

Application available online at [www.clahhec.org](http://www.clahhec.org)

# A Day with the Doctors

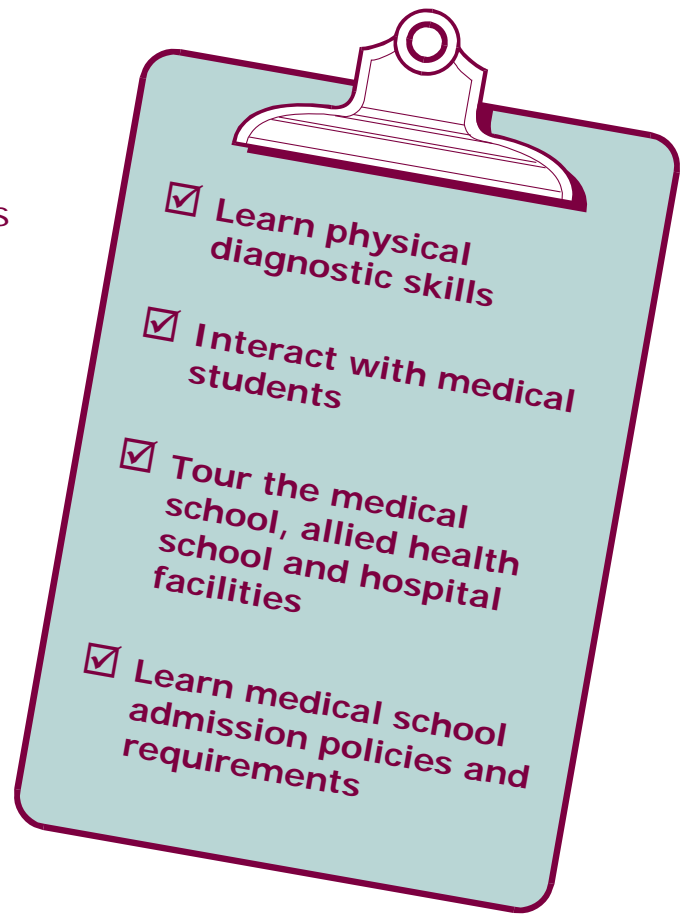


Building a Future for  
Health Care in Louisiana

# A Day with the Doctors

is a one-day interactive program that offers high school students who have an interest in becoming a physician, an opportunity to experience doctors' daily activities and life on LSU Health Sciences Center's Shreveport and New Orleans campuses.

Students learn diagnostic skills such as taking blood pressure, listening to heart sounds, taking a radial pulse, measuring respiratory rate and listening to breathing sounds. Participants have the opportunity to interact with medical students where they discover admission requirements for medical school and explore the life of a medical student.



## High school students

currently enrolled as a junior or senior who have an interest in becoming a doctor may apply. Students must have at least a 3.0 grade point average. Applications are available from your school counselor or can be downloaded at [www.clahec.org](http://www.clahec.org).



For more information, please contact

### Central Louisiana AHEC

2225 North Bolton Avenue  
Alexandria, LA 71303  
318-443-2855

7443 Picardy Avenue  
Baton Rouge, LA 70808  
225-757-9845



This information and application is available online at [www.clahec.org](http://www.clahec.org)

# A Day with the Doctors

## OFFICE USE ONLY

 A N A WD S NO

Name of applicant \_\_\_\_\_ Current Grade Level  Junior  Senior

Mailing address \_\_\_\_\_ Date of Birth \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_ Gender \_\_\_\_\_

School \_\_\_\_\_ Parish \_\_\_\_\_

Ethnic origin:  African American  American Indian  Asian  Caucasian  Hispanic  Other

Mother's name \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Father's name \_\_\_\_\_ Work or cell phone \_\_\_\_\_

Parent's mailing address (if different than above) \_\_\_\_\_

Email address \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ **GPA MUST be at least a 3.0**

Have you participated in any of the following?:  AHEC of a Summer  A Day with the Doctors  CI:Healthcare  Nurse Camp

Did you apply for this program last year?  Yes  No

Where did you hear about this program? Please check one of the following:

Teacher/Counselor  Newspaper  CLAHEC Website  AHEC Rep  Other \_\_\_\_\_

Please circle your t-shirt size: S M L XL XXL XXXL

List any health careers that you are interested in: \_\_\_\_\_

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.**

Emergency contact (if different from Parent/Guardian): \_\_\_\_\_

Relationship \_\_\_\_\_ Home phone \_\_\_\_\_ Work or Cell phone \_\_\_\_\_

I have answered all of the information on this application truthfully and to the best of my knowledge.

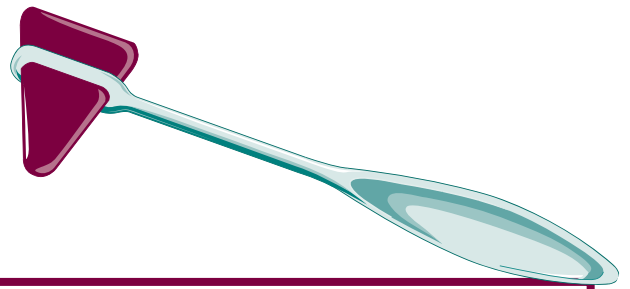
Student signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby give my child permission to apply for the "Day with the Doctors" program. I have read the program brochure and agree to adhere to the program policies and to provide transportation to a designated pick-up site if he/she is selected.

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 \_\_\_\_\_

# A Day with the Doctors



## Medical Information (Check only if condition is present or recurring):

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Asthma      | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Hemophiliac                 | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Wears glasses   |
| <input type="checkbox"/> Neuro/Muscular Problem      | <input type="checkbox"/> Allergy     |  |
| <input type="checkbox"/> Other, please specify _____ |                                      |  |

If any are checked, please explain \_\_\_\_\_

Is the student on any type of medication? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what is the dosage? \_\_\_\_\_

Does the student require special assistance? Please explain: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Insurance company phone \_\_\_\_\_

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 Central Louisiana AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Central Louisiana AHEC, LSU Health Sciences Center - Shreveport, nor LSU Health Sciences Center - New Orleans assume responsibility for medical charges.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## COMPLETED APPLICATION PACKET MUST INCLUDE:

- Completed application signed by you and your parent or guardian
- One letter of recommendation from a teacher, counselor, or principal
- A copy of your most recent transcript signed by your guidance counselor
- Personal essay indicating your specific interests in the program

*Failure to include all of the necessary information will exclude the applicant from being considered for the program.*

## Mail completed application packet to:

A Day with the Doctors  
Central LA AHEC  
2225 N. Bolton Avenue  
Alexandria, LA 71315  
318-443-2855

OR

A Day with the Doctors  
Central LA AHEC  
7443 Picardy Avenue  
Baton Rouge, LA 70808  
225-757-9845

Your completed  
application must be  
postmarked no later than  
**November 18**

*Program location is determined by parish of residence.*

*Visit [www.clahec.org/h-careers.htm](http://www.clahec.org/h-careers.htm) for correct application address to use.*