



Whatcom County Health Care Services Program Program & Application Overview

The Health Care Services Program is an exciting educational opportunity. Since there are some unique program features (partnership between schools, off-campus facility, competency-based, work-based learning), and limited enrollment opportunities we want to make sure you seriously consider your reasons for applying to this program. Before completing the application materials please review the information contained in the Health Care Services Program Enrollment Fact Sheet and brochure. We recommend that you discuss any program questions and/or concerns with your high school counselor and parents before applying to participate in this program.

Select A.M. Section or P.M. Section of Class:

Health Care Services I is a one semester introductory course to Health Care Professions. This course helps students focus on development of the necessary academic and technical foundation skills needed to be successful in *any* health care related occupation and further postsecondary education. This class is offered first semester **ONLY**. There are two sections available to students. When you fill out your application, please indicate which section you prefer:

A.M. Section is 7:30a.m. - 9:25a.m. daily

P.M. Section is 1:00p.m. - 2:55p.m. daily

Health Care Service II is also a one semester course offered second semester ONLY. This course helps students focus on career exploration through short-term *externships* with adult mentors working in health care-related occupations. This course is only open to students who have *successfully* completed HCS I (submitted application by deadline, grade of B or better, good attendance, strong level of maturity & solid work ethic demonstrated, all required assignments completed and submitted on time, positive & respectful class participation, flexibility in schedule & *HCS teacher* recommendation). **There is only one section of this class offered: 1:00p.m. - 3:00p.m. daily.** Not all students who complete HCS I will be able to enroll in HCS II. Students are notified by mid December of their acceptance to HCS II.

Application Materials:

Please carefully read the Eligibility Criteria and Application Guidelines (posted on website). Review the application form and required information to be submitted. Please carefully answer all questions. Pay particular attention to Part Three -- the questions provide an opportunity for you to “personalize” yourself to the review and selection committee. Page 4 is the *Reference Form* – this page will be given to the person you select to provide your letter of reference. Make sure you select a person that knows you well and will provide a favorable recommendation. Before submitting your application packet, double check to be sure you have attached all required documents (attendance history, transcript & reference form) and all required signatures are included (page 2).

Since this program has limited enrollment, the Health Care Advisory Committee recommends you spend time carefully preparing your answers to the personal data questions. This is the only way the review committee will have an opportunity to “get to know you.” The Advisory Committee is committed to selecting students interested in a wide variety of Health Care related programs (not just future doctors and nurses). A student's GPA is not the deciding factor in selecting applicants. However, there is significant academic rigor associated with the HCS program. The Advisory Committee is looking for students who are motivated, want a new educational challenge, want to work and learn in a professional environment, and want to meet new people outside their own school community.

All application materials are available on the Tech Prep website: www.whatcomtechprep.org (Student section, then Community Classroom – HCS Program)

We look forward to hearing from you.

Health Care Services Program Personal Data Sheet

Application available in PDF *writable* format

www.whatcomtechprep.org

(Student Section / Community Classroom)

****Application must be typed/word processed****

PART ONE: Personal Data

Name _____
(last) (first) (middle)

Male Female **Home** Email Address: _____

Mailing Address _____ Apt. No. _____

City _____ Zipcode _____

Home Phone Number _____ Cell # _____

Name of High School _____ Current Grade Level _____

Name of Counselor _____ Phone _____

Schedule Preference for HCS I (*check with counselor to be sure you won't have schedule conflicts*)

Only A.M. (7:30-9:30 a.m.) Only P.M. (1-3:00 p.m.) Either time O.K.

PART TWO: Attendance, Grades and Signatures

My GPA is: _____ a student's GPA is not the deciding factor for admitting applicants to the HCS program. However, the HCS program is academically rigorous (Anatomy and Physiology) and homework is assigned. At a minimum, students must have completed the science & math prerequisites (lab science & algebra or above with 'C' or better grades).

Attach a photocopy of your high school transcript & use a highlighter pen to identify the math & science courses you have completed.

If your GPA is 2.5 or below, please explain how you will address the academic requirements of this program.

Attendance History: Regular, prompt attendance is an expectation of this program. Tardies and absences will impact your grade in this program and will impact whether or not you are selected to advance to HCS II.

- ◆ Attach a copy of your school attendance report for the current school year.
- ◆ Have your attendance personnel or school counselor sign the form verifying the information is accurate.

If your attendance report indicates 5 or more tardies or absences during the current school year, then please provide a brief explanation as to why.

THE FOLLOWING SIGNATURES ARE REQUIRED: I have read the application materials and understand the eligibility requirements for attendance, classroom performance & participation, immunizations, drug testing & background authorization process. I understand that I am responsible for my own transportation to/from the program and must provide evidence of medical insurance. I also understand that I will be dropped from the program if my actions reflect unfavorably on the HCS program or impede my educational progress or that of my classmates.

Student Signature:

Student Signature:

Date:

Parent Approval: I have read and understand the application materials and have encouraged my student to apply for the *Health Care Services* program.

Parent Signature:

Date:

Counselor Approval: I have met with this student and discussed schedule issues associated with enrollment in the *Health Care Services* program. The student has met the prerequisite requirements & I approve of this his/her application.

Counselor Signature:

Date:

Students who attend high school outside the Bellingham School District:

The following student has permission to apply for the Whatcom Tech Prep Consortium's *Community Classroom Health Care Services* program. We understand this is an interdistrict program and if this student is accepted for enrollment in the program, the school district/high school named below will release .4 FTE (CTE) enrollment per semester to the Bellingham School District.

Name of School District/High School:

Person Authorizing Permission for Enrollment in HCS (please print):

Signature:

Date:

**Whatcom County
Health Care Services Program**

Provide One Letter of Reference

Reference can be Personal or Academic (see explanation below)

Reference must address why you would make a good candidate for HCS program

Personal Reference: Employer, Minister, Community Service Advisor, Adult Family Friend;
someone from outside your school environment (*not a parent!*)

Academic Reference: Teacher, Counselor, Principal, Coach, Superintendent, etc.

_____ **Return By** _____
(Student Name) (Date)

Return Form To: _____
(School) (Address)

Counselor _____

The student named above has applied to participate in the Health Care Services Program and listed you as a personal or academic reference. Please provide a reference for this student. Your response should fit in the space provided below. **Return this form directly to the student or high school review committee/counselor named above by the deadline indicated.** *Thank you.*

Your Name _____ Position/Title _____

Signature _____ Telephone _____

Please limit your response to the following areas:

- How do you know the student?
- Why do you believe the student will be successful in her/his chosen academic/career related goals?
- What is your assessment of the student's academic and/or interpersonal skills and abilities?
- Are there unique factors that make the student especially worthy of being selected for participation in HCS?