkbox"/> Area L AHEC | <input type="checkbox"/> Charlotte AHEC | <input type="checkbox"/> Coastal AHEC |
| <input type="checkbox"/> Eastern AHEC | <input type="checkbox"/> Greensboro AHEC | <input type="checkbox"/> Mountain AHEC |
| <input type="checkbox"/> Northwest AHEC | <input type="checkbox"/> Southern Regional AHEC | <input type="checkbox"/> Wake AHEC |

FROM: Duke ECU Methodist UNC-C UNC-CH UNC-G UNC-W WCU Wake Forest
 New Request Change in Request

Date: _____ Person Completing Form: _____

Phone: _____ E-mail Address: _____

ORPCE is requested to notify school/course contact by _____ if placement has not been scheduled.
(date)

STUDENT/COURSE INFORMATION:

Student Name: _____ Sex: Male Female

Student Phone: _____ Year: _____

Student Address: _____

Student E-mail: _____ SS# last 4 digits: _____

Course Name: _____ Course Number: _____

Course Director: _____ Course Contact: _____

Phone: _____ Fax: _____

Rotation Dates: _____

Degree Sought <input type="checkbox"/> ANP <input type="checkbox"/> CNM <input type="checkbox"/> FNP <input type="checkbox"/> GNP <input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> PharmD <input type="checkbox"/> PNP <input type="checkbox"/> WHNP
--

I verify that this student is in good standing with the University, has completed all pertinent OSHA training, and is covered for liability during this community rotation.

Faculty Course Director's Signature

PLACEMENT INFORMATION:

We request that the AHEC/ORPCE office assist with this student placement.

Special placement requests: _____

We have tentatively scheduled the above student with the following preceptor.

Preceptor: _____ Practice Name: _____

Address: _____

Phone: _____ Fax: _____