

43rd ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM
July 2 – August 3, 2012 (2, 3 and 4 Week Programs Available)

Applicants must be in 11th or 12th grade when they fill out this application and at least 16 years old by the start of program. This program is best described as a medical mentor program. Students work under the supervision of a health care educator, shadowing various medical professionals (nurse, nutritionist, pharmacist, lab technician and/or physician etc.) who together provide a range of patient care and services. All programs are run Monday through Friday for about 8 hours a day, no nights or weekends; the exact hours are determined by the coordinator of each program. If there is a financial need, a participant may request a stipend.

FOR APPLICATION HELP: SEE INSTRUCTION SHEET ON OUR WEBSITE www.lapedsoc.org Type your application from website (highly recommended) or print clearly in black ink. There is no online submission; print your application and mail with other required docs.

A. Name _____ Birth Date (Must be 16 by Program start) _____
First Middle Initial Last
Address _____ **City** _____ **Zip** _____
Home Phone _____ **Cell** _____
Email _____ **Current Grade When Applying (Mark with "x")** ___11___12

B. Extracurricular Activities, Community Service/Work/Life Experience (If needed attach 1 additional sheet) _____

Honors and/or Awards (If needed attach 1 additional sheet) _____

Academic and Future Career Plans _____

C. Hospital Program Selection – Indicate your #1 choice. Optional: Marking a #2 and #3 choice; making additional choices allows you to possibly be considered by another hospital in the event that they need more candidates. Program dates may be subject to change, check website for updates.

FOUR WEEK PROGRAMS - JULY 9 – AUGUST 3, 2012		THREE WEEK PROGRAM	TWO WEEK PROGRAMS
___ *Cedars-Sinai Hospital, Los Angeles	___ Olive View UCLA Med. Ctr, Sylmar	July 16 – August 3, 2012 ___ UCLA Medical Center, LA	†Valley Combined (See info below)
___ Childrens Hospital Los Angeles	___ Providence Tarzana Med Ctr , Tarzana		___ July 2-13: 1st Session
___ Harbor UCLA Medical Center, Torrance	___ St. Johns /Santa Monica Hospitals		___ July 16-27: 2nd Session
___ King Multi-Serv. Ambulatory Care Ctr, LA	___ *St Mary Hospital, Long Beach		___ Huntington Memorial, Pasadena
___ LAC/USC Medical Center, LA	___ White Memorial Medical Ctr, LA		One Session Only - July 23 - Aug. 3
* Must be 18 by the start date of the program.			

†Valley Combined Program includes: Kaiser Panorama City, Simi Valley Hospital, Thousand Oaks Surgical Hospital & Los Robles Med Ctr, Thousand Oaks
 The program requires locations changes during the day. Complete and submit with your application the "Transportation Survey" found on our website.

D. Have your parent/guardian read, sign and complete the "The Consent and Agreement Form for Student Participation."
E. High School _____ **City** _____ **Phone** _____
Name of Career Advisor/Counselor (Print) _____ **Date** _____
Career Advisor/Counselor Signature _____ **Email** _____

F. Essay Questions – Answer **ALL 3** of the following questions. Answer each question separately; start by typing question, then give your answer. Do NOT use more than 2 typed pages to answer all 3 questions. Pages can be single or doubled spaced, using any margins and any 12 pt. font.

1. *What person or event in your life initiated/promoted/inspired your interest in the medical field?*
2. *What do you hope to learn from this program? How do you plan to utilize this experience?*
3. *Hundreds of qualified students apply for approximately 55 positions. How do you intend the meet the high standards required of all selected participants? (For program expectations, see Participant Policy and Behavior Contract on our website.)*

G. Include at least 1, but no more than 3 letters of recommendation. Letters mailed separately will NOT be accepted.
H. Include a cumulative high school grade report or transcript; it does NOT need to be official and/or sealed. Do NOT send this document separately.

I. The original set of ALL required documents AND 1 copy (which is complete set of ALL original documents) must be sent. Paperclip each set in this order: app., consent form, extracurr/honor/award pg(s), essay pg(s), letter(s) of rec. & grade report/transcript, transportation survey (if required).

J. Send by **US Mail only** and put both copies in the same envelope; NO Certified or Express mail. To verify receipt: Send by Priority Mail and use "Delivery Confirmation" service. Mail to:
Los Angeles Pediatric Society
PO Box 4198
Torrance CA 90510-4198

K. DEADLINE: Postmarked by February 24, 2012. Applicants will be NOTIFIED BY April 10, if accepted or not.

L. Questions? See FAQs on website www.lapedsoc.org or contact Mary Ellen Osborne meosborne@lapedsoc.org or 310-347-8087.



43nd ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM

Consent and Agreement Form for Student Participation in the Eve and Gene Black Summer Medical Career Program

As the parent or legal guardian of (Student Name) _____
(Even if a student is 18, this form must be read and signed by a parent or guardian.)

I agree as follows:

1. I give my unqualified, unconditional, and express consent for Student to participate in the Eve and Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society (LAPS).
2. On behalf of Student and myself, I waive and release all claims of every type against LAPS, its members, and any persons associated with it regardless of whether any claim is based on intentional conduct, negligence, or any other type of act or failure to act by any person or entity, known or unknown.
3. On behalf of Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS including participating hospitals and other healthcare providers, and to hold them harmless from any liability of Student, including but not limited to all costs, expenses, and attorneys' fees.
4. On behalf of Student and myself, I agree to maintain the privacy and confidentiality of patient medical information as required by law.
5. In the event of an emergency and I cannot be reached, I consent to any medical care, treatment, or surgery necessary to the student if there is an accident, injury, or sickness of any kind. This consent does not mean that LAPS or any person or entity associated with LAPS is under any obligation to provide medical care, treatment, or surgery.
6. If any part of this consent and agreement is held by a court to be invalid or otherwise unenforceable, the remaining portions of this consent and agreement shall remain in full force.
7. Prior to the start of the Program, LAPS may require proof of immunizations, a tuberculosis test, a disclosure of medical/health problems and a list of any medication(s) currently being used. Sponsoring hospitals may require a medical release from a student's doctor before being accepted into the program. Students with medical conditions that put them at risk in a hospital setting will not be accepted into the program.
8. Upon selection, a student's Social Security number and a "live scan" fingerprinting and background check may be required for participation.
9. Upon selection, a student and his/her guardian will be required to sign the Participant Policy and Behavior Contract. Participants will also be required to follow all policies set forth by any participating medical facility as well as any other specific rules and instructions given to them by their coordinator(s) or any other supervising personnel involved in their program.
10. I have read and understood this consent and agreement in its entirety. *(If any clarification is needed, contact a LAPS representative.)* By signing this consent and agreement, I intend to be bound by it in its entirety. I acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow a Student to participate in the Eve and Gene Back Summer Medical Career Program and that my signing of this consent and agreement is a condition of any such participation.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____ Hm Phone _____

Cell _____ Work _____ Email _____

Emergency Contact (**Not** a parent/guardian) _____ Relation _____

Home Phone _____ Cell _____ Work _____