



COMMUNITY HEALTHCARE CAREER+ACADEMY



January, 2010

Memorial Medical Center is pleased to announce that we will be offering an exciting opportunity for high school students who are highly motivated to pursue a career in nursing. The Community Healthcare Career Academy is a multi-week experience designed to give students a preview of a career in nursing.

The program will include:

- ❖ Tours to various areas within the hospital
- ❖ Patient simulation activities
- ❖ Exploration of the multiple careers within the field of nursing
- ❖ Collaborative work experience
- ❖ Group presentations

A total of twenty (20) high school students will be selected for this academy. Students will be selected on the basis of: high school GPA and review of academic transcript; review of attendance and discipline information; student's personal statement of interest in a nursing career; teacher or counselor recommendation; involvement in extracurricular activities and/or community service.

There is no cost for this academy; however, students must commit to attend every session.

Important Dates

Session 1	February 17, 2010 (6:00p.m.–8:00p.m.)
Session 2	February 22, 2010 (6:00p.m.–8:00p.m.)
Session 3	February 24, 2010 (6:00p.m.–8:00p.m.)
Session 4	March 3, 2010 (6:00p.m.–8:00p.m.)

Please note that only completed applications will be considered for the academy and you may direct them to your guidance office. Completed applications include:

- Participant Application Form
- Parental Consent Form
- School Counselor Reference Form
- Documentation of Immunizations
- Essay

Please direct applications and inquiries to:

Kristin Blake

Healthcare Occupations Educator

Memorial Health System

Phone: 217.788.4972

Fax: 217.788.5539

blake.kristin@mhsil.com



Participant Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Parent/Guardian Phone Number: _____

School Attending: _____ Yr in School: _____

If you are selected, what size of T-shirt would you wear?

Size _____

*Sizes are adult small, medium, large, and x-large.

Medical Information:

Please list the date of your last:

- TB Skin Test: _____
- Hepatitis B Vaccine: _____
- Tetanus Booster: _____

*Please attach documentation

Please write a short essay (one or two paragraphs) explaining why you want to participate in the Community Healthcare Career Academy. Be sure to write about why you're interested in career as a registered nurse (RN).



Parental Consent for Participation

Name of Student: _____

Name of Parent or Legal Guardian: _____

I, the undersigned, give permission for my child to participate in the Community Healthcare Career Academy. If he/she is selected for participation I understand that a maximum of 20 students will be selected, based on their application quality, interview, academic ability, and recommendation of their school counselor. I understand that participants will be required to attend all events in the academy and a full schedule will be provided. I understand that participants will be chaperoned by MMC staff and I understand that my child will not be allowed to leave the academy for any reason other than a family emergency, and I will enforce that expectation with my child.

I verify that my child is vaccinated against Hepatitis B and has received a tetanus booster within the last five years. I further verify that my child has a negative TB skin test.

Although the likelihood of injury to participants is very low, I understand that liability coverage against injury is provided for participants as part of the program.

I hereby give my permission for my child to participate in the Community Healthcare Career Academy if he/she is selected.

Signature of Parent/Guardian: _____

Date: _____



Guidance Dean Reference Form

Please fill out this form to help evaluate the following student as a prospective participant.

Student Name: _____

Dean Name: _____ Phone Number: _____

What contact have you had with the student? _____

Student Grade Point Average (please indicate the grade scale): _____

Attendance Record(for current school year): _____

Interactions with Teachers: _____

Interactions with Students: _____

Communication Skills: _____

Leadership Skills: _____

Level of Maturity: _____

Level of Motivation: _____

Acceptance of Responsibility: _____

Why would you recommend this student for this academy? _____

Please seal this form in an envelope and return it to the student, who will include it with his/her application portfolio for the Community Healthcare Career Academy. Thank you!