

## Application for the CRMC Pre-med Physician Shadowing Program

I am applying for (check one):    Fall semester    Spring Semester    Summer

| Applicant Information  |       |                |  |
|--|-------|----------------|--|
| Last Name:   |       | First:         |  |
| Local Address:   |       |                |  |
| Permanent Address:   |       |                |  |
| Email Address:   |       | Cell Phone #:  |  |
| Gender:  | Race: | Date of Birth: |  |
| This program is partially sponsored by the Wyoming Area Health Education Center (AHEC). AHEC is funded in part by the U.S. Health Resources and Services Administration (HRSA), which collects demographic and personal information from our participants in order to satisfy HRSA's grant reporting requirements and to help measure our program's overall effectiveness. This information will not be used to determine eligibility. |       |                |  |

| Education Information  |  |        |  |       |  |  |       |  |  |       |  |  |       |
|--|--|--------|--|-------|--|--|-------|--|--|-------|--|--|-------|
| W number:  | Credit Hrs. Completed:   |        |  |       |  |  |       |  |  |       |  |  |       |
| Major:   | Minor:   |        |  |       |  |  |       |  |  |       |  |  |       |
| Graduation Year:   | Current GPA:   |        |  |       |  |  |       |  |  |       |  |  |       |
| Class Standing: <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Other: _____ |  |        |  |       |  |  |       |  |  |       |  |  |       |
| Have you completed:<br>General Biology I<br>Life Science or Zoology Course<br>(2000-level or higher)<br>General Chemistry I<br>General Chemistry II      | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Grade:</td> <td style="padding: 5px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</td> <td style="padding: 5px;">_____</td> </tr> </table> | Grade: | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Grade:   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | _____  |  |       |  |  |       |  |  |       |  |  |       |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | _____  |  |       |  |  |       |  |  |       |  |  |       |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | _____  |  |       |  |  |       |  |  |       |  |  |       |
|  | <input type="checkbox"/> Yes <input type="checkbox"/> No   | _____  |  |       |  |  |       |  |  |       |  |  |       |
| Do either of your parents have a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |        |  |       |  |  |       |  |  |       |  |  |       |
| Do you have any family members who are physicians? <input type="checkbox"/> Yes ; Relationship: _____ <input type="checkbox"/> No                        |  |        |  |       |  |  |       |  |  |       |  |  |       |

Please indicate any other relevant courses you have successfully completed (biology, chemistry, psychology, anatomy, etc) and the grade you received in each:

| Course | Grade | Course | Grade |
|--------|-------|--------|-------|
|        |       |        |       |
|        |       |        |       |
|        |       |        |       |

Please list the extracurricular activities that you have been involved with in the past 3 years (you may also attach a resume):

| Organization/Experience | Dates | Brief description of your involvement |
|-------------------------|-------|---------------------------------------|
|                         |       |                                       |
|                         |       |                                       |
|                         |       |                                       |
|                         |       |                                       |

Have you shadowed a physician, volunteered or worked at a healthcare institution?

Yes       No

If yes, please describe your experience below:

I certify that the information submitted on this application is complete and accurate to the best of my knowledge, and I understand that knowingly submitting inaccurate and false information may result in denial of participation in the CRMC Pre-med Physician Shadowing Program.

Signature of

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application form **with an unofficial copy of your transcript to:**

**Marivern Easton, WWAMI Assistant Director, Health Sciences room 457**

## Have You Completed All Required Tasks?

- I have read, and I understand the criteria for the CRMC Pre-med Physician Shadowing Program, available here: [www.uwyo.edu/WWAMI/physicianshadowing](http://www.uwyo.edu/WWAMI/physicianshadowing)
- I have completed the general application to the best of my knowledge and ability.
- I have signed and dated my application.
- I have included a copy of my unofficial transcripts (available through WyoWeb).

### Understanding of Requirements for Participation in the Program

Please initial next to each statement to illustrate your agreement.

\_\_\_\_\_ I understand that I may be denied participation in the program if I do not meet the eligibility criteria or if in the judgment of the Program Coordinator, I am not yet ready to participate.

#### ***If accepted for the program:***

\_\_\_\_\_ I agree to provide proof of required immunizations (listed below) or complete a new round of immunizations prior to shadowing, or I will be denied participation in the program. I understand that I am responsible for any costs incurred. Several of the items listed below are available from UW Student Health.

- Rubeola/ rubella/mumps titers showing immunity and/ or record of two doses of MMR vaccine
- Hep B (Series started with at least one dose documented) OR Titer
- Varicella (2 doses of vaccine OR titer showing immunity)
- Tetanus vaccine less than 10 years old
- PPD less than twelve months old or CXR in last year if known converter
- Influenza vaccination

\_\_\_\_\_ I agree to submit a completed background check (available through the College of Health Sciences at: <http://www.uwyo.edu/hs>).

\_\_\_\_\_ I agree to submit proof of a NEGATIVE Urine Drug Screen

\_\_\_\_\_ I agree to participate in the mandatory Orientation session prior to shadowing.

I understand and accept the requirements of this program. I understand that I may be denied participation in the program if I do not meet the eligibility criteria and required tasks outlined above prior to shadowing.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_