



Central Louisiana AHEC
2225 North Bolton Avenue
Alexandria, LA 71303

Completed
application must be
postmarked no later
than November 18.

Application
available from school
counselors or at www.clahec.org



CAREER INVESTIGATION
HealthCare

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



OUR LADY
OF THE LAKE
COLLEGE
*Franciscan Missionaries of
Our Lady Health System*



CI: Healthcare is an activity-filled day that offers high school students who have an interest in health careers an opportunity to explore Nursing and Allied Health careers at Our Lady of the Lake College in Baton Rouge, LA or at LSU-Alexandria in Alexandria, LA.

Applicant must be a high school junior or senior with a minimum GPA of 2.5.



Interactive activities will be included during each day-long program. The following allied health departments may be featured:

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

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COMPLETED APPLICATION PACKET MUST INCLUDE:

- Completed application signed by your parent or guardian.
- Copy of your most recent transcript signed by your guidance counselor.
- One letter of recommendation from a teacher, counselor, or principal.
- Personal essay explaining why you should be considered for this program and what you would like to learn by participating in this program. **PLEASE TYPE OR PRINT LEGIBLY.**
- Circle your t-shirt size: S M L XL XXL XXXL

Mail completed application to :

CI: Healthcare
Central LA AHEC
2225 North Bolton Avenue
Alexandria, LA 71303
318-443-2855

OR

CI: Healthcare
Central LA AHEC
7443 Picardy Avenue
Baton Rouge, LA 70808
225-757-9845

Program location is determined by parish of residence. Visit www.clahec.org/h-careers.htm for correct application address to use.

Name of Applicant _____

Mailing Address _____

City, State, Zip _____ Parish _____

Home Phone _____ Student Cell Phone _____

Date of Birth _____ Social Security # _____ Gender _____

Ethnicity (Optional) Afr. Am. Am. Ind. Asian Caucasian Hispanic Other

Email Address _____

School _____ Junior Senior

Did you apply for this program last year? Yes No Cumulative GPA _____
(MUST be at least 2.5)

Have participated in any of the following?

AHEC of a Summer Day with the Doctors CI:Healthcare Nurse Camp

Where did you learn about this program?

Teacher/Counselor Newspaper CLAHEC Website AHEC Rep Other

Parent/Guardian Name _____ Cell/Work # _____

Are you currently being treated for a medical condition? Yes No

If yes, describe: _____

Do you require special assistance? Yes No Please explain: _____

Routine Medications _____

Insurance Company _____ Policy # _____

Insurance Company Phone _____ Group # _____

As the parent or guardian of the aforementioned student, I give my child permission to apply for the CI: Healthcare program.

My signature also authorizes Central LA 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 Central LA AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

Parent/Guardian signature _____ Date _____