

**ARH Regional Medical Center  
Southeast KY AHEC Student Observer  
Data Sheet**

Date\_\_\_\_\_

Name\_\_\_\_\_ Email address\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ St\_\_\_\_\_ Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Parent's/Spouse Name\_\_\_\_\_

Parent's/Spouse Address\_\_\_\_\_ Phone\_\_\_\_\_

**If the observer is a high school, college, or medical student, complete this box:**

School\_\_\_\_\_

School's Address\_\_\_\_\_

Guidance counselor/advisor\_\_\_\_\_

Program of study\_\_\_\_\_

School Year Status\_\_\_\_\_

**If the observer is a Health Care Worker, complete this box:**

Place of employment\_\_\_\_\_

Work Phone\_\_\_\_\_

Professional Certificate\_\_\_\_\_

Professional License/Certification Number\_\_\_\_\_

Reason for observing:\_\_\_\_\_

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