Primary Care Rural Preceptorship Program (PCRPP)

Louisiana State University Health Shreveport
AHEC Program Office

Student Application

Summer Primary Care Rural Preceptorship **Deadline**: January 29, 2027

Date of Application: _____ MS – I

STUDENT INFORMATION **CLASS**

Name: _____ Gender: M ☐ F ☐

Social Security Number: (last 4 digits) _____

Present Mailing Address: _____

Phone Number: _____ Birthdate: _____ Email: _____

Permanent Mailing Address: _____

Emergency Contact Person and Phone #: _____

Relationship/Address: _____

Please list below up to 3 preferences for location.

Town / Parish	Dates: Summer 2027
1.	
2.	
3.	

_____ _____

Student Signature Date Signed

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

Please mark an area of interest: ☐Family Medicine ☐Internal Medicine
☐Pediatrics ☐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. 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: _____

Hometown: _____ 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)

Why did you decide on a career in medicine?

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

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

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

4. 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.
   a.
   b.
   c.

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 C Bldg. 2-428
or
e-mail to: AHEC Program Office: shvahec@lsuhs.edu.
Please call the AHEC Program Office at (318) 675-8963 or (318) 675-6339 for answers to questions.

***Application Deadline for PCRPP Summer Preceptorship is January 29, 2027*.**

Please note if there are any summer schedule conflicts to allow for coordination of rotation dates.