

**UNIVERSITY OF KENTUCKY
AREA HEALTH EDUCATION CENTER**

138 Leader Avenue
Lexington, KY 40506-9983
(859) 323-8018 (859) 323-1043 (fax)

FACT SHEET

| |
|-------------------|
| Office Use Only: |
| FY_____ |
| INST_____ |
| Date Entered_____ |
| Faxed_____ |
| Initials_____ |

Date: _____

| PERSONAL INFORMATION: (Please Print Legibly) | UNIVERSITY INFORMATION: | STATISTICAL INFORMATION: |
|--|--|---|
| 1. Student ID Number: _____ Last 4 digits of SS# 2. Name: _____ 3. Date of Birth: _____ 4. Current Telephone Number: _____ Cell Phone Number: _____ Beeper: _____ Email: _____ Current Address: Street _____ Street _____ City _____ State, Zip _____ | 5. College in which enrolled: <input type="checkbox"/> Health Sciences <input type="checkbox"/> Nursing <input type="checkbox"/> Dentistry <input type="checkbox"/> Pharmacy <input type="checkbox"/> Medicine 6. School status and program year: Undergraduate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Graduate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Resident <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 7. Anticipated graduation date (or completion of residency) _____ / _____ Month/Year 8. Discipline or Field of Study: _____ 9. If resident, give specialty: _____ | 10. Ethnic background: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> other 11. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female 12. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed 13. Number of Children: _____ 14. Year of Graduation from High School: _____ 15. Family residence at time of high school graduation: City, State, Zip: _____ 16. Approximate population of #15: <input type="checkbox"/> under 100 <input type="checkbox"/> 25,000 – 49,999 <input type="checkbox"/> 100 – 999 <input type="checkbox"/> 50,000 – 99,999 <input type="checkbox"/> 1,000 – 24,999 <input type="checkbox"/> 100,000 & above |

ROTATION INFORMATION:

| Course # | Begin Date | End Date | Preceptor and Clinical Site | Town | AHEC (If no or unsure, do not complete shaded areas) | | <i>I want AHEC to arrange housing</i> | | <i>**I Will arrange my own housing</i> | | I will need AHEC Rent | | I will stay with Family – No Rent Needed | | I will Commute | |
|----------|------------|----------|-----------------------------|------|---|--------------------------|---------------------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| | | | | | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please note any special housing needs (wheelchair access, allergies, etc): _____

**If arranging own housing, phone number and address where you can be reached: _____

