

DeSoto High School

HEALTH SCIENCE TECHNOLOGY

Theory/Clinical Course Application Packet

GENERAL INFORMATION / SELECTION PROCESS

The Health Science Theory/Clinical course is designed to provide for the development of advanced knowledge and skills related to a wide variety of health careers. Students will employ hands-on experiences for continued knowledge and skill development. In this course, students will have the opportunity to visit several health care facilities to interact with both staff and patients.

Due to the limited number of students that the facilities will allow, this course is limited to no more than sixty (60) students. If more than sixty applications are received, the names from the completed applications will be submitted into a lottery drawing and the first sixty names pulled will be used to fill the course roster. Those names not selected will have the opportunity to enroll in another course in the Health Science Technology pathway.

APPLICATION REQUIREMENTS

DeSoto High School is committed to creating academically and socially strong problem solvers and productive citizens. One of the most important factors in the success of any Health Science Technology program is the dedication of students that participate in the program. All students that submit an application for the theory/clinical course should have a strong interest in pursuing a career in the health profession.

The following requirements should be met prior to being accepted into the theory/clinical course:

1. Must have completed and earned a passing grade in the *Principles of Health Science* course
2. Must have completed or be currently taking either *Medical Terminology* or *Anatomy & Physiology* course
3. A desire to learn and accept instruction from mentor on and off campus
4. Complete an application in include: teacher recommendations (2), student & parent signatures, and a one-page typed reflection statement
5. Be able to commit to the financial requirements of the course (see below)

FINANCIAL REQUIREMENTS

Class Scrubs w/embroidery	\$50.00
Student Insurance	\$20.00
CPR Exam	\$40.00
<u>HOSA Club Dues</u>	<u>\$25.00</u>
TOTAL	\$135.00

NOTE: Fees will not be due until the beginning of the school 2020-2021 school year

DATES AND DEADLINES

Applications are due by **December 20, 2019 at 3:00 p.m.**

Applications should be returned to your current Health Science instructor.

LATE APPLICATIONS WILL NOT BE CONSIDERED FOR PLACEMENT INTO THE COURSE.

APPLICATION INFORMATION

Last Name First Name Middle Name

Student ID# Date of Birth Other Language Spoken

Address

City Zip Telephone

Email Address

EMERGENCY CONTACT (PARENT/GUARDIAN)

Last Name First Name

Telephone Email Address

WRITTEN STATEMENT

Attach a one-page, double-spaced typed reflection statement elaborating on both your strengths and weaknesses.

DECLARATION OF APPLICATION

By signing this application below, you agree to the following statements.

- I have reviewed the entire application and all of the information submitted is true and accurate.
- My parent/guardian supports my commitment to this program. This includes financial responsibilities and monitoring my daily attendance and behavior requirements on school property or at clinical locations.

Name of Applicant (PLEASE PRINT) Signature of Applicant Date

Name of Parent (PLEASE PRINT) Signature of Parent Date

TEACHER RECOMMENDATION FORM

This form should be completed and submitted with the application packet OR delivered directly to Mrs. Pugh (office next door to automotive) by the teacher that is completing the recommendation.

Student's Name _____ ID # _____

Please rank the student on a scale of 1-5 (**5 being the highest**) in the following areas:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Grade Average | 1 | 2 | 3 | 4 | 5 |
| 2. Cooperative with teachers and students | 1 | 2 | 3 | 4 | 5 |
| 3. Classroom discipline behavior | 1 | 2 | 3 | 4 | 5 |
| 4. Willingness to accept constructive feedback | 1 | 2 | 3 | 4 | 5 |
| 5. Maintains good attendance | 1 | 2 | 3 | 4 | 5 |
| 6. Uses class time constructively | 1 | 2 | 3 | 4 | 5 |
| 7. Displays honest character | 1 | 2 | 3 | 4 | 5 |

Teacher Signature _____

Name of course student attends _____

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Student's Name _____ ID # _____

Please rank the student on a scale of 1-5 (**5 being the highest**) in the following areas:

- | | | | | | |
|---|---|---|---|---|---|
| 8. Grade Average | 1 | 2 | 3 | 4 | 5 |
| 9. Cooperative with teachers and students | 1 | 2 | 3 | 4 | 5 |
| 10. Classroom discipline behavior | 1 | 2 | 3 | 4 | 5 |
| 11. Willingness to accept constructive feedback | 1 | 2 | 3 | 4 | 5 |
| 12. Maintains good attendance | 1 | 2 | 3 | 4 | 5 |
| 13. Uses class time constructively | 1 | 2 | 3 | 4 | 5 |
| 14. Displays honest character | 1 | 2 | 3 | 4 | 5 |

Teacher Signature _____

Name of course student attends _____