



CENTRAL LOUISIANA

AHEC

Central Louisiana AHEC
2225 North Bolton Avenue
Alexandria, LA 71303

Non-Profit
US Postage
PAID
Alexandria, LA
Permit #31

Completed application
must be postmarked
no later than
December 7, 2009.

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

2010



CAREER INVESTIGATION
HealthCare

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

Health Career Institute
at Our Lady of the Lake College
Baton Rouge, Louisiana

AND

LSU-Alexandria
A. C. Buchanan III Allied Health Education Building
Alexandria, Louisiana



CENTRAL LOUISIANA

AHEC



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's Health Career Institute in Baton Rouge, LA and at LSU-Alexandria's A.C. Buchanan III Allied Health Education Building 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
- Therapeutic Massage

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Last Name _____ First Name _____

Mailing Address _____

City, State, Zip _____

Home Phone () _____ Parish _____

Date of Birth _____ Social Security # _____ Gender _____

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

School _____ Junior Senior

List any AHEC programs you have attended in the past _____

Did you apply for this program last year? Yes No

Where did you learn about this program? School Newspaper Website Other

Parent/Guardian Name _____ Work Phone _____

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

If yes, describe: _____

Routine Medications _____

Insurance Company _____ Policy # _____

Insurance Company Phone _____ Group # _____

As the parent or guardian of the aforementioned student, I have read the information regarding *CI: Healthcare* and fully understand the terms and conditions of participation as indicated.

Parent/Guardian signature _____ Date _____

- Include a copy of your most recent transcript signed by your guidance counselor.
- Application must also include a letter of recommendation from a teacher, counselor, or principal.
- On a separate piece of paper, please explain 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
5220 Essen Lane, Room 208
Baton Rouge, LA 70809
225-757-9845