

Primary Care Rural Preceptorship Program (PCRPP)

Louisiana State University Health in Shreveport
AHEC Program Office

Student Application

Summer Primary Care Rural Preceptorship

Deadline: January 31, 2025

Date of Application:

MS - I

Class

STUDENT INFORMATION

Name:

Gender: M

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F

☐

Social Security Number: (last 4 digits)

N/A

Present Mailing Address:

Phone Number:

Birth date:

Email:

Permanent Mailing Address:

Emergency Contact Person and Phone #:

Relationship/Address:

Please list below up to 3 preferences for location.

Town /Parish	Dates: Summer 2025	Will housing be needed? (Y/N)
1.		
2.		
3.		

Student Signature

Note: If this application is submitted electronically, the signature will be waived, and a copy of the e-mail will be kept on file.

Date Signed

Please mark an area of interest:

☐

Family Medicine

☐

Pediatrics

☐

Internal Medicine

☐

OB/GYN

Biographical Sketch

The biographical sketch is part of the application process. If you are chosen to participate in this elective, the information will enable us to write a press release. In order to generate community support, AHEC plans to publicize student placements through press releases to hometowns and/or to the site of the preceptorship.

Students Name:

Date of Birth: Birthplace:

Home town: Parish:

Marital Status: Spouse's hometown:

Parent(s) Name:

Address:

Tell us about your family:

High School Attended:

Pre-med Education:

School

Degree

Other Advanced Degree(s): Yes ☐ No ☐ (If yes, please identify below)

Previous Career: Yes ☐ No ☐ (If yes, please identify below)

1. Why did you decide on a career in medicine?

2. Do you have any family members who are in the healthcare field?

3. Please tell us why you are interested in participating in the AHEC program.

4. Have you had any previous clinical experience? If so, please specify.

5. Please list any previous AHEC programs or other summer rotations in which you have participated. Include location and name of preceptor, if applicable. (i.e. AHEC of a Summer)

5. List three career specialties that you are currently considering in order of preference.

- 1.
- 2.
- 3.

Please note if you have any summer schedule conflicts to allow for coordination of rotation dates. _____

Please use additional space/pages as needed.

Return completed application to
AHEC Program Office
Medical School 5-306
or

e-mail to: AHEC Program Office: shvahec@lsuhs.edu.
Please call the AHEC Program Office at (318) 675-8963 or 675-6339
for answers to questions.

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