



Working Today for Tomorrow's Health Care Professionals

Providence Alaska Learning Institute
3760 Piper Street #2040
Anchorage, AK 99508
Phone 907-212-6580
Fax 907-212-6420

Student Information And
OIG, GSA, Alaska State, and National Sex Offender Registry Check Authorization.
(Please Print)

Student Name, Name of School, Home Address, Name of Degree Program, Home City/State/Zip, Name of Degree Program Coordinator, Best Contact Phone Number, Phone Number of Degree Program Coordinator, Your Email Address (please print clearly)

Providence Department or Facility That You Will Be Assigned To and Supervisor's Name

Start Date, End Date, Total # of Hours to Complete, Planned Graduation Date

Would you be interested in hearing about career opportunities at Providence or other rural healthcare facilities?
Yes NO

Social Security Number (required), Date of Birth

For statistical purposes, please provide the following optional demographic information:
Gender: Male Female

Race: American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, White

I, \_\_\_\_\_, affirm that the address and social security information provided above is accurate, and authorize Providence Alaska Learning Institute to conduct an Alaska State and National Sex Offender Registry Search utilizing my name and address. I also authorize South Central Area Health Education Center (AHEC) to conduct a General Services Administration (GSA), Office of The Inspector General (OIG) Excluded Parties List search utilizing my name and social security number.

Signature, Date

Please complete and fax/deliver this document to: Clinical Rotations Coordinator-South Central Area Health Education Center - at the address/fax number above. Thank You!

AHEC Use: Semester: Spring - Start End Hrs Fall - Start End Hrs Summer -Start End Hrs