MEDICAL EXPLORATIONS APPLICATION – SUMMER 2020

# August 3 – 7, 2020 (subject to cancellation)

*Application Deadline: May 1, 2020*

ALL APPLICANTS MUST BE HIGH SCHOOL GRADUATES, CURRENTLY ENROLLED IN COLLEGE, AT LEAST 18 YEARS OLD AT TIME OF APPLICATION

ALL APPLICATIONS MUST BE POSTMARKED OR EMAILED BY THE DEADLINE FOR CONSIDERATION

STUDENT INFORMATION

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE (students must be at least 18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**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
* Participants cannot use cell phones in patient areas, clinic, and the O.R.

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.

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Applicant Name Printed Applicant Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please include with your application the following documents:

* 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 advisor)

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

* The Rules and Regulations form signed and dated

Mail all documents to:

Medical Explorations Program

Department of Surgery

Attention: Rachel Roberts

1924 Alcoa Highway

Knoxville, TN 37920

OR EMAIL TO [RROBERTS1@UTMCK.EDU](mailto:RROBERTS1@UTMCK.EDU)

NOTE: Any applications received after the deadline will not be considered. Applications and supporting documents must be postmarked by the stated deadline. Applications will not be accepted from high school students in dual-enrollment. This program is strictly for college students who have already graduated high school at time of application and matriculated a college GPA. Acceptance decisions will be emailed in May to the email listed on your application. For any further questions regarding the application process or information about the Medical Explorations program, please contact Rachel Roberts at [rroberts1@utmck.edu](mailto:rroberts1@utmck.edu)