Application Deadline 09-5-25

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 PARTCIPATION

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

LSU Health Shreveport Program Office
AHEC
Area Health Education Centers

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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.

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Student Signature Date

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APPLICATION

Demographic Information:

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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
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Email your completed application to:
shvahec@lsuhs.edu
shirley.wilson@lsuhs.edu
or deliver to AHEC Program Office
Room 5-306
Phone # 318-675-8963 Fax: 318-675-5081