

**CHICAGO AREA HEALTH AND MEDICAL CAREERS PROGRAM (CAHMCP)
PRECEPTORSHIP PROGRAM APPLICATION**

2003 CAHMCP

*****ALL REQUESTED INFORMATION MUST BE COMPLETED IN ORDER FOR THIS APPLICATION TO BE PROCESSED.*** (Please Print/Type)**

NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

SOCIAL SECURITY: _____ BIRTHDATE _____

HOME PHONE:() _____ E-Mail: _____ Cell:() _____

(In case of emergency notify: _____ Telephone () _____

COLLEGE: _____ **YEAR IN COLLEGE:** _____

CAMPUS ADDRESS: _____

CITY/STATE/ZIP: _____

CAMPUS PHONE:() _____ E-Mail: _____

HIGH SCHOOL: _____ **GRADUATION DATE:** _____

ACT SCORE: _____ **SAT SCORE:** _____ **SCIENCE:** _____ **VERBAL:** _____

FALL COURSES (2003)

SPRING COURSES (2004)

1ST CAREER CHOICE _____ **2ND CAREER CHOICE** _____

PRECEPTORSHIP EXPERIENCES

(2000) _____

(2001) _____

(2002) _____

(2003) _____

2004 PRECEPTORSHIP DESIRED: _____

FOR STATISTICAL PURPOSES ONLY: (PLEASE CHECK APPROPRIATE ITEMS) ETHNIC BACKGROUND:			
AFRICAN AMERICAN _____	NATIVE AMERICAN _____	PACIFIC ISLANDER _____	ASIAN AMERICAN _____
LATINO/ HISPANIC _____	EUROPEAN AMERICAN _____	FOREIGN BORN NATIONALITY _____	
FAMILY INCOME: _____ UNDER 15,000; _____ 15,000 - 30,000; _____ 30,000 -50,000, _____ OVER 50,000. _____			

Your responses to the following questions are most important to the decision in your acceptance or continued participation in the Preceptorship Program.

1. **SCIENCE and MATH GPA** Indicate GPA _____ out of _____ Scale
2. **GENERAL GPA** Indicate GPA _____ out of _____ Scale.

3. **PROFESSIONAL TESTS** (Indicate target or actual date and most recent scores, if taken.)

<u>TEST:</u>	<u>TARGET:</u>	(or) <u>ACTUAL DATE:</u>	<u>SCORES</u>
MCAT	_____	_____	_____
DAT	_____	_____	_____
OCAT	_____	_____	_____
VAT	_____	_____	_____
PCAT	_____	_____	_____

4. **REVIEW COURSES TO BE TAKEN BY TARGET OR ACTUAL DATE:**

<u>TEST</u>	<u>TARGET</u>	(OR) <u>ACTUAL DATE:</u>	<u>SCORES:</u>
CAHMCP MCAT	_____	_____	_____
KAPLAN	_____	_____	_____
PRINCETON	_____	_____	_____
OTHER	_____	_____	_____

5. **LIST VOLUNTEER HEALTH EXPERIENCES OTHER THAN CAHMCP:**

6. **LIST PAID HEALTH EXPERIENCES OTHER THAN CAHMCP:**

7. **LIST PENDING PROFESSIONAL SCHOOL APPLICATIONS:**

8. **PLEASE RATE YOUR PRIOR CAHMCP EXPERIENCE:** (Use a rating of 1-5, with 5 as the highest.)(List course or site)

YOUNG SCIENTIST PROGRAM _____/_____	CAHMCP MCAT REVIEW _____/_____
SOPHOMORE PROGRAM _____/_____	EXPERIENTIAL COMPONENT _____/_____
PRE-SENIOR PROGRAM _____/_____	MEDICAL SCHOOL ENRICHMENT _____/_____
PRE-MATRICULATION PROGRAM _____/_____	RWJ/MMEP _____/_____
ACADEMIC PRECEPTORSHIP _____/_____	POST BACCALAUREATE _____/_____
OTHER _____	

9. **WHEN OTHER HEALTH-PROFESSIONAL RELATED ACTIVITIES**

OCCUR I, DO _____ DO NOT _____ GIVE PERMISSION TO RELEASE MY TELEPHONE NUMBER TO THESE ORGANIZATIONS.

10. **SEND A TRANSCRIPT FROM YOUR HIGH SCHOOL & COLLEGE IF THIS IS A NEW APPLICATION-OR-A GRADE REPORT IF THIS IS A RENEWAL.**

I understand that my participation in the preceptorship program is based upon my continuing toward a targeted health professional career and that my preceptorship placement will be determined by CAHMCP. I further understand that I will receive a stipend only for successful completion of an approved preceptorship.
 Signature: _____

Date: _____

RETURN APPLICATION TO: CAHMCP-3424 S. State, Suite 4000.-Chicago IL 60616-3793 by May 1, 2004.
 312-567-3092 (Ph.) 312-567-8865 (Fax) krueger@iit.edu (e-mail)