



Stranahan High School School of Medical Sciences

Dragon Excellence

Career Technical Education (CTE)

2019-2020 Application: Allied Health Science III

Instructor: Ingrid P. Brown, RN., MSN

Student Name _____ Student # _____ Grade _____

Thank you for your interest in Allied Health Science III. This program allows students exposure to the latest cutting-edge medical technology while shadowing medical professionals in a clinical setting. This program requires a commitment of time, a consistently positive attitude, constant professionalism, and academic excellence. **Please complete and return this application and information forms to Mrs. Brown in Rm. 576 by the deadline, Monday, March 18, 2019.** Students admitted to the program will be notified on or before Monday April 1, 2019. As result of extremely limited seating in the Allied Health program, late applications will not be considered.

- ***Please be reminded space is limited and submission of the application does not guarantee acceptance into the program.***
- ***ALL Teachers' Recommendation forms must be returned to Mrs. Brown by the teacher no later than Tuesday, March 19, 2019.***
- ***Students/parents are expected to arrange their own transportation to and from Broward Health Medical Center.***
 - All Students without transportation arrangements on file with Mrs. Brown prior to September 4, 2019 will be removed from the course.

Student and Parental/Guardian Statement of Commitment

Your child is interested in Stranahan High School's School of Medical Sciences' Allied Health Science III program. While in the program, students are expected to be able to function in a team setting, which includes working not only with their classmates, but also with professionals from various healthcare facilities. As a condition for continued participation in clinical program, students are expected adhere to all rules and regulations of the program. Uniforms requirements which including hair, nails and shoes policies must be strictly followed during clinical rotations. Failure to comply with these requirements will result in dismissal from the program.

Student's Signature: _____ Date: _____

Parent/Guardian's Name Relation to Student: _____

Parent/Guardian's Signature: _____ Date: _____

Return to Ms. Ingrid Brown (Rm 576) or place in her mailbox



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STUDENT QUESTIONNAIRE

Student Name: _____ Student # _____ Grade: _____

Due to the nature of this course , you will be required to participate in clinical rotations at health care agencies in the community (hospitals and or clinics) it is imperative to have a very selective selection process.

Please answer the following:

Unweighted GPA: _____

Current Community Service Hours: _____

Please Circle Yes or No

Medical Magnet: Yes No

Referrals: Yes No

Driver's License: Yes No

Assess to drive a car: Yes No

PREREQUISITE: ANATOMY &PHYSIOLOGY AND OR HEALTH SCIENCE 1, ANATOMY &PHYSIOLOGY
Requirements:

- Minimum 2.5 Unweighted GPA
- Health Science 1 or Anatomy and Physiology
- Must have all of the following requirements: Hope, Performing Art Credit, Online course
- Must have excellent behavior/No Referrals
- Must have excellent attendance

Please type your response to the following questions on a separate piece of paper.

1. *Why is Health Science important to you?*
2. *What should Health Science classes and clinical rotation teach you? Why? How?*
3. *What are your educational and professional goals after high school?*

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TEACHER RECOMMENDATION FORM

❖ **Please DO NOT give this form back to the student.**

Student Name: _____ Student #: _____

Dear Colleague:

Thank you for your assistance in the selection process for Stranahan High School's Health Clinical Rotations/ Allied Health Science 3 program. This program allows students direct exposure to the healthcare industry, working closely with medical professionals, learning the latest cutting edge medical technology. This program requires a resolute commitment, a consistently positive attitude, constant professionalism, and academic excellence.

Please Answer the Following Questions:

1. In ***your expert opinion***, has the student demonstrated evidence that they can ***consistently*** handle the responsibility associated with participation in the Allied Health Rotations Program? YES NO
2. Please attach a letter of recommendation to this form on behalf of the applicant
3. What comes to mind when you think of this student?

Please rate the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking and 1 being the lowest.

Attendance	5	4	3	2	1
Character	5	4	3	2	1
Cooperation	5	4	3	2	1
Initiative	5	4	3	2	1
Intellectual Ability	5	4	3	2	1
Responsibility	5	4	3	2	1

Teacher (Print) _____ Signature _____

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