

# Day with AHEC 2020

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



Feb. 12



Feb. 18



Feb. 19

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](http://www.bnahec.org).

## TOPICS INCLUDE:

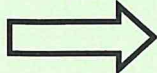
- Clinical Lab Science
- Pharmacy
- Radiologic Technology
- Surgical Technology
- Respiratory Therapy
- Physical Therapy Assistant
- Forensic Science
- Gerontology/Long Term Care
- Human Medicine
- Job Readiness
- Nursing- RN, BSN, PN, and CNA
- Phlebotomy

Completed Application  
must be postmarked  
NO later than  
Nov. 1, 2019

## 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:



4864 Jackson Street  
Monroe, LA 71202  
Phone: 318-330-7700  
Fax: 318-330-7709

**TURN OVER TO COMPLETE YOUR APPLICATION**



# Day with AHEC 2020

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 \_\_\_\_/\_\_\_\_/\_\_\_\_