

South Carolina AHEC





Dental Careers Academy

May 31 - June 5, 2009
Medical University of SC
Charleston, South Carolina

The goal of the South Carolina AHEC Dental Careers Academy is to increase the acceptance, retention, and graduation rates of under-represented minority and disadvantaged students into colleges of Dental Medicine. Consideration for the Academy requires that applications are completed in full, neatly and accurately. All applications must be postmarked no later than **April 3, 2009**. Incomplete applications will not be considered.


ELIGIBILITY CRITERIA






Applicant must:

-  Be a resident of South Carolina
-  Demonstrate a sincere interest in the field of dental medicine
-  Have a cumulative grade point average of 3.0
-  Have completed a minimum of 12 hours of academic credit from an accredited college/university with an interest in a career science or pre-health/pre-dental

SUBMISSION REQUIREMENTS

Completed applications must include:

-  A non-refundable \$10 application fee payable by **check** or **money order** made payable to:

South Carolina AHEC
-  The Dental Careers Academy application completed legibly and in full including the Medical Release Form
-  A typed, two (2) page letter outlining your plan to enter the field of dental medicine and how participating in the Dental Careers Academy will assist in the achievement of your academic and/or professional goals
-  Two letters of recommendation (e.g., employer, community individual, professor, advisor)
-  Current official transcripts
-  Documentation of immunization (*Note: PPD skin test received after March 1, 2009 will be required by all applicants accepted for the 2009 Academy*)

Transportation to the Academy in Charleston, SC will be the responsibility of the applicant if accepted as a 2009 Fellow.

Applications are to be forwarded to:

**South Carolina AHEC Health Careers Program
19 Hagood Avenue, Suite 802
MSC 814
Charleston, South Carolina 29425-8140**

Applications must be postmarked no later than April 3, 2009

Application Fee: \$10

Check/ Money Orders are to be Made Payable To:

South Carolina AHEC

South Carolina AHEC

Dental Careers Academy

2009 Application

DEMOGRAPHIC INFORMATION

T-Shirt Size: _____

Name: _____
First Name Middle Initial Last Name

Mailing Address: _____
Street Number or PO Box Number Street Name

City State Zip Code

Permanent Mailing Address: _____
Street Number or PO Box Number Street Name

City State Zip Code

Home Telephone Number: (_____) _____ Cell Phone Number: (_____) _____
Area Code Area Code

Email Address: _____

Social Security Number: _____ - _____ - _____ Birth Date: _____ - _____ - _____
Month Day Year

Gender: [] Male [] Female Are you Hispanic/Latino? [] Yes [] No

Race (check all that apply) [] American Indian/Alaska Native [] Asian* [] Black/African American
[] Native Hawaiian/Pacific Islander [] White [] Asian Other

ACADEMIC INFORMATION

College/University Attending in Fall 2009: _____

Current Cumulative Grade Point average: _____ Semester Hours Completed: _____

What is your projected undergraduate graduation date? _____
Term/year

List any pre-health programs attended or organizations in which you are a member:

Table with 3 columns: Name, Location, Major

Are you fluent in a language other than English (check one)?

[] Yes, please list: _____
[] No

* Asian (Chinese, Filipino, Japanese, Korean, Asian Indian or Thai)

My signature authorizes South Carolina AHEC to release information from this application and letters of reference as they may deem appropriate under the guidelines of the Freedom of Information Act. It also authorizes the use of my/my child's image and statements if selected as a 2009 Academy Fellow. It is also acknowledged that the information provided in this application is accurate, and that the selection committee of the South Carolina AHEC Health Careers Academy will exercise judgment in its selection process, and that the decision of the selection committee is final.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Required for ALL Applicants under age 21

**South Carolina AHEC
MEDICAL RELEASE FORM**

(Must be completed by a parent or legal guardian if participant is under age 21)

HEALTH HISTORY

Allergies _____ Insect stings _____ Drugs _____
Other conditions: ___ Heart condition ___ Diabetes ___ Asthma
 ___ Frequent stomach upset ___ Epilepsy ___ Glasses or contacts
 ___ Hay fever ___ Hearing aids ___ Frequent colds
 ___ Physical handicap ___ Pregnancy ___ Activity restrictions

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions):

Name, dosage, and schedule of medications that must be taken: _____

Date of last tetanus shot _____ Given by _____

INSURANCE

The insurance provided by South Carolina AHEC insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while I/my child is on an AHEC-related activity or trip. I assume all responsibility of all medical bills.

Insurance Carrier: _____ Policy Number: _____

Policy Holder's Name: _____

I accept these terms. Initials* _____ Date _____

In the event I am unable to provide information during an emergency, I hereby give permission to the medical professional selected by the South Carolina AHEC leadership to secure proper treatment, including but not limited to: medical evaluation, medical injection, anesthesia, surgery, and hospitalization for me/my child as deemed necessary.

I accept these terms. Initials* _____ Date _____

MEDIA

By signing below I give explicit permission for the South Carolina AHEC, MUSC College of Nursing, MUSC College of Medicine and MUSC College of Dental Medicine to use my/my child's likeness or image in any way they see fit. Uses include, but are not limited to: photography, videotape, organizational web site or print media.

I accept these terms. Initials* _____ Date _____

LIABILITY

I have read and understand this form. I certify that I am the above named student, or that the above named student is my child (or under my legal guardianship) and resides with me if under age 21. I give my consent to him/her/self to attend and participate in activities, functions and trips sponsored by the South Carolina AHEC. I assume all transportation costs, should it be necessary for my/my child to return home due to medical or disciplinary actions.

I accept these terms. Initials* _____ Date _____

I do hereby release, forever discharge, and agree to hold harmless the South Carolina AHEC, its staff, faculty, chaperones and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any natures whatsoever which may be incurred while participating in any activity or trip. I assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein by my child. I understand by my signature that this form is both a binding medical and liability release.

Participant Signature: _____

Print Name: _____ Date: _____

Parent/Legal Guardian Signature (if under age 21): _____

Print Name: _____ Date: _____

** Asterisks indicates parent/legal guardian's signature required if applicant is under age 21*

South Carolina AHEC Dental Careers Academy

For Additional Information, Contact:

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christae@musc.edu

Paula Jones 843-792-4443
Program Assistant, South Carolina AHEC Health Careers Program
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Gwendolyn Brown, DMD 843-792-4425
Assistant Professor, College of Dental Medicine, Medical University of SC
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Jennifer Larke 843-792-6874
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larke@musc.edu

NOTE: Transportation to the Academy in Charleston, SC is the responsibility of the applicant if accepted as a 2009 Fellow



South Carolina AHEC

Dental Careers Academy

2009 Application

May 31 - June 5, 2009

Medical University of South Carolina
Charleston, South Carolina

Sponsored Through the Collaborative Efforts of:



Application Deadline: April 3, 2009

The South Carolina AHEC Health Careers Program provides support and guidance for minority and disadvantaged students who have an interest in pursuing careers in the health care field. Stimulating, interactive activities are provided throughout the year to help high school and college students become familiar with opportunities in the health professions while, at the same time, enhancing their academic and personal growth and development.

The South Carolina AHEC Dental Careers Academy is presented by the South Carolina AHEC in collaboration with the **MUSC College of Dental Medicine**. The Academy is a one-week, residential summer program designed to help minority and disadvantaged students prepare for entry into dental education programs. The Academy is an opportunity to increase the retention and graduation rates of pre-Dental Medicine students by increasing the participant's knowledge in the areas of:

- Admission requirements for matriculation into dental school
- Financial assistance resources
- Academic success skills
- Disciplines of dental medicine
- Techniques of dental medicine
- Educational/professional opportunities in dentistry

Academy Fellows will take part in a week of clinical and didactic sessions on the campus of the Medical University of South Carolina, in Charleston, SC, from May 31 – June 5, 2009. Didactic sessions and project topics will focus on the metabolic syndrome and diabetes education. Housing and meals will be provided. Fellows will receive a stipend of \$200 with the successful completion of the Academy.

Follow-up:

Academy Fellows will be required to sign a privacy release document that will allow their progress to be tracked through the respective dental programs with quarterly contact with the student and/or college academic advisor.



South Carolina AHEC is pleased that you are interested in applying for admission to the Dental Careers Academy. It is very important that applications be completed in full, and that all pieces of the application are submitted early. Applications that are received after the deadline, or are incomplete, will not be considered for acceptance. A completed application consists of:

1. Application (enclosed)
2. A typed, two (2) page letter stating why you are interested in Dental Medicine and why you should be selected as a 2009 Fellow of the South Carolina AHEC Dental Careers Academy
3. Two letters of recommendation (e.g., employer, community individual, teacher, advisor)
4. Current official transcripts documenting a minimum of 12 semester hours of undergraduate credit
5. Documentation of immunization (*PPD skin test received after March 1, 2009 will be required by all applicants accepted for the 2009 Academy*)
6. A \$10 check or money order (non-refundable application fee) made payable to South Carolina AHEC

Eligibility Requirements:

Applicant must:

- Be a resident of South Carolina
- Demonstrate a sincere interest in the field of science and/or pre-health/pre-dental
- Have a cumulative grade point average of 3.0
- Be currently enrolled or accepted for enrollment in an accredited college or university for the fall of 2009 in a science related or pre-dental medicine curriculum with a minimum of 12 semester hours of college credit completed

NOTE: **Transportation to the Academy in Charleston, SC will be the responsibility of the applicant if accepted as a 2009 Fellow**

Applications must be postmarked by April 3, 2009