

The Eastern Arizona Area Health Education Center, Inc.  
(EAHEC)  
Student Enrollment Form (please return to Jeri Byrne or John Petty)  
jbyrne@cableone.net johnpetty2@cableone.net

Please print all information legibly

Full Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Current Address street, city, state, zip code  
\_\_\_\_\_

Is this your mailing address? \_\_\_Y\_\_\_ \_\_\_N\_\_\_

If not, please provide your mailing  
address \_\_\_\_\_  
\_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Gender \_\_\_M\_\_\_ \_\_\_F\_\_\_ Age \_\_\_\_\_

Ethnicity: \_\_\_Hispanic?\_\_\_ \_\_\_Non-Hispanic?\_\_\_

Race \_\_\_\_\_ Military Service? \_\_\_\_\_  
.....

**SCHOOL AND INSTRUCTOR/PRECEPTOR INFORMATION (REQUIRED)**

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_

City/State/Zip ***MUST INCLUDE THE LAST FOUR DIGITS OF THE ZIP CODE***

PRECEPTOR/INSTRUCTOR NAME \_\_\_\_\_

LOCATION OF PRECEPTOR/INSTRUCTOR \_\_\_\_\_

ADDRESS FOR CLINICAL ROTATIONS \_\_\_\_\_

PRIMARY DISCIPLINE (please specify which specialty within your discipline, i.e. family medicine,  
registered nurse, nurse practitioner, PA, etc) \_\_\_\_\_

Expected Graduation date \_\_\_\_\_

Your current year in program \_\_\_\_\_

Date you started clinicals? \_\_\_\_\_

Date you ended your clinicals? \_\_\_\_\_

Expected required clinical hours? \_\_\_\_\_

Expected required clinical days? \_\_\_\_\_ how many per week? \_\_\_\_\_ how long per day? \_\_\_\_\_

Support you are seeking?

Travel stipend? \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_

Travel is rated @.15 per mile and a cap of \$150.00 per month per claim. Effective 1/1/2017

Housing? \_\_\_\_\_ please contact John Petty for housing arrangements (928) 961-0334)

Other support? Please identify the type of support. \_\_\_\_\_

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*\*Other support is reviewed by EAHEC Executive Director and is subject to denial.*

\*\*Information Required by Federal Funders

Do you consider yourself disadvantaged? \_\_\_\_\_ Y \_\_\_\_\_ N  
(example, live in a rural, remote, or poor economic area)

Do you have a rural back-ground? \_\_\_\_\_ Y \_\_\_\_\_ N  
(example, were your born or raised in a rural community?)

Are you a National Health Corps Scholar? \_\_\_\_\_ Y \_\_\_\_\_ N  
For more information please go to [nationalhealthcorps.org](http://nationalhealthcorps.org)

Do you speak Spanish? \_\_\_\_\_ Y \_\_\_\_\_ N

Have you ever been part of an AHEC (Area Health Education Center) club or program? \_\_\_\_\_ Y \_\_\_\_\_ N

Have you ever been part of the HOSA program? \_\_\_\_\_ Y \_\_\_\_\_ N  
Health Occupations Students of America

Are you a Rural Health Professions student? (RHPP?) \_\_\_\_\_ Y \_\_\_\_\_ N

Do you have Interprofessional experience \_\_\_\_\_ Y \_\_\_\_\_ N  
(interprofessional experience refers to and training with health professional *not* in your field, i.e. medicine, nursing, allied health)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Consent to Photograph:

I (print your name) \_\_\_\_\_ being (18) eighteen years of age or older, hereby grant permission to the Eastern Arizona AHEC Center and its affiliates to photograph and use photo's of me for educational and promotional use without compensation.

Signature \_\_\_\_\_