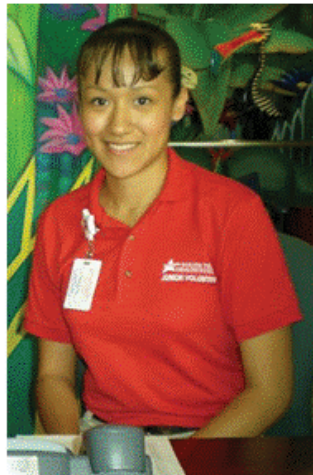


Community Service ◦ Career Investigation ◦ Academic Enrichment ◦ Professional Development

Hello, Future Health Science Professional! The Med Ed staff would like to congratulate you on taking the initiative to achieve your academic and career goals. This is your first step down a path of study, hard work, community service, and many more experiences that will prepare you for your future as a health science professional. The Med Ed Program is unique. There is no other program that provides the variety of opportunities that Med Ed does. Through Med Ed, you can accrue community service hours, gain preparation for standardized tests and future courses, receive academic and professional development, and gain experience in clinical health care setting. To be a Med Ed participant means that you are part of a mature and dedicated group of students who are making a commitment to become as qualified as possible for college and Professional/Graduate School. We encourage you to include any other information that will support your application, such as letters of recommendation. Good luck, and we hope to welcome you to the Med Ed family soon!



## Contact Information

**Med Ed Program**  
[www.uthscsa.edu/meded](http://www.uthscsa.edu/meded)  
 1-866-663-3336

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Senior Secretary:  
**Yolanda Chapa**  
[chapay3@uthscsa.edu](mailto:chapay3@uthscsa.edu)

### The Application:

The sooner you submit the Med Ed application, the sooner you are able to take part in the activities we offer.

Please make sure that your application packet is complete before you send it. A complete application packet includes the application form (front and back) with all required signatures and your essay response.

### The Application Essay:

The selection committee reads each and every application form carefully and pays special attention to the essay. This is your opportunity to tell us about yourself, your goals, and what you hope to gain by participating in the Med Ed Program. Essays do not have to be lengthy, but make sure you address the prompt. Essays do not have to be typed, however illegible essays will be returned. If handwriting your essay, please do so in blue or black ink. Do not use pencil.

### Teacher Signatures:

As part of the application form we ask for two teacher signatures. The teachers you request signatures from do not have to submit letters of recommendation but may do so if they wish. By signing your application form, your teacher is indicating their support of your application and participation in the Med Ed Program. If we have questions about you or your application, we reserve the right to contact any teacher or reference you list on your application.

### The Consent Form:

The Med Ed Program consent form is provided in both English and Spanish. Please be sure to talk with your parents about your interest in the Med Ed Program and share your intention to submit an application. Their consent is needed for you to submit your application. This consent form gives us permission to discuss your confidential school record, test scores, and other academic data with you. It also allows us to share your email address with other Med Ed students and use photographs of you in Med Ed newsletters and other program publications. If you or your parents have any questions about the consent form, please do not hesitate to contact our office.

### Submitting Your Application:

Once your application is complete, you may submit it in a number of ways. Application documents can be mailed, hand delivered, faxed or emailed directly to the Med Ed Office; or it can be submitted directly to your high school counselor. Once the application is received in the Med Ed office, it takes approximately one week for you to receive a response. The response will come in the mail to the address listed on your application. Acceptance packets to Med Ed include a calendar of upcoming events and you are welcomed to begin participating immediately. To register for any Med Ed event, simply call or email the Med Ed office.

Thank you for your interest in the Med Ed Program. We hope to meet you soon and begin working towards your academic and career goals.

Good luck!

*Your Med Ed Program Team*

\*\*\* Remember: If you live in **Webb, Zapata, or Jim Hogg county**, please submit your application to the **Laredo Area Med Ed Office**.

If you live in **Starr, Hidalgo, Cameron, or Willacy county**, please submit your application to the **Rio Grande Valley Med Ed Office**.

If you have any questions, please do not hesitate to contact either office for assistance. \*\*\*



*Med Ed Program students at the UT Health Science Center at San Antonio during Field Experience II, July 2008.*

# Med Ed Program Application

## Section A: Personal Information

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth:     /     /     Age:     Check One:  Male  Female

Home Phone:     (     )     Cell Phone:     (     )

Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Physical Address: \_\_\_\_\_ (County) \_\_\_\_\_

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

## Section B: Family Information

### Father's / Guardian's Information

### Mother's / Guardian's Information

Name: _____	Name: _____
Address: _____	Address: _____
Phone: (     ) _____	Phone: (     ) _____
Email Address: _____	Email Address: _____

## Section C: Academic Information

Current School Attending: \_\_\_\_\_

Magnet Program (if applicable): \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_ Counselor: \_\_\_\_\_

School and Community Activities: \_\_\_\_\_

Honors and Awards: \_\_\_\_\_

## Section D: Writing Assessment

On your own paper, please answer one of the questions below. Responses should be between 100- 250 words.

1. You have been given the opportunity to address the World Health Organization (WHO). What world health care issue will you address and why?
2. You have been invited by the President of the United States to take part in a student panel addressing health care in our country. What will your recommendations be and why?

## Section E: Your Future

Area(s) of Interest With Regard To Health/Medical Career:

College/University of Choice:

1.

2.

1.

2.

## Section F: Students must obtain signatures from two of the following teachers: Math, Science, or English

Teacher's Signature:

Subject:

Date:

Teacher's Signature:

Subject:

Date:

## Section G: How did you learn about Med Ed?

- Teacher:                       Current Med Ed student:                       Med Ed presentation:
- Counselor:                       Health care professional:                       Other :

## Consent to Release Information Record

Pursuant to the Family Education Rights and Privacy Act of 1974, which requires written consent for the release of information outside of school, The Med Ed Program respectfully seeks the right to request the release of any or all educational records as listed below if needed:

\*Record of grades (transcript)

\*Class Rank

\*Grade Point Average (GPA)

\*Standardized Test Scores

\*Email Address (to be used for communication between students and the Med Ed Program or The University of Texas Health Science Center at San Antonio (UTHSCSA), other program students, and/or potential mentors.)

\*Student's Photo (photos are taken during Med Ed activities - they are to be used for publications representing the Med Ed Program or UTHSCSA, the Med Ed Program Website, as well as in student files to be kept in the Med Ed Office.)

By signing below, you are giving your consent for your son or daughter to apply and to participate in the Med Ed Program. You are also giving your consent for the Med Ed Program to access the above mentioned information and records for the purposes of advisement and applicant selection.

Según los Derechos de Educación de Familia y acto de Intimidación de 1974, que requiere el consentimiento escrito para la liberación de información fuera de la escuela, Med Ed busca respetuosamente el derecho de solicitar la liberación de cualquier o todos registros educativos listo como abajo si es necesario.

\*El registro de grados (expediente)

\*Grado de Clase

\*Promedio Escolar

\*Clasificación de Exámenes Estandarizados

\*Correo Electrónico (utilizado para la comunicación entre estudiantes, Med Ed, UTHSCSA, otros estudiantes en la programa, y/o mentores potenciales.)

\*Foto de estudiante (las fotos tomadas durante las actividades de Med Ed son utilizadas para inclusión en publicaciones representando a Med Ed o UTHSCSA, el sitio de la red de Med Ed, incluso en el archivo del estudiante.)

Firmando abajo, usted está dando su consentimiento para que su hijo se aplique a y participe en el programa de Med Ed. Usted también está dando su consentimiento para que el programa de Med Ed tenga acceso a la información y a los expedientes antedichos para seleccionar a los aplicantes y en el aviso de los estudiantes.

Student's Signature / Firma del Estudiante:

Date/Fecha:

Parent's Signature / Firma del Padre:

Date/Fecha: