

2, 3 & 4-Week Sessions Available – (Facilities, Dates & Requirements Listed Below Subject to Change; Check Website for Updates.)

**WHEN YOU FILL OUT THIS INTERNSHIP APPLICATION YOU MUST BE:**

- **CURRENTLY** in 11<sup>th</sup> or 12<sup>th</sup> grade **AND** born on or before 4/1/03 **OR** meet the older age requirements of your selected facility. (Info below.)
- A resident of Los Angeles County or its adjacent counties **AND** have a Social Security Number (SSN); note below any other special requirements.
- Available from 8 am - 5 pm EVERY day your selected facility(s) runs its program, no weekends; exact times TBA by each facility coordinator.
- Able to provide your own transportation to and from the facilities that you select below; no housing is provided.

**APPLICATION INFORMATION on [www.lapedsoc.org](http://www.lapedsoc.org):** (If selected, there is no fee to participate & if a financial hardship exists, you may request a stipend.)

- SEE: *Frequently Asked Questions (FAQs), Application Instruction Sheet, Facility Address & Requirement List, Mailing Check List and LAPS Junior Volunteer Application (LAC+USC).*
- TYPE & print application while on our website (**HIGHLY RECOMMENDED**) using free Acrobat Reader program or **CLEARLY** handwrite application.
- MAIL your application along with other required documents as outlined below (Sections I & J) & on *Mailing Check List*; there is NO online submission.
- CONTACT us with questions **NOT** on FAQs: [eseaman@lapedsoc.org](mailto:eseaman@lapedsoc.org) or 424-262-6590 from 9 am- 6 pm.

A. Name \_\_\_\_\_ **Current Grade when applying**  11  12  
First Middle Initial Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

YOUR Cell \_\_\_\_\_ (We call, we do **not** text) Home # or Parent Cell \_\_\_\_\_ Birth Date \_\_\_\_\_ Mark if you applied last yr.

YOUR Email Address (**REQUIRED** & should be personal, not school email) \_\_\_\_\_ Mark to confirm you have SSN

B. High School \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_  
 Career Advisor/Counselor Name \_\_\_\_\_ Email \_\_\_\_\_

**C. Hospital/Facility Selection: Facilities, dates & requirements subject to change; check website for updates, additional forms & program information.**

**Mark** your 1<sup>st</sup> choice facility with a 1. If your 1<sup>st</sup> choice has Sessions, you must indicate beside each session one of the following: Mark "NA" if you are *not* available for that Session; Mark "OK" beside *any* session that you are available for (if no preferences) **OR** Mark a 1 or 2 if you have session preferences. Optional: If you have 2<sup>nd</sup> or 3<sup>rd</sup> choice facilities you may mark those with a 2 or 3 and follow the instructions for sessions above. Your app will *only* be sent if your 2<sup>nd</sup> or 3<sup>rd</sup> choice needs more apps or if your 1<sup>st</sup> choice withdraws from program. If you meet 18-year-old requirement, we encourage 2<sup>nd</sup> and 3<sup>rd</sup> choices to a facility that has that restriction.

Facilities with One Session, From 2 to 4 Weeks	Facilities with Multiple Sessions: Dates Below	
___ Adventist Health White Memorial, Los Angeles: 7/8-8/2 ___ **Cedars-Sinai Medical Center, Los Angeles: 7/8 - 8/2 ___ ◆LAC+USC Medical Center, Los Angeles: 6/24 - 7/19 ___ Martin Luther King Jr. Outpatient Ctr., LA: 7/8 - 8/2 ___ Olive View UCLA Medical Center, Sylmar: 7/8 - 7/26 ___ Providence Tarzana Medical Center: 7/8 - 7/19 (2 wks.) ___ UCLA Medical Center, Los Angeles: 7/15 - 8/2 (3 wks.) ___ ●Valley Combined: 7/8 - 7/19 (2 wks.)	___ **Children’s Hospital LA: ___ Session 1: 7/15 - 7/26 ___ Session 2: 7/29 - 8/9 ___ ◆Harbor UCLA Medical Ctr.: ___ Session 1: 7/8 - 7/19 ___ Session 2: 7/22 - 8/2	___ Orthopaedic Institute for Children (OIC), LA: ▲ ___ Session 1: 8/5 - 8/16 ___ Session 2: 8/19 - 8/30 ___ Santa Monica UCLA & St. John’s: Santa Monica: ___ Session 1: 7/1 - 7/12 (off July 4) ___ Session 2: 7/15 - 7/26

\*\*Must be 18 by session start date. ◆Must be LA County resident. ◆Complete & submit LAPS Junior Volunteer App; see website. ●Valley Combined: Involves various locations; must have transportation during day; see FAQs, Section II, Questions #7 & 8. ▲OIC: See info in FAQs, Section II, #9.

D. Extracurricular Activities AND Honors/Awards: **Limit:** 2 single-sided pages, any margins or font; may format as a resume. List AND Explain any club, activity, achievement, academic &/or non-academic whose name does not indicate what it is or what it does; include your position & length of time involved. Include school/community volunteer service, job/life experience/skills/talents. Do NOT send award certificates. For further info see *Application Instructions & FAQs*.

E. Essay Questions/Prompts: **Limit:** 3 single-sided pages to answer ALL 3 questions/prompts; may be single or doubled spaced, any margins or any font. Number & type each prompt; then give your answer. Answer each of the following 3 essay prompts, separately. **THIS SECTION IS VERY IMPORTANT.**

1. *What initiated/motivated/inspired your interest in the medical field? This may be a person, an experience and/or a key moment in your education.*
2. *What qualities does a good healthcare provider possess? Tell us about you - background/character/abilities; why will you make a good healthcare provider?*
3. *It is often said that what you put into this program is what you get out of it. What do you plan on investing into this program and what do you hope to learn? How will all of this impact your overall career goals?*

F. Letter(s) of Recommendation: 1 required; 2 may be sent. Open sealed letter(s) but if you must send sealed, send 2 copies of each letter. See *Application Instructions, FAQs &/or [www.bestsampleresume.com/letter67-of-recommendation.html](http://www.bestsampleresume.com/letter67-of-recommendation.html)*. Do NOT send separately unless authorized by LAPS Administration.

G. Transcript: With current course work in progress & grades; does not need to be official &/or sealed; if your school requires it sealed, send 2 sealed copies.

H. Consent & Agreement Form for Student Participation: (2<sup>nd</sup> page) Parent/guardian must read, complete and sign this form.

I. Application Package: **Original set of ALL required docs AND 1 copy set (complete set of ALL original docs)** Paperclip (NO staples on ANY docs) EACH Set in this order: application, consent form (app 2<sup>nd</sup> page), extracurricular/honor/award page(s), essay page(s), letter(s) of recommendation, transcript and LAPS LAC+USC Junior Volunteer Application, if LAC+USC is one of your choices. Make a set of all docs for your records.

J. Send: **By US Mail ONLY**; put BOTH sets in 1 envelope; see *Mailing Check List* on website. To Verify Receipt of Your Envelope: Send using Priority Mail, which allows you to track delivery. We will NOT accept if sent Certified, Express Mail or with Signature Confirmation. Mail to: Los Angeles Pediatric Society PO Box 4198 Torrance, CA 90510-4198

K. **SUBMISSION DEADLINE:** You must mail your application package by **MONDAY, FEBRUARY 18, 2019**. You will be notified whether accepted or not **VIA EMAIL by Wednesday April 3**. If you have not been contacted by that date, you have NOT been accepted.



**50th ANNUAL EVE AND GENE BLACK SUMMER MEDICAL CAREER PROGRAM**

**Consent and Agreement Form for Student Participation in  
The Eve & 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 BOTH the student and a parent/guardian.)

**I agree as follows:**

1. I give my unqualified, unconditional, and express consent for the above-named Student to participate in the Eve & Gene Black Summer Medical Career Program sponsored by the Los Angeles Pediatric Society (LAPS).
2. On behalf of the above-named 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 the above-named Student and myself, I agree to indemnify LAPS and all persons or entities associated with LAPS including participating medical facilities and other healthcare providers, and to hold them harmless from any liability of the Student, including but not limited to, all costs, expenses and attorneys' fees.
4. On behalf of the above-named 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. After acceptance, Student will be required to provide proof of a tuberculosis test, a disclosure of medical/health problems and a list of any medications that are currently being used. Participating medical facilities may also require a medical release from a student's doctor before being cleared into the program. Students with medical conditions that put them at risk in a medical setting may not be cleared to participate into the program at their accepted facility.
8. When requested, Student will need to provide a Social Security number to your participating medical facility(s). Other requirements such as a background check and/or fingerprinting may also be prerequisites for participation at certain medical facilities.
9. Upon selection, Student and his/her guardian will be required to sign the Participant Policy & Behavior Contract. Participants will also be required to follow all policies set forth by any participating medical facility as well as any other specific policies and instructions given to them by their coordinator(s) or any other supervising personnel involved. Failure to adhere to the Participant Policy & Behavior Contract may result in expulsion from the program.
10. I have read and understood this consent and agreement in its entirety. *(If clarifications are needed, contact LAPS Administration.)* By signing this consent and agreement, I intend to be bound by it in its entirety and I acknowledge that my signing of this consent and agreement is a condition of any such participation. I also acknowledge that neither LAPS nor any person or entity associated with LAPS is obligated to allow a student to participate in the Eve & Gene Back Summer Medical Career Program.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Hm Phone \_\_\_\_\_

Cell \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact (**NOT** a parent/guardian) \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_