

## HEALTH CAREERS APPLICATION

Student: \_\_\_\_\_ Year in School: Jr. Sr.

**Student confirmation of the items below are required as part of the application process:**

\_\_\_ I have read and understand the course description for this class.

\_\_\_ I understand this class is a full year class and that I should not apply unless I am planning on taking the class for the full year.

\_\_\_ I am willing to provide my own transportation to and from my on-site placement.

\_\_\_ I understand that this is a 2 credit class which requires completion of daily tasks and assignments, a strong attendance record and a positive work ethic.

**I understand that I am required to complete or provide the following:**

\_\_\_ Attend a Spring semester group meeting with the instructor (TBA)

\_\_\_ Must qualify through SAT, ACT or LLCC Reading Placement Score

\_\_\_ Physical Exam (must use LLCC Form provided by instructor)

\_\_\_ Must be able to lift 50 lbs minimum unassisted

\_\_\_ Influenza vaccination is encouraged

\_\_\_ Test results from your completed 2-step TB test (to be complete with instructor once class begins)

\_\_\_ Provide authorization for a back ground check (fee to be paid by student .. approx. \$35...to be completed with instructor once class begins)

\_\_\_ Provide authorization for a randomly given urine test to screen for drug use

\_\_\_ Provide the \$75 Competency Exam Fee.

**Write a paragraph explaining what your goals are for taking the class and how the experience will contribute to your future plans. Attach your paragraph to this application.**

**APPLICATION IS DUE IN THE COUNSELING OFFICE BY MARCH 8, 2019**

**Required Signatures:**

1. Teacher Recommendation: \_\_\_\_\_
2. Teacher Recommendation: \_\_\_\_\_
3. Student Signature: \_\_\_\_\_
4. Parent Signature: \_\_\_\_\_