

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)

Internal Medicine

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

Pediatrics

UAMS (UPCPD)
Fort Smith (SPCPD)
Jonesboro (JPCPD)
Pine Bluff (PPCPD)
Texarkana (TPCPD)
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 P A R T	S P O U S E
*****	*****	*****	*****	**	**
1					
2					
3					
4					
5					
6					
7					
8					

I request the following blocks be kept open:

_____ X _____
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)
West Memphis (DAIMD)
Batesville (BAIMD)

Ob/Gyn
UAMS (UAIGY)

Pediatrics

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

Surgery

UAMS (USHAI)
(requires permission)

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)	<u>AHEC</u>	
				A P A R T	S P O U S E
*****	*****	*****	*****	**	**
1					
2					
3					
4					
5					
6					
7					
8					

IF YOU HAVE 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 SPECIALTY ROTATION

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

If you were assigned the Neurology/Neurosurgery (N/NS) rotation during your junior year, you will need to do the Orthopaedics/ENT (O/E) rotation during your senior year, or vice versa. The N/NS rotation will be offered this year during blocks 1,3,5,7, and 9 and the O/E rotation will be offered this year during blocks 2,4,6,and 8. Please indicate your choice of blocks below (number the blocks 1 through 5 from your most desired block to your least desired block under the specialty **you must take as a senior this year**):

Neurology/Neurosurgery

(Blocks 1,3,5,7,9 possible)

1st Choice = Block _____

2nd Choice = Block _____

3rd Choice = Block _____

4th Choice = Block _____

5th Choice = Block _____

Orthopaedics/ENT

(Blocks 2,4,6,8 possible)

1st Choice = Block _____

2nd Choice = Block _____

3rd Choice = Block _____

4th Choice = Block _____

IF YOU HAVE 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 SPECIALTY ROTATION** FORM.

REQUEST FOR ELECTIVES

Last Name (print)

First Name (print)

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)	<u>AHEC</u>	
				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 X
 10
 (Cleared after Primary Care, etc. Must mark again if you want them open)

Student's Signature

Advisor's Signature