

Applicant Name: _____

ACMC Academy 2022 Application

Thank you for your interest in the *ACMC Academy*! This program, funded through the ACMC Foundation, provides healthcare-related practical learning experiences at Ashtabula County Medical Center during the summer. While students gain professional experience, they also grow in awareness of career opportunities in their home community.

2022 Program Schedule: **Applications are due March 25, 2022.** Interviews with the most qualified applicants will be conducted in April. Those applicants invited to participate in the program will be notified in early May. ACMC Orientation will be held on June 13 and the summer program runs **June 14 - August 4**, with program days scheduled each Tuesday, Wednesday and Thursday. A Commencement Dinner may be held at the conclusion of the program, dependent on Covid-19 conditions in the community.

To be considered for admission into the ACMC Academy, you must complete all sections of this application which includes essay responses and submit the required letter of recommendation and official transcript documenting your current overall GPA and attendance records. **Please print all information, except where a signature is requested.**

All complete applications are due by March 25, 2022. If you have any questions, you may contact Tami Netkowicz at (440) 997-6605 or tami.netkowicz@acmchealth.org. Incomplete or late applications will not be considered.

Application Checklist:

- Application form with all sections completed and all signatures; completed student essays.
- Official transcript documenting overall GPA of 3.0 and no more than 3 absences or tardies in the previous semester; Transcripts must be provided in school-sealed envelope or be emailed directly from a school official. (Extenuating circumstances regarding absences will be considered.)
- Letter of recommendation from Science (or Health Care Academy) teacher. Letter of recommendation must be provided in school-sealed envelope or be emailed directly from teacher/school official.

Student Information

Name: _____ Date of Birth: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip _____

Home Phone: () _____ Cell Phone: () _____

Academic and School Activity Information

High School: _____ Grade Level: _____ Current Overall GPA: _____

Science/HCA Teacher _____ Guidance Counselor: _____

Extracurricular Activities at School: _____

Previous experience in healthcare training/job shadowing: _____

Family and Personal Information

Parent / Guardian Name: _____

Address: _____
City, State, Zip: _____
Place of Employment: _____
Home Phone: () _____ Cell Phone: () _____
In the event of an emergency, if I cannot be reached at the above numbers, please call: _____
Emergency number is: () _____

Parent / Guardian Consent & Release

_____, (*print minor's name*) is authorized by the undersigned to participate in all activities related to Ashtabula County Medical Center and the Academy.

These activities may include, but not be limited to, activity assignments, tours, field trips, special sponsored events, shadowing experiences, on-site procedural and laboratory participation and observations, observation, handling of and potential exposure to laboratory testing equipment and materials (such exposure may include bodily fluids such as blood, and microorganisms such as bacteria and fungi); and observation and potential exposure to bioengineering equipment, electrical charges, and lasers and mentoring activities. (The above are examples and are not intended to be a complete or binding list of all program activities. In consideration of the above named minor's participation in these activities, the undersigned, as the parent or legal guardian of the above named minor, releases and discharges Ashtabula County Medical Center, your home School District, your home School Board, your home School, and individual volunteers therein, as well as their respective officers, directors, board members, employees, agents and representatives from all liability arising out of or related to the program.

Further, it is understood that the education partnership relationship that your home School, School Board, and School District has with Ashtabula County Medical Center does not include healthcare services, nor does it affect individual health insurance obligations, even if the need for emergency care should occur.

The undersigned further authorizes the ACMC Academy and Ashtabula County Medical Center, and the Ashtabula County Medical Center Foundation to use photographs, prints, negatives, reproductions, and computer generated imaging taken of the above named student for publicity, promotion, advertising, public relations, grant writing, and related purposes and display to further the aims and objectives of the program.

Signature of Parent /
Guardian

Date

Program Information

As a student in the ACMC Academy, you will spend time at Ashtabula County Medical Center in assigned departments. The Academy places chosen students in selected ACMC departments for eight (8) weeks during the summer under the direct supervision of an Ashtabula County Medical Center employee in each assigned location. While there, the student will function as a member of that area's team and be responsible for completing assigned department tasks and participating in ACMC Academy activities. Please read carefully the following information and guidelines for the program:

- Students participating in ACMC Academy will be subject to all personnel policies and guidelines of Ashtabula County Medical Center. Students must be able to verify identity (Social Security card, photo identification such as a driver's license). Students selected for participation in the program will be required to complete standard ACMC protocol, such as but not limited to, screening physical, etc.;
- Students must comply with all Ashtabula County Medical Center policies and procedures, especially those concerning appropriate behavior, confidentiality of information, and dress code. Additional department requirements and policies may apply;
- Students must be fully-vaccinated for Covid-19 and must provide documentation thereof. Fully-vaccinated is currently defined as having received two doses of the 2-shot series of MRNA vaccination (Moderna or Pfizer) or one dose of the Johnson & Johnson vaccine. There are no exceptions and no available exemptions to this policy for students. Proof of vaccination may include presenting a CDC Covid-19 vaccination record card (or legible photo of the card), documentation of vaccination from a health care provider or electronic health record, or state immunization information system record. At this time, booster shots are not required; however, we request vaccination documentation include any booster records and we reserve the right to amend this policy to require booster shots.
- Poor behavior on rotations may cause an interruption in your rotation and could lead to removal from the program;

- Transportation to and from ACMC is not provided;
- You must arrive at your designated location no later than the assigned arrival time and remain there until the assigned departure time; You must be on time and dressed appropriately. Torn, baggy, or excessively tight clothing, shorts, denim are not permitted. **No personal electronic devices, ie, smartphones;**
- Prior to participation in this program, each student shall submit to their home School evidence of good health and provide certification that they have been immunized against the common communicable diseases; a copy of said information shall be made available to Ashtabula County Medical Center upon request; and each student will be subject to a standard screening physical;
- In the event the student is, or becomes during the course of the program, injured, sick, or otherwise impaired, the student shall immediately notify the ACMC Academy coordinator so their participation in the program can be properly modified as necessary; if the student is injured or requires first aid or emergency treatment while at Ashtabula County Medical Center, Ashtabula County Medical Center agrees to make reasonable efforts to immediately notify the parent/guardian that such treatment is necessary – parents/guardians shall be responsible for payment to Ashtabula County Medical Center for such care and Ashtabula County Medical Center is not obligated to provide any other/additional medical or surgical service to the student;
- Ashtabula County Medical Center may terminate a student's participation in any and all activities at Ashtabula County Medical Center related to this program or any other activities and programs as a result of lack of competence, conduct or behavior which is considered by Ashtabula County Medical Center to be a breach of Ashtabula County Medical Center policies or detrimental to patient care. Both student and parent/guardian agree that the due process rights accorded the student pursuant to his/her home School District & Board of Education Student Handbook shall not be applicable to such termination.

Covid-19 Vaccination

I acknowledge that completion of full Covid-19 vaccination is required in order to begin and continue participation in the ACMC Academy program. As of the date of this application, my vaccination status is (check one):

- | | | | |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fully vaccinated | <input type="checkbox"/> Partially vaccinated; will complete vaccination series prior to program start. | <input type="checkbox"/> Not vaccinated; will complete full vaccination series prior to program start. | <input type="checkbox"/> Not vaccinated; will NOT complete vaccination series prior to program start. |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|

Student Agreement

I acknowledge that I have been provided with adequate information about the purpose and content of this program. I have reviewed the terms provided herein and agree to them.

Signature of Student

Date

COMPLETE APPLICATIONS MUST BE RECEIVED BY MARCH 25, 2022

Completed applications can be mailed, delivered in person or scanned/emailed by the deadline.

**Tami Netkowicz, Executive Director, ACMC Foundation * tami.netkowicz@acmchealth.org
2420 Lake Ave, Ashtabula OH 44004** (ACMC Foundation offices are located on the 3rd floor of the hospital.)

Transcripts and letters of recommendation must be provided in school-sealed envelopes or emailed directly by school officials. These documents must be received by the deadline in order for an application to be considered complete. Please note the application deadline as it relates to your school's Spring Break.

****It remains the responsibility of the student applicant to ensure transcripts and letters are received by the deadline****

Applicant
 Name: _____

2. What are the three most important "life lessons" you have learned or strengths you have developed?

Departments/areas in which you are interested:

Check all that apply.

- | | |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Orthopaedics Physician |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Pediatric Nursing/Physician |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Cleveland Dental Institute |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Surgery | |
| <input type="checkbox"/> Intensive Care Unit Nursing | Non-clinical Departments: |
| <input type="checkbox"/> Inpatient (Med-Surg) Nursing | <input type="checkbox"/> Information Systems |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Accounting/Finance |
| <input type="checkbox"/> Family Practice Physician | <input type="checkbox"/> Facilities/Engineering |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> Marketing/Outreach/PR |
| <input type="checkbox"/> Cardiology Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Neurology Physician | |

<input type="checkbox"/>	Check here if you would be interested in participating in a CPR course and becoming CPR-certified. (not required)
<input type="checkbox"/>	Check here if you are currently CPR-certified.