

MEDICAL EXPLORATIONS APPLICATION – SUMMER 2017

JUNE 5, 2017 – JUNE 30, 2017

Application Deadline: March 1, 2017

ALL APPLICANTS MUST BE 18 YEARS OF AGE ON OR BEFORE THE PARTICIPATION DATE of JUNE 5, 2017

ALL APPLICATIONS MUST BE RECEIVED/POSTMARKED BY THE DEADLINE FOR CONSIDERATION

STUDENT INFORMATION

NAME: _____

BIRTHDATE (students must be 18 on or before the participation date): _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

EMAIL: _____

PHONE: _____

SCHOOL INFORMATION

CURRENT SCHOOL:

CURRENT YEAR: _____ GPA: _____

EXPECTED GRADUATION YEAR: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

HEALTH ISSUES: _____

DIET RESTRICTIONS: _____

JOB/VOLUNTEER EXPERIENCE

**University of Tennessee Medical Center
Medical Explorations**

Rules and Regulations

- Participants are expected to maintain a professional attitude at all times and in all locations (including cafeteria, offices and patient care areas) displaying kindness, and courtesy to employees, patients and visitors
- Participants will undergo mandatory training in patient confidentiality and proper behavior in a medical setting.
- Participants will be expected to report on time to prearranged areas
- Participants will be expected to call in a timely manner if they are ill or cannot attend due to a family emergency or other pressing matter.
- Long hair must be neatly styled, preferably pulled back
- No large earrings, large bracelets, large necklaces or large rings
- No perfume or cologne, chewing gum or smoking
- The dress is business casual. Some examples of this would be trousers and a button down or neat polo shirt for the men and slacks or skirts with a blouse or polo shirt for the women. No jeans, tank tops, t-shirts, shirts with writing, shorts, open toe shoes, sandals or flip-flops, dresses must be knee length or longer, no skirts

I have read the above rules and regulations and understand I must agree to adhere to them if I am to be considered for participation in the Medical Explorations program. By signing my name below, I affirm that all information in this application is true. I agree that if I do not comply with the policies stated above that I will be dismissed from the Medical Explorations program.

Applicant Name (Printed)

Applicant Signature

Date

PLEASE INCLUDE WITH YOUR APPLICATION:

- **A 500 WORD ESSAY ON WHY YOU WANT TO BE IN THE MEDICAL EXPLORATIONS PROGRAM.**
- **TWO LETTERS OF RECOMMENDATION (must come from a teacher/professor/supervisor)**
- **VERIFICATION OF GPA OF 3.5 OR HIGHER (TRANSCRIPT OR LETTER FROM GUIDANCE COUNSELOR)**

Please note: transcripts and letters of recommendation may be sent along with the application but must be sealed and signed in a separate envelope

1. Mail your application and supporting materials to:

Medical Explorations Program
Department of Surgery
Attention: Rachel Roberts
1924 Alcoa Highway
Knoxville, TN 37920

Any applications received after the deadline will not be considered. Applications and supporting documents must be postmarked by the stated deadline.

Email applications: *If you are emailing your application, transcripts and letters of recommendation have to come directly from the school/ writer. Please send these documents to rroberts1@utmck.edu*

Acceptance decisions will be mailed in May