



Fall 2024 and Spring 2025

Career Health Connections is a program designed for students who are interested in pursuing or learning more about health careers. Students will attend 1 Mandatory Educational/Orientation Session, 1 field trip and 7 weeks of rotations in Wilson Medical Center and Carolina Family Health Centers.

Selected students will receive the following program benefits:

- Hands-on activities in different healthcare service areas
- Opportunities to make connections with staff and meet organization leaders
- HIPPA, diversity and equity training certificate - resume builder for college or job applications
- Narcan Training
- Career Health Connections Program Certificate
- \$100 Scholarship

What are the program dates?

Fall 2024 September 18 - November 13
 Spring 2025 January 29 - March 26

Field Trip September 25, 2024 7:30 am - 5:30 pm Field Trip January 22, 2025 7:30 am - 5:30 pm

What time of day for rotations?

Every Wednesday 3:00 p.m. - 5:00 p.m.

What if I cannot make all the days?

You are allowed 1 absence to earn a CHC Certificate

Do I need my own transportation?

Yes

What do I need to submit with my application?

- Copy of Covid Vaccine Card or Waiver Paperwork (provided by WEP) Religious or Health Reasons
- Copy of Current Flu Shot



Carolina Family
Health Centers, Inc.

WILSON
MEDICAL CENTER

A Duke LifePoint Hospital

AREA 1 AHEC
PART OF NC AHEC

RECRUIT
TRAIN
RETAIN



Wilson Education Partnership - Career Health Connections Application

(Please type or print)

Name _____ Cell Phone # _____

Address _____ Shirt Size _____

Birthdate _____ Email _____

School _____ Grade _____

Emergency Contact Name _____ Phone # _____

My flu shot is attached _____

Copy of Covid Vaccine Card is attached _____

I did not get the COVID vaccine. Please email me a waiver form for Religious or Health Reasons _____

Hard Copy with original signature needed

I give _____ permission to participate in this program, have a background check if needed, fill out participating facility paperwork, attend an all day field trip, and fill out surveys from program participants. I give permission for Wilson County Schools to release his/her medical records to WEP, Carolina Family Health Centers and Wilson Medical Center if needed. I understand that transportation is the responsibility of the student. **Parent signature needed if student is under 18**

Parent/Guardian

Date

All student participants must sign below.

I agree to be on time, wear appropriate clothing and identifying name badge, follow facility rules, not use my cell phone during rotations, and notify WEP Executive Director if I will not be attending one day. I understand if I am late one day, I may not be able to finish the program. I understand that WEP will provide shirts, name badges and a lanyard. I am only allowed 1 excused absence to receive the \$100 scholarship and program certificate. I understand the first day is a mandatory orientation and if I cannot attend I will not be able to participate.

I have the following food allergies _____ . Please write N/A if none.

Student

Date
