

Virginia AHEC Scholars Extension Request Form

Please submit all extension requests via this form by August 31 of your current scholar year.
If you are unable to submit by the due date, please contact your coordinator.

Scholar Information:			
Last Name:	First Name:	Mi:	Phone Number:
Address:		Zip Code:	Preferred Email:
Race/Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Mixed/Biracial _____ <input type="checkbox"/> Other _____			Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other _____

Extension Information:		
Extension Type: (select all that apply) <input type="checkbox"/> Didactic Module Extension <input type="checkbox"/> Community/Clinical Hours Extension		Extension Duration: (ex. 1 week, 2 weeks, 1 month, etc.)
Year I Modules Completed (select all that apply): <input type="checkbox"/> Introduction to Year 1 Didactics <input type="checkbox"/> Cultural Competency <input type="checkbox"/> Social Determinants of Health <input type="checkbox"/> Inter-professional Practice <input type="checkbox"/> Practice Transformation <input type="checkbox"/> Behavioral Health Integration <input type="checkbox"/> Opioid Use Disorders <input type="checkbox"/> All modules complete	Year II Modules Completed (select all that apply): <input type="checkbox"/> Year II: Cultural Humility <input type="checkbox"/> Year II: Social Determinants of Health <input type="checkbox"/> Year II: Inter-professional Education <input type="checkbox"/> Year II: Practice Transformation <input type="checkbox"/> Year II: Behavioral Health Integration <input type="checkbox"/> Year II: Opioid Use Disorders <input type="checkbox"/> All modules complete	Do you have means to complete your Clinical/Community Activity Hours: <input type="checkbox"/> Yes <input type="checkbox"/> No, I would like assistance. If yes, what are your plans for completion?

Cause for Extension:	
Did this cause you to leave school in any capacity?: <input type="checkbox"/> Yes, and I am currently not enrolled. <input type="checkbox"/> Yes, but I am still enrolled. <input type="checkbox"/> No	Was this due to a personal illness or Covid-19?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Why were you unable to complete your requirements?	

ACKNOWLEDGMENT	
<p>AHEC Scholar (Student) By signing below, I pledge that this information is true. I also acknowledge that I must notify my Center Director (or designee) as soon as possible if I am unable to complete my Program requirements by August 31 of my current scholar year.</p>	
_____ Signature	_____ Date