

Application Deadline 08-30-24

# AHEC SCHOLARS PROGRAM



THE AHEC SCHOLARS PROGRAM IS DESIGNED TO GIVE CURRENTLY ENROLLED HEALTH PROFESSIONS STUDENTS ADDITIONAL TRAINING AND TEAM-BASED CLINICAL EXPERIENCES WITH HEALTH CARE PROVIDERS IN RURAL AND UNDERSERVED AREAS.

## *AHEC SCHOLARS PROGRAM BENEFITS...*

Students selected to participate in this 2-year training program will develop high-quality, job readiness health care skills through intense inter-professional collaborations with various health care disciplines.

### ADDITIONAL BENEFITS INCLUDE:

- Hands-on experience working with medically trained health professionals from diverse backgrounds.
- Earn an additional 40 hours of didactic training and 40 hours of clinical training above required health professions curricula.
- Expanded knowledge about rural and community-based care while working with underserved populations.
- Open to all disciplines that support primary health care services delivery.

### REQUIREMENTS FOR PARTICIPATION

- Completed application
- Must have transportation – this program includes training workshops at various rural sites (60 miles radius)
- Be a full-time student at a college or university
- Must pass a criminal background check
- Must be willing to sign a 2-year participant contract



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## PARTICIPANT AGREEMENT

I, \_\_\_\_\_, hereby acknowledge my interest in and commitment to the AHEC Scholars Program. I understand the expectations of the program include maintaining a high standard of academic achievement and attending various seminars, workshops and other activities over a 2-year period plus a 1 year follow up period.

I agree to participate in 40 hours of didactic education and 40 hours of clinical training over a 2-year training period in a rural and underserved healthcare setting under the supervision of trained professionals.

I agree that I will abide by all rules regarding authorized and unauthorized areas of Bayou North AHEC and Ochsner LSU Health Shreveport. As guest in the facility, all participants must follow the assigned program schedule. I understand a professional and respectful attitude is required at all times.

\_\_\_\_\_ I agree to hold harmless and indemnify Bayou North Area Health Education Center and Ochsner LSU Health Shreveport for personal injuries and illnesses that may occur while I am on the premises or traveling to the program as a participant of Bayou North AHEC's *AHEC Scholars* programs.

\_\_\_\_\_ I agree to the use of my photograph or videotape of me for use in promotional or education materials for AHEC programs.

\_\_\_\_\_ I understand the rules for confidentiality about patient information and that any breach of this confidentiality is unethical, illegal, and could result in punishment by law.

\_\_\_\_\_ I have completed/provided the requested medical information.

**Application Deadline 08-30-24**

Student Signature

Date



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## APPLICATION

### Demographic Information:

**Application Deadline 08-30-24**

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:    MALE    FEMALE

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Ethnicity:    Afr. American    Am. Indian    Asian    Caucasian (White)    Hispanic    Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Parish: \_\_\_\_\_ Home Phone: (    )    -    Student Cell Phone: (    )    -

Are you from a Rural (population 20,000 or less) area? \_\_\_\_\_ Are you a Veteran?    YES    NO

Student Email: \_\_\_\_\_

Alternate Email: \_\_\_\_\_

Do you have prior experience working with rural healthcare professionals?    YES    NO

If so, please list medical references: \_\_\_\_\_

Do you have reliable transportation?    YES    NO

Have you completed any other AHEC programs?    YES    NO

If so, please list: \_\_\_\_\_

Briefly explain why you want to be considered for this program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Desired Health Career:

Family Medicine    Primary Care    Internal Medicine    OB/GYN    Other: \_\_\_\_\_

I have answered all of the information on this application truthfully, and to the best of my knowledge.

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



LSU Health Shreveport Program Office

# AHEC

Area Health Education Centers

Email your completed application to:

[shvahec@lsuhs.edu](mailto:shvahec@lsuhs.edu)

[shirley.wilson@lsuhs.edu](mailto:shirley.wilson@lsuhs.edu)

or deliver to AHEC Program Office

Room 5-306

Phone # 318-675-8963 Fax: 318-675-5081