

Day with AHEC

ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED 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 BNAHEC 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 Bayou North AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Bayou North AHEC, Louisiana Tech, Northwestern State University, nor University of Louisiana at Monroe assume responsibility for medical charges.

As the parent or guardian of the afore mentioned student, I give my child permission to apply for the Day with AHEC program. I also authorize Bayou North 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 Bayou North 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 ____/____/____

Day with AHEC

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



Spring Program Dates: To Be Announced

Day with AHEC programs are designed to expand and enhance your knowledge regarding health career opportunities, admission requirements, costs, financial aid and more. Equally important, these programs prepare you for a successful undergraduate and post graduate experience.

High school juniors or seniors who have an interest in medical careers may apply. Students must have at least a 2.5 grade point average. Applications are available from your school counselor or science teachers or download printable versions from www.bnahec.org.

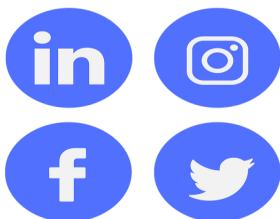
TOPICS INCLUDE:

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

**Completed Application
must be postmarked
NO later than
Nov. 6, 2020**

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 (250 WORDS OR LESS)**



Mail completed application packet to:



1513 Doctors Dr., Ste. 2A
Bossier City, LA 71111
Phone: 318-746-0044
Fax: 318-746-0044