

FUTURE DOCS

Sponsored by the Chattanooga-Hamilton County Medical Society
and the Medical Foundation of Chattanooga

Structured Didactics and Clinical Observations at the Erlanger Health System with
University of Tennessee College of Medicine Chattanooga Faculty

Dates: July 22-August 2, 2019
Application Deadline: June 17, 2019

Medical Explorations Application Summer 2019

Student Demographic Information

Student's Full Name:

Student's Full Address:

Student's Phone Number:

Student's Birthdate:

Student's Gender:

Student's School Information

Name of Current School/University:

City and State of Current School:

Current Ranking (1st-4th year):

Expected Graduation Year:

Current or Most Recent GPA:

Emergency Contact Information

Emergency Contact Name:

Relationship to Student:

Emergency Contact Phone #:

References/Recommendations

Reference #1

Name:

Phone Number:

Email Address:

Job Title:

Reference #2

Name:

Phone Number:

Email Address:

Job Title:

Other Information

List any health concerns which we should be aware if you are selected:

List any special dietary need which we should be aware if you are selected:

Did you participate in a past Youth Leadership Forum? If yes, indicate which year:

Job/Volunteer Experience

List any job/volunteer experience and briefly explain your involvement or role:

Separate Attachments

Please attach the following separately during submission of the application:

Essay #1: Please list extracurricular activities, leadership positions, awards, personal achievements, or recognition in the last 3 years.

Essay #2: What are your expectations for participating in Medical Explorations Program?

Essay #3: What competencies and qualities should a physician possess for practice in the 21st century?

2 Letters of recommendation from a teacher, university counselor, or supervisor, sent directly to info@chattmd.org .

Proof of GPA

Application Agreement

After reading the following statements, please sign at the bottom in agreement:

If selected, I am committed to attend and participate in each of the program sessions.

I acknowledge that full attendance is essential to meet the program's objectives.

I affirm that the information submitted in this is true and complete.

I understand that if I am accepted into the program, any false statements, omissions, or other misrepresentations made in the applications may result in the immediate dismissal from the program

Signature:

EEO Statement: It is the policy of the Medical Society, Erlanger, and UT to provide quality opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

*Applicants **MUST** be at least 18 years of age to be eligible for consideration, **NO EXCEPTIONS**.

*Please request letters of recommendation to be put onto a letterhead and sent directly to info@chattmd.org with subject line "Medical Explorations".

*Please fill out this application and include all separate attachments into **ONE** email to Program Coordinator, at info@chattmd.org with subject line "Medical Explorations". Only complete applications will be considered.

*Selected applicants will need proof of immunizations and proof of a negative TB skin test within the last 12 months.

