

CI:Healthcare 2018

Investigate Allied Health and Nursing Fields to find the perfect health career for you!



CI: Healthcare is an activity-filled day that offers high school students who have an interest in health careers an opportunity to explore Nursing and Allied Health careers at Franciscan Missionaries of Our Lady University in Baton Rouge, LA or at Louisiana State University-Alexandria in Alexandria, LA.

Applicant must be a high school junior or senior with a minimum cumulative GPA of 2.5.

Interactive activities will be included during each day-long program. The following allied health departments may be featured:

- Clinical Lab Science
- Pharmacy
- Radiologic Technology
- Surgical Technology
- Respiratory Therapy
- Physical Therapy Assistant
- Forensic Science
- EKG
- Gerontology/Long Term Care
- Human Medicine
- Job Readiness
- Nursing- RN, BSN, PN, and CNA



Completed application packet MUST include:

- Completed application
 - One letter of recommendation from your teacher, counselor, or high school principal
 - Copy of your most recent transcript
 - Personal essay explaining why you should be selected to participate and what you hope to gain
- TYPED ESSAY REQUIRED**

Completed application packets need to be mailed to the appropriate AHEC location depending upon your parish.

1410 Neel Kearby Blvd., Suite 125
Alexandria, LA 71303
Phone: 318-443-2855
Fax: 318-443-4255
Email: polly@clahec.org

7525 Picardy Ave.
Baton Rouge, LA 70808
Phone: 225-757-9845
Fax: 225-757-9097
Email: melanie@clahec.org

TURN OVER TO COMPLETE YOUR APPLICATION

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ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED BY THE PARTICIPANT IN ORDER TO BE CONSIDERED

Social Security #: _____ Date of Birth ____/____/____ Gender : Male Female

First Name: _____ Middle Name: _____ Last Name: _____

Ethnicity: Afr. American Am. Indian Asian Caucasian (White) Hispanic Other: _____

Mailing Address: _____ City: _____ State: _____ Zip : _____

Physical Address: _____ City: _____ State: _____ Zip : _____

Home Parish: _____ Home Phone : (_____) _____ - _____ Student Cell Phone: (_____) _____ - _____

Student Email: _____ Parent Cell Phone: (_____) _____ - _____

Parents Name: _____

High School: _____ Graduation Year: _____ Current Grade: _____

Cumulative GPA (must be at least a 2.5): _____ Have you applied for this program before: Yes No

Have you participated in and completed any of the following programs (NOT applying for currently):

AHEC of a Summer Day with the Doctors M.A.S.H.

List any health careers you are currently interested in: _____

T-Shirt Size: Small Medium Large X-Large XX-Large XXX-Large

MEDICAL INFORMATION:

Please list any medical conditions:

Please list any medication for the corresponding medical conditions:

Does the student have an allergy to latex: Yes No Does the student have any dietary restrictions: Yes No

Does the student require special assistance: Yes No Explain: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Insurance Company: _____ Policy #: _____

Group #: _____ Phone #: (_____) _____ - _____

**** Due to the potential risk of harm to the unborn fetus, pregnant females will not be allowed to participate in this program. If you are or believe you may be pregnant, please notify CLAHEC immediately. ****

In case of a serious illness, I hereby authorize hospital officials to make whatever arrangements necessary and to contact me immediately. I understand that it remains my responsibility to make any future changes in the information on this medical form as the need arises, by contacting Central Louisiana AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Central Louisiana AHEC, LSU-Alexandria, nor Franciscan Missionaries of our Lady University assume responsibility for medical charges.

As the parent or guardian of the afore mentioned student, by checking this box, I give my child permission to apply for the CI: Healthcare program. Checking this box also authorizes Central LA AHEC the use of my child's image and statements; uses include, but are not limited to: photography, videotape, organizational web site, or print media. Additionally, I grant Central LA AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

Student Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____