

Health Careers Mentorship Program

Application - Entering Class Spring 2010

<http://studentorgs.utexas.edu/hcmp>

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Requirements:

- Completion of the following UT courses or equivalent (an **official transcript** will be required to verify completion of the following courses).
 - 6 semester hours of undergraduate biology courses:
 - *If taken after Fall 2005
 - **BIO 311C** Introduction to Biology I.
 - **BIO 311D** Introduction to Biology: Cell Biology.
 - *If taken before Spring 2005
 - **BIO 211** Introduction to Biology: Cell Biology.
 - **BIO 212** Introduction to Biology: Genetics & Evolution.
 - **BIO 214** Introduction to Biology: Structure & Function of Organisms.
 - **CC 306M** or **CC 336M** Medical and Scientific Terminology.
 - Acceptable exception: UT-transferrable credit
- A minimum 80 hours of college volunteer experience in a hospital or clinical setting. Verification of hours will be required from the volunteer department(s) where the hours were acquired.
 - Note that employment hours will not fulfill the volunteer hours requirement. However, please include these hours in the appropriate location on the application.
- **Recommendation Letters** from a University of Texas at Austin professor.
- A tentative **list of activities** for the upcoming semester. This listing should include planned coursework with class times, as well as extracurricular activities or employment. We need to see that you have two 4 hours blocks (total 8 hours per week) in the morning free for shadowing.
- Vaccinations and CPR Certifications:
 - Prior to beginning your hospital rotations, you must have the following vaccines: Hepatitis B, MMR, and Chicken Pox (or previously have had Chicken Pox). You must also obtain CPR certification.
- To be accepted as an intern, you **must** be enrolled as a student or employed as a staff member at the University of Texas at Austin for a minimum of **two long semesters** following your acceptance. These two semesters consist of one semester as an intern, immediately followed by one semester as a coordinator.

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NAME: _____
(Last) (First) (M.I.)

EMAIL: _____

HOME PHONE: (____) _____

CELL PHONE: (____) _____

DATE OF BIRTH: ____ / ____ / ____
MM DD YY

LOCAL ADDRESS:

PERMANENT ADDRESS:

CLASSIFICATION: FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE
(by year, not hours)

MAJOR: _____

TOTAL HOURS AT UT AUSTIN: _____

GPA: _____

APPLICATION REFERENCES:

U.T. AUSTIN PROFESSOR REFERENCE:

Name

Phone #

Relation to Applicant

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ON A SEPARATE PIECE OF PAPER PLEASE COMPOSE YOUR RESPONSE(S) TO THE FOLLOWING:

Grammar and mechanics will be an attribute in your selection.

REQUIRED ESSAY TOPIC

Describe your motivation for pursuing a career in medicine and the experiences you have had that have helped confirm this desire.

SUPPLEMENTAL ESSAY TOPIC (OPTIONAL)

HCMP does not use GPA as a determining factor, but it is considered. You have the option of providing a 100 word explanation for any extenuating circumstances or reasoning as to why your GPA may be less than ideal (less than 3.0).

-OR-

If you would like to discuss any topic that is relevant to your selection as an Intern, please do so in less than 200 words. Note, this option is not meant as an excuse forum.

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Requirements Checklist:

- Coursework: Semester Taken/Plan to Take Grade
- Six Undergraduate Biology Hours
 - BIO 211 or BIO 311C _____
 - BIO 212 or BIO 311D _____
 - BIO 214 _____
 - CC306M or 336M _____
-

- Volunteer Experience Only **80 hours minimum** (*Submit documentation verifying hours*)
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
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- Hospital/Clinical Employment Experience
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
- Location _____ Semester _____ Hours _____
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***Please Note* Employment hours do not count towards the volunteer requirement.**

- Transcript submitted: Yes / No
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- List of tentative activities for the upcoming semester submitted (*class schedule, all planned extracurricular activities, employment, etc.*). Please submit on a separate piece of paper.

Prospective Student Intern:

(Please read the agreement and sign your name)

I understand that without providing the selection committee all the required criteria, I may not be considered a competitive candidate for the Health Careers Mentorship Program. I also understand that HCMP reserves the right to invalidate my application based on misrepresentation.

Printed Name: _____

Signature: _____

Date: _____

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Evaluator Form - UT Austin Professor

Note that this letter will be read by members of HCMP, who are students at UT Austin.

Top portion to be completed by student:

Student's Name _____
(Last) (First)

Major _____

Classification (Circle one) Fr. So. Jr. Sr. Grad.

Course(s) taken from evaluator (e.g., BIO 211) _____ Semester _____ Grade(s) _____

I voluntarily waive and relinquish my right of access to this confidential letter of evaluation.

I retain my right of access to this confidential letter of evaluation.

Signature _____

Signature _____

Date _____

Date _____

To the Evaluator:

Please provide your opinion of this student's qualifications to serve as an intern and coordinator for the Health Careers Mentorship Program. Please complete the bottom portion of this sheet, and on an additional sheet, please comment on the student's intellectual ability, motivation, capacity for acquiring professional skills, quality of work, and of his or her character and personality. Please indicate how long you have known this student.

How would you compare this student with other students of the same level in the following areas?

Below Average-----Average-----Above Average

(Circle One)

Interpersonal Skills	1	2	3	4	5
Leadership	1	2	3	4	5
Academic Work Quality	1	2	3	4	5
Motivation	1	2	3	4	5
Communication Skills:					
Oral	1	2	3	4	5
Written	1	2	3	4	5
Reliability	1	2	3	4	5
Diligence	1	2	3	4	5
Maturity	1	2	3	4	5

Name _____ Title _____

College/University _____ Department _____

Email _____ Phone Number _____

Signature _____

Date _____