





South Carolina AHEC
Medicine Careers Academy

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

The goal of the South Carolina AHEC Medicine Careers Academy is to increase the acceptance, retention, and graduation rates of under-represented minority and disadvantaged students within medicine training programs. 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 medicine
-  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 with an interest in pursuing a career as a doctor of medicine

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 Medicine 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 medicine and how participating in the Medicine Careers Academy will assist in the achievement of your academic and/or professional goals
-  Two letters of recommendation (e.g., employer, community individual, teacher, 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*)
-  Verification of completion of high school requirements/GED by June 2009

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

Medicine 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:

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
Medicine Careers Academy*

For Additional Information, Contact:

Angelica Christie 843-532-0306
Director, South Carolina AHEC Health Careers Program
christae@musc.edu

Paula Jones 843-792-4443
Program Assistant, South Carolina AHEC Health Careers Program
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Associate Dean of Admissions, College of Medicine, MUSC
Senior Associate Dean of Diversity, College of Medicine MUSC
deasd@musc.edu

Natalie Johnson 843-876-5070
Program Manager of Diversity, College of Medicine, MUSC
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NOTE: Transportation to the Academy in Charleston, SC will be the responsibility of the applicant if accepted as a 2009 Fellow



South Carolina AHEC

Medicine

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

- Admission requirements of South Carolina medical programs
- Financial assistance resources
- Academic success skills
- Specialties of medicine
- Educational/professional opportunities in the field of medicine

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 pre-medicine and medical 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 South Carolina AHEC Medicine Careers Academy. It is very important that applications be completed in full, and all pieces of the application be 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 pursuing a medicine profession and why you should be selected as a 2009 Fellow of the Medicine Careers Academy
3. Two letters of recommendation (e.g., employer, community individual, teacher, advisor)
4. Current official transcripts
5. Documentation of immunization (*Note: PPD skin test received after March 1, 2009 will be required by all applicants accepted for the 2009 Academy*)
6. Verification of completion of high school requirements/GED by June 2009
7. A \$10 check or money order (non-refundable application fee) made payable to South Carolina AHEC

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