

REQUEST FOR PRIMARY CARE SELECTIVE

Last Name (print)

First Name (print)

Family Medicine

UAMS (UPCFM)
Texarkana (TPCFM)
Fayetteville (FPCFM)
Fort Smith (SPCFM)
Jonesboro (JPCFM)
Pine Bluff (PPCFM)
Helena (DPCFM)
El Dorado (EPCFM)
Batesville (BPCFM)

Internal Medicine

UAMS (UPCMD)
Fort Smith (SPCMD)
Jonesboro (JPCMD)
Texarkana (TPCMD)

Pediatrics

UAMS (UPCPD)
Fort Smith (SPCPD)
Jonesboro (JPCPD)
Batesville (BPCPD)

Activity Name in Rank
Order of Priority
(*PRINT*)

Code
(*PRINT*)

Block Request
In order of
Priority

Skip if not
scheduled in
requested
block(Y/N)

AHEC	
A	S
P	P
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R	U
T	S
	E

*****	*****	*****	*****	**	**
1					
2					
3					
4					
5					
6					
7					
8					

I request the following blocks be kept open:

- _____
- 1 2 3 4 5 6 7 8 9 10

Student's Signature

Advisor's Signature

REQUEST FOR ACTING INTERNSHIP

Last Name (print)

First Name (print)

Family Medicine

UAMS (UAIFM)
El Dorado (EAIFM)
Fayetteville (FAIFM)
Fort Smith (SAIFM)
Jonesboro (JAIFM)
Pine Bluff (PAIFM)
Helena (DAIFM)
Texarkana (TAIFM)
Lake Village (DAIFL)

Internal Medicine

UAMS (UAIMD)
Fort Smith (SAIMD)
Jonesboro (JAIMD)
Texarkana (TAIMD)
Batesville (BAIMD)
NW Campus (NAIMD)
(requires approval)
Ob/Gyn
UAMS (UAIGY)

Pediatrics

UAMS (UAIPD)
Fort Smith (SAIPD)
Jonesboro (JAIPD)
El Dorado (EAIPD)

Surgery

UAMS (USHAI 8 wks)
UAMS (UAISU 4 wks)
(require permission)

Activity Name in Rank Order of Priority (<i>PRINT</i>)	Code (<i>PRINT</i>)	Block Request In order of Priority	Skip if not scheduled in requested block(Y/N)	AHEC	
				A P A R T	S P O U S E
*****	*****	*****	*****	**	**
1					
2					
3					
4					
5					
6					
7					
8					

IF YOU REQUESTED THAT CERTAIN BLOCKS BE KEPT OPEN ON YOUR **REQUEST FOR PRIMARY CARE SELECTIVE** FORM, THOSE SAME BLOCKS WILL BE KEPT OPEN WITH REGARD TO THIS **REQUEST FOR ACTING INTERNSHIP** FORM.

Student's Signature

Advisor's Signature

REQUEST FOR GERIATRIC ROTATION

Last Name (print) _____ First Name (print) _____

If you have a preference on when we schedule you into the Geriatric Rotation in your senior year, you are welcome to fill out your top five choices on this form. If you don't care, then you can just turn in this form blank, or just don't turn it in:

1st Choice = Block _____

2nd Choice = Block _____

3rd Choice = Block _____

4th Choice = Block _____

5th Choice = Block _____

IF YOU REQUESTED THAT CERTAIN BLOCKS BE KEPT OPEN ON YOUR **REQUEST FOR PRIMARY CARE SELECTIVE** FORM, THOSE SAME BLOCKS WILL BE KEPT OPEN WITH REGARD TO THIS **REQUEST FOR GERIATRIC ROTATION** FORM.

Please remember that everyone has to take the 4 week Geriatric Rotation and it is only offered here in Little Rock with a limited number of slots in each block. That means that if you have indicated preferred blocks above, we will enter them into the computer. However, if we can't put it in one of your choice blocks, we will just put it in any other open block (or even one that you have closed with an X if there is no other way to schedule it) since you MUST do this rotation to graduate.

REQUEST FOR ELECTIVES

Last Name (print)

First Name (print)

Activity Name in Rank Order of Priority (<i>PRINT</i>)	Code (<i>PRINT</i>)	Block Request In order of Priority	Skip if not scheduled in requested block(Y/N)	AHEC	
				A P A R T **	S P O U S E **
*****	*****	*****	*****		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

I request the following blocks be kept open:

1 2 3 4 5 6 7 8 9 10
 (Cleared after Primary Care, etc. Must mark again if you want them open)

Student's Signature

Advisor's Signature