

PRECEPTOR ASSIGNMENT FORM FOURTH YEAR OFF-SITE CLERKSHIP

NAME	SSN#
P.O. BOX #	CLASS OF
PERIOD DATES	
COURSE NUMBER	COURSE TITLE
I NEED TO BE ASSIGNED TO AN AHEC SITE: YES NO	
I HAVE COMMUTER STATUS AND NEED TO BE PLACED WITHIN ONE HOUR OF LEXINGTON: YES NO	

Enter your top three choices for preceptor and location.

1st Preference:

Preceptor _____ Town _____

2nd Preference:

Preceptor _____ Town _____

3rd Preference:

Preceptor _____ Town _____

Preceptor Assignment - FOR COORDINATOR USE ONLY

Period _____ Dates _____

Physician _____ Phone # _____

Address _____ City _____

AHEC SITE: YES NO

UK Clerkship Coordinator's Signature

Date

Student: Return this form to the appropriate departmental contact person indicated on the preceptor list.

Coordinator: After preceptor assignment is made, return this form to Beth Hartmann, MN 104 UKMC, 0298.