

**YORK COMMUNITY HIGH SCHOOL
MEDICAL CAREERS PROGRAM
STUDENT APPLICATION**

Directions: Complete this application and return it as well as all other required materials to your counselor by **November 4, 2019**

(Please print)

Name _____ ID _____ Year in School _____

Social Security Number _____ Date of Birth _____

Address _____ Telephone _____

City _____ Zip Code _____

Gender _____ Age _____

Counselor _____

List any physical limitations, medications or reasons you are under a physician's care. Explain.

Parents/Guardians

(1) _____ Relationship _____ Occupation _____

(2) _____ Relationship _____ Occupation _____

*On a separate sheet of paper, **type** a one page essay focusing on the following:

What area of healthcare/medicine are you interested in pursuing and why; who and/or what event(s) have influenced you to pursue this career choice; and what characteristics/personality traits do you feel you have that would allow you to have success in the field of allied health/medicine. Give situational examples to support your answers.

*required –application submitted without required essay will not be considered.

*****IMPORTANT**

Turn in your:

- **completed application**
- **your essay**
- **letter of recommendation (letters of recommendation completed by relatives of the candidate OR by York teachers will not be considered)**

to your counselor as soon as possible, but no later than November 4, 2019. You will be contacted for an interview in November.

If you have any questions, please direct them to Mrs. Wolski in A375 or at nwolski@elmhurst205.org

I understand that this is an application for enrollment into the Anatomy & Physiology/Medical Careers Program; and if I am selected, I will accept the responsibilities required by York Community High School, Elmhurst Memorial Healthcare, DeVries Animal Hospital, NovaCare Physical Therapy, and any other off site location. I understand that **transportation will not be provided to the hospital or offsite locations; the student must have off campus privileges.** Students must provide their own, reliable, transportation to and from all second semester locations. Students will submit their parking applications by the deadline for the general lottery.

I understand that my second semester Medical Careers grade is based, in large part, on my rotations. I understand that I am only allowed 2 absences for second semester rotations, this includes excused absences, field trips, college visits. Any absence beyond the two allowed will need to be made up before the end of the rotation in which I am absent. I understand that it is my responsibility to notify rotations and Mrs. Wolski directly if I am absent and it is my responsibility to arrange a make up time (outside of the York HS school day) to make up any absences beyond the allowed 2 absences.

I understand that vaccinations/proof of vaccinations is required by the hospital, including a flu shot. I understand that a flu shot is required and needs to be arranged outside of class with parent/guardian. Flu shot verification will be **due to Elmhurst Hospital on the day of TB Testing** - this is done mid-October. Students are required to have a two-step Mantoux test. Students must have proof of two MMR vaccines and two Varicella vaccines. Students who do not have proof of vaccines will be required to have a titer blood draw before being cleared to participate in second semester rotations.

I further understand that any false or misleading information made on this application will automatically drop me from further consideration. I understand that completing this application does not guarantee that I will be accepted into this program.

Signature of Applicant Date

Signature of Parent or Guardian Date