

Wilson Education Partnership Career Health Connections Fall 2019 or Spring 2020

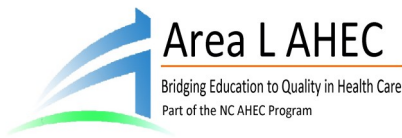
Career Health Connections is a program designed for students who are interested in pursuing a health career. Selected students will receive hands on, individual experiences with health care professionals, in a health care setting. The program will provide an opportunity to build relationships and connections for the future. Students will attend 3 orientations and 8 weeks of alternating, on site shadowing at Carolina Family Health Centers and Wilson Medical Center. They will also receive HIPPA and additional training provided by Area L AHEC at orientation. At the end of completion, they will be presented with a **Career Health Connections Program Certificate** at their spring Awards Day.

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| Who is eligible? | Juniors & Seniors in Wilson County Public High Schools |
| How are students selected? | Application Process |
| Can I do more than 1 session? | No, you are only allowed to participate 1 semester |
| Where do I submit my application? | Applications can be turned in to your high school CDC |
| What are the program dates? | Fall 2019 September 11 - October 20
Spring 2020 January 15 - February 18 |
| What time of day? | Every Wednesday from 3:00 p.m. - 5:00 p.m. |
| Do I need my own transportation? | Yes |

Any other questions?

Program Contact: WEP Executive Director Robin Williams
rwilliams@wilsonedpartnership.com

Program Partners





Wilson Education Partnership

Career Health Connections Program

I am interested in Fall 2019 ____ Spring 2020 ____

Application 2019-2020 (Please Print)

Name _____ **Cell Phone #** _____

Address _____ **Shirt Size** _____

Email _____ **School Attending** _____ **Grade** _____

Emergency Contact Name _____ **Phone #** _____

Essay - In 7 sentences or less, tell us why you would like to participate in this program.

Please include 2 references with your application.

I give _____ permission to participate in this program, and to fill out a health eligibility screening. I give permission for Wilson County Schools to release his/her medical records to Carolina Family Health Centers and Wilson Medical Center. I understand that transportation is the responsibility of the student.

Parent/Guardian Date

Student Date