

AREA L AREA HEALTH EDUCATION CENTER
POST OFFICE DRAWER 7368
ROCKY MOUNT, NORTH CAROLINA 27804-0368
(252) 972-6958
FAX TO MICHAELA KARRIKER – 252-972-6855

STUDENT AND RESIDENT INFORMATION SHEET

I. Student Information:

NAME: _____		
(LAST)	(FIRST)	(M. INITIAL)
DATE OF BIRTH – MM/DD/YYYY: _____		
CONTACT NUMBERS – RESIDENCE: _____		CELL: _____
PERMANENT MAILING ADDRESS: _____		
_____	_____	_____
CITY	STATE	ZIP
E-MAIL ADDRESS: _____		

II. Classification of Student:

FIELD OF STUDY: _____	TYPE ROTATION: _____	YEAR IN PROGRAM: _____
ANTICIPATED GRADUATION DATE: _____	DEGREE TO BE EARNED: _____	
NAME OF UNIVERSITY: _____		

III. Preceptor Information:

NAME OF PRECEPTOR: _____
LOCATION OF PRACTICE: _____
ROTATION DATES: _____

IV. Emergency Contact Information:

NAME : _____	
RELATIONSHIP: _____	PHONE NUMBERS: _____

V. Professional Conduct:

As a guest of Area L AHEC and its affiliated hospitals and teaching sites, I agree to conduct myself in a professional manner at all times during this rotation. I have been made aware of the HIPAA privacy regulations and agree to maintain the confidentiality of any information I may encounter as part of this rotation.

_____ (student's initials)

VI. Health and Safety Precautions: (All Students)

Students assigned to the community setting are required to attend a training session concerning occupational exposure to blood borne pathogens and to airborne pathogens (Tuberculosis) prior to reporting to the community site. I hereby certify that I have received OSHA training on health and safety precautionary measures (including the use of latex gloves, protective eyewear, and a hepa mask) by my health science school or other source and agree to follow all health and safety precautions during this rotation. After arriving to the site, I will inquire specifically about the fire and natural disaster policies for the site. If I have any questions about appropriate activities or realize the need for further details regarding all policies and regulations, I will notify Area L AHEC immediately.

SIGNATURE _____

DATE _____