



Summer Medicine Experience

Cor Jesu Academy

JUNE 3-7, 2024

Registration Form

Contact Information

| | |
|-------------------------|------------------------------|
| Name: | Graduation Year: |
| Street: | City, State, Zip: |
| Preferred Parent Email: | Preferred Parent Cell Phone: |

Explanation

Below, please explain why you are interested in participating in SME and what you hope to gain during the week. You may attach an additional piece of paper, if necessary.

Deadline

This application must be completed and submitted *with signed permission slip* (available at www.corjesu.org/CPI) to the Cor Jesu CCW Office by: **Feb 23, 2024**

Shadowing Preferences

From the list below, please rank (using 1,2,3...) your top 5 areas of interest for potential shadowing opportunities:

- | | |
|--------------------------------|-----------------------------------|
| _____ Cardiac Cath Lab | _____ Obstetrics/Labor & Delivery |
| _____ Dermatology/Mohs Surgery | _____ Oncology |
| _____ Emergency Room Medicine | _____ O.R. (must be 18) |
| _____ General Surgery | _____ Pediatrics |
| _____ Intensive Care Unit | _____ Radiology |
| _____ Neurology | _____ Respiratory Medicine |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

| | |
|------------------------|--|
| Student Name (printed) | |
| Student Signature | |
| Parent Name (printed) | |
| Parent Signature | |
| Date | |

Note: Maximum capacity is 20 students. Registrations from qualified applicants must include a signed permission slip and will be accepted on a first come, first served basis.