

2010

A Day with the Doctors



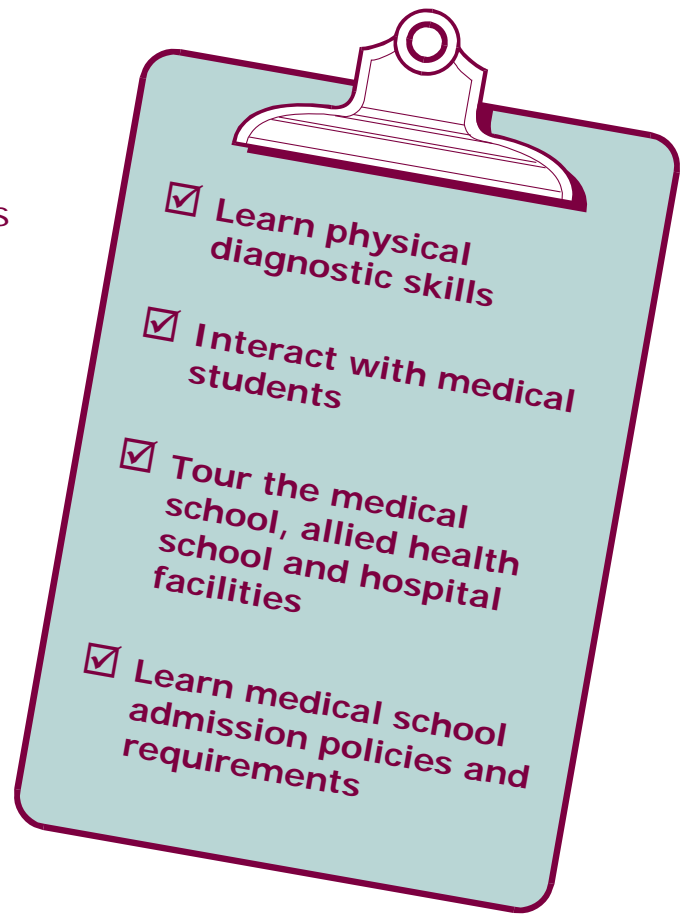
**Building a Future for
Health Care in Louisiana**

Application available online at www.clahcec.org

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.



For more information, please contact

Central Louisiana AHEC

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

5220 Essen Lane, Room 208
Baton Rouge, LA 70809
225-757-9845



This information and application is available online at www.clahec.org/h-careers.htm

2010 A Day with the Doctors

OFFICE USE ONLY

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Name of applicant _____ Current Grade Level Junior Senior

Mailing address _____ Date of Birth _____

City, State, Zip _____ Social Security No. _____

Home Phone _____ Gender _____

School _____ Parish _____

Ethnic origin: Caucasian African American American Indian Asian Hispanic Other

Mother's name _____ Mother's work phone _____

Father's name _____ Father's work phone _____

Parent's mailing address (if different than above) _____

Email address _____

Cumulative GPA _____ **GPA MUST be at least a 3.0**

Have you attended an AHEC program in the past? _____ Name of the program _____

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:

Name _____ Relationship _____

Work phone _____ Home phone _____

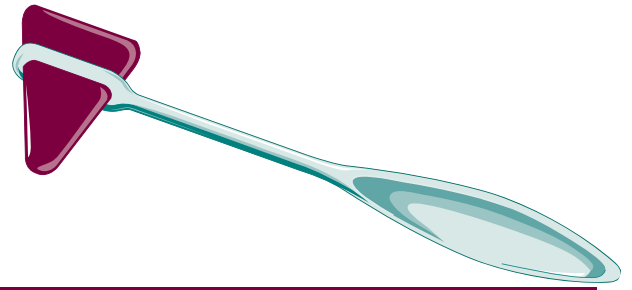
I have answered all of the information on this application truthfully and to the best of my knowledge.

Student signature _____ Date _____

As the parent or guardian of the aforementioned student, I have read the information regarding *A Day with the Doctors* (including the letter and brochure) and fully understand the terms and conditions of participation as indicated.

Parent/Guardian signature _____ Date _____

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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? _____

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

A Day with the Doctors
Central LA AHEC
5220 Essen Lane, Room 208
Baton Rouge, LA 70809
225-757-9845

Your completed application must be postmarked no later than December 1, 2009