

# Day with AHEC

**ALL FIELDS ARE MANDATORY AND MUST BE COMPLETED BY THE PARTICIPANT IN ORDER TO BE CONSIDERED**

**Social Security #:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender :** ☐ Male ☐ Female

**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Ethnicity:** ☐ Afr. American ☐ Am. Indian ☐ Asian ☐ Caucasian (White) ☐ Hispanic ☐ Other: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip :** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip :** \_\_\_\_\_

**Home Parish:** \_\_\_\_\_ **Home Phone :** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Student Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Student Email:** \_\_\_\_\_ **Parent Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**High School:** \_\_\_\_\_ **Graduation Year:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Cumulative GPA (must be at least a 2.5):** \_\_\_\_\_ **Have you applied for this program before:** ☐ Yes ☐ No

**Have you participated in and completed any of the following programs (NOT applying for currently):**

☐ AHEC of a Summer ☐ Day with the Doctors ☐ M\*A\*S\*H

**List any health careers you are currently interested in:** \_\_\_\_\_

**T-Shirt Size:** ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐ XXX-Large

## MEDICAL INFORMATION:

**Please list any medical conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list any medication for the corresponding medical conditions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does the student have an allergy to latex:** ☐ Yes ☐ No **Does the student have any dietary restrictions:** ☐ Yes ☐ No

**Does the student require special assistance:** ☐ Yes ☐ No **Explain:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Cell Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**\*\* Due to the potential risk of harm to the unborn fetus, pregnant females will not be allowed to participate in this program. If you are or believe you may be pregnant, please notify BNAHEC immediately. \*\***

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 Bayou North AHEC. Otherwise, this authorization will remain in effect as it appears this date. Neither Bayou North AHEC, Louisiana Tech, Northwestern State University, nor University of Louisiana at Monroe assume responsibility for medical charges.

As the parent or guardian of the afore mentioned student, by checking this box, I give my child permission to apply for the Day with AHEC program. Checking this box also authorizes Bayou North 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 Bayou North AHEC permission to use my child's personally identifiable information for the purposes of federal, state and grant tracking and reporting.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Day with AHEC

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



**Day with AHEC** programs are designed to expand and enhance your knowledge regarding health career opportunities, admission requirements, costs, financial aid and more. Equally important, these programs prepare you for a successful undergraduate and post graduate experience.

High school juniors or seniors who have an interest in medical careers may apply. Students must have at least a 2.5 grade point average. Applications are available from your school counselor or science teachers or download printable versions from [www.bnahec.org](http://www.bnahec.org).

## TOPICS INCLUDE:

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

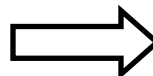
**Completed Application  
must be postmarked  
no later than  
November 2**

## Completed application packet **MUST** include:

- Completed application
  - One letter of recommendation from your teacher, counselor, or high school principal
  - Copy of your most recent transcript
  - Personal essay explaining why you should be selected to participate and what you hope to gain
- TYPED ESSAY REQUIRED (250 WORDS OR LESS)**



*Mail completed  
application  
packets to:*



1513 Doctors Drive, Suite 2A  
Bossier City, LA 71111  
Phone: 318-746-0044  
Fax: 318-746-0046

**TURN OVER TO COMPLETE YOUR APPLICATION**