



**Placement Request Form for:
NP Students
Out-of-State Students**

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

Name: _____ Date: _____ Female Male

Address: _____

Phone #: _____ Email Address: _____

Emergency Contact: _____ Phone #: _____

University/Department: _____

Degree Program: _____ Current year of training: _____

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

	Rotation 1	Rotation 2 (if applicable)	Rotation 3 (if applicable)
Course Name and No.			
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): _____

Please return form via (mail, fax, or email) to:

Mid-Carolina AHEC
P.O. Box 2049, Lancaster, SC 29721
(803) 286-4121 Fax (803) 286-4165
Casey Cato – ccato@comporium.net