



## Healthcare Exploration Program June 3 – 20, 2019

Thank you for your interest in the Healthcare Exploration Program. Please complete the following application form and short essays, and provide all other requested documents. *Incomplete applications will not be considered.* All applications, in their completed form, are due by 4:00 p.m. on February 8, 2019 at CHRISTUS St. Vincent Office of Human Resources, 465 St. Michael's #118. Should a weather emergency require the closing of our office, the application will be due the next business day the office is open.

Postmarks are not considered.

All applications must be type-written. Hand-written applications will not be accepted.

Your Application Packet must include:

- Completed application signed by student and parent/guardian
- Media consent form signed by student and parent/guardian
- Personal recommendation in an envelope signed across the seal by the recommender
- Teacher recommendation in an envelope signed across the seal by the teacher
- Official copy of transcripts and attendance/tardy records from the past academic year and current academic year through the end of the second quarter or first semester of the 2018-2019 academic year
- Typed responses to short essay questions (12 point font, 1 inch margins)
- Photocopy of student ID clearly showing photo

*Failure to include any of the application materials, or leaving blanks in the application form, will result in the disqualification of your application. The receptionist will not be able to review the application when delivered.*

**DO NOT STAPLE ANY PORTION OF THE APPLICATION.** Place all required documents in a single 9" x 12" envelope. Write your first and last name on the front of the envelope. All application materials must be postmarked or delivered in person by 4:00 p.m. on February 8, 2019. Faxed or emailed applications will not be accepted. Incomplete and late applications will not be considered. Applicants who are selected to be interviewed will be notified by *the end of March 2019 via email.*

*Mail or hand-deliver to:*

CHRISTUS St. Vincent Office of Human Resources 465 St. Michael's Dr. Suite #118  
Santa Fe, NM 87505  
505-913-5730 or 505-913-4995



**HEALTHCARE EXPLORATION PROGRAM**  
***Application***  
**Deadline: Friday, February 8, 2019**



### **Qualifications for participation in the program:**

1. The Healthcare Exploration Program (HEP) is only for current high school students and high school seniors graduated by June 2019.
2. All successful applicants must agree to a drug/alcohol test before they begin the program. Should the successful applicant have a drug test positive for any drug for which they do not have a current prescription, they will be eliminated from the program.
3. Only applicants that will be 16 years old by the start of the program will be considered.
4. Only applicants who attend a school with district offices in Santa Fe County will be considered.
5. Only applicants who have received all childhood immunizations will be considered. There is no conscientious objector allowance. Immunizations records will be submitted to the Employee Health nurse when successful applicants complete the drug/alcohol screening.
6. Applicants who are finalists must be interviewed by the selection committee. If a student is unable to attend an interview, they will not be considered for the program. Students selected for an interview will be notified by the end of March 2019. Interviews will be held April 2019.
7. The 2019 program will be held Monday-Thursday, June 3-20, day hours as arranged\*. Only students who can attend the entire program will be considered. Please DO NOT apply if you are unavailable during published program dates. \*Schedule varies based on activities and assignments.
8. Applicants must have a valid email address that they check daily as all communication is via email. Applicants who do not respond to email correspondence will be eliminated from consideration.
9. Cumulative grade point average should be a "B" (3.0) or better at the time of application. GPA for the past academic year through most recent quarter or semester is considered.
10. Those applicants with excessive tardiness or unexplained absences will not be considered.
11. Only one personal and one teacher recommendation will be considered. Recommendation letters received that are not sealed in an envelope and signed across the seal by the recommender will result in the application being eliminated from consideration. Recommendation letters must be included in the application packet and are not to arrive via email or under separate cover from the application packet.
12. Successful applicants will be asked to complete a workbook prior to the start of the program. Failure to complete requested activities will forfeit applicants spot in the program.

**Note:** All applications are blinded for student and parent identities, address, gender, and school attended before the applications are distributed to the members of the selection committee and that information is not used in deciding who is chosen to be interviewed. Should an applicant wish to have an employee of CHRISTUS St. Vincent serve as a reference, that employee should be asked to complete the personal reference form. Telephone calls, emails, and other personal contact of the selection committee is not allowed.

**DO NOT STAPLE ANY PORTION OF THE APPLICATION**



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This document is a pdf fillable. You may download the application and save your work as you go. Print the completed application and submit the application with the rest of the required documents as described on page one.

Hand-written signatures and dates are acceptable but please no hand-written responses. All responses must be typed.

### Application Cover Page

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name of current high school \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

School year completed by June 2019      Sophomore \_\_\_\_\_      Junior \_\_\_\_\_      Senior \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Cell or home phone \_\_\_\_\_

Parent/guardian name \_\_\_\_\_

Cell or home phone \_\_\_\_\_



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Please list your top **three** areas of interest or accomplishment—athletic, artistic, community, musical, etc. — be specific.

Activity\_\_\_\_\_

Number of years participated\_\_\_\_\_ Awards or recognition\_\_\_\_\_

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Activity\_\_\_\_\_

Number of years participated\_\_\_\_\_ Awards or recognition\_\_\_\_\_

Choose one activity from above and briefly discuss how your participation has influenced your personal or academic growth.

Type Response Here

List 3 places where you have been employed and/or done volunteer work, your duties and responsibilities.

Work/Volunteer Experience

\_\_\_\_\_

Duties and Responsibilities

\_\_\_\_\_

Was this part of your school requirements? Yes\_\_\_\_ No\_\_\_\_

Explain\_\_\_\_\_



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Work/Volunteer Experience

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Duties and Responsibilities

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Was this part of your school requirements? Yes\_\_\_\_ No\_\_\_\_

Explain\_\_\_\_\_

Work/Volunteer Experience

---

Duties and Responsibilities

---

Was this part of your school requirements? Yes\_\_\_\_ No\_\_\_\_

Explain\_\_\_\_\_

**Choose one work or volunteer experience and briefly discuss how this experience may have influenced your education or career choices/planning.**

Type Answer Here

Do you speak another language in addition to English? Yes\_\_\_\_ No\_\_\_\_ Please List\_\_\_\_\_



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Have you ever been convicted of a crime? A conviction will not bar you from consideration in this program.

Yes \_\_\_ No \_\_\_

If Yes, Please Explain \_\_\_\_\_

Is there any circumstance which might limit your participation during the HEP program?

Yes \_\_\_ No \_\_\_

If Yes, Please Explain \_\_\_\_\_

I certify that all information given is true to the best of my knowledge and that the short essay questions are not plagiarized nor written by someone else on my behalf (*Assistance with composition and proofreading is acceptable.*) I understand that, if selected to participate in HEP, I will be required to submit to an alcohol/drug test.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

I understand that if selected my child/ward will participate in observation-only clinical rotations in real patient care settings, receive education regarding medical subjects and clinical situations that may be graphic, and receive information regarding health-related issues and the circumstances contributing to those issues. I understand that if selected to participate in HEP, my child/ward will be required to submit to an alcohol/drug test. I do hereby consent to my child's/ward's participation in the CHRISTUS St. Vincent Healthcare Exploration Program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Short Essays

Write **one fully developed paragraph** response to each of the following questions or statements. Be mindful to write with attention to clear, specific content as well as grammar. Responses should be typed with **12-point font, 1-inch margins**. Although you are most welcome to get assistance with organizing your thoughts and proofreading, the final work must be your own and you should be prepared to discuss your answers should you be chosen for an interview. Handwritten essays will result in disqualification of the application.

**Please use a separate sheet(s) of paper to answer essay questions.**

1. Why should you be chosen for this program?
2. If you could select one area of Health Care to focus on in this program, what would that be and why? Where does this interest stem from and what have you done specifically to explore this interest?
3. Explain an ethical dilemma you have had experience with and what your response to the dilemma was.
4. Should you be selected for this program, what do you hope to get from participating? What can we expect you to contribute?



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## Media Consent Form

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

For publicity, promotional, advertising, printed, or educational material I hereby consent to being photographed, filmed, and/or interviewed by St. Vincent Hospital Foundation and CHRISTUS St. Vincent. I hereby give my permission that these photographs, films, and information may be used as follows:

### IN THE EVENT YOU ARE SELECTED TO PARTICIPATE

I understand that photographs, film/videotape, and/or interviews are intended for public viewing and I consent to the use and release of my identity.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

For radio, television and/or print media

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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## Teacher Recommendation

The Healthcare Exploration Program (HEP) at CHRISTUS St. Vincent is an extraordinary opportunity for a small, highly motivated, diverse group of Santa Fe County high school students to expand and develop their interests in medicine. In a rigorous, professional environment, HEP students learn hands-on medical skills, attend guest lectures, and observe staff and patient care in over thirty different departments.

Student \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_

Class Taught \_\_\_\_\_ Year \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

In your letter of recommendation, please discuss what in particular you have observed regarding the character of this student and why he or she might be a strong candidate for this program. If applicable, please describe any reservations you have about the student's ability to participate.

**PLEASE PLACE YOUR RECOMMENDATION IN A SEALED ENVELOPE WHICH INCLUDES THE RECOMMENDER'S SIGNATURE ACROSS THE SEAL. THE STUDENT WILL INCLUDE THIS IN HIS or HER APPLICATION PACKET.**



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## Personal Recommendation

To be written by any adult who is **not** a teacher or relative

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Student \_\_\_\_\_

Your Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Relationship to student \_\_\_\_\_

In your letter of recommendation, please discuss what in particular you have observed regarding the character of this student and why he/she is a strong candidate for this program. If applicable, please describe any reservations you have about the student's ability to participate.

**PLEASE PLACE YOUR RECOMMENDATION IN A SEALED ENVELOPE WHICH INCLUDES THE RECOMMENDER'S SIGNATURE ACROSS THE SEAL. THE STUDENT WILL INCLUDE THIS IN HIS/HER APPLICATION PACKET.**



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## Transcript Request Form

Please sign and give this form to your child's ***School Registrar***.

To the Parent/Guardian:

I, the parent/guardian of \_\_\_\_\_ request and authorize the release of my child's educational records to Human Resources, CHRISTUS St. Vincent.

Student \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

To the School's Registrar:

Please submit the following high school records:

Official transcript including current year and previous year's grades/courses taken and **attendance/tardy records**.

Registrar Name \_\_\_\_\_ School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please place the transcripts in a sealed envelope which includes the Registrar's signature across the seal. The student will include this in his or her application packet.**

**Thank you**