



## What is the Freeman Health Academy (FHA)?

The Freeman Health Academy is a week-long program where students, aged sixteen and up, can gain a better insight into various healthcare careers through hands-on and observational experiences, obtain BLS certification (optional), and networking with healthcare professionals. Most healthcare career programs require a minimum number of job shadowing hours, and this program will provide 34 hours of shadowing experience.

## Who is eligible to participate in the Freeman Health Academy Program?

To be eligible for selection to participate in the Freeman Health Academy:

- No disciplinary actions
- At least a 2.5 GPA (cumulative)
- Must be at least 16 years old **PRIOR** to attending a Health Academy session

**The following requirements must be submitted NO LATER than the application deadline of May 29, 2026, to be considered for acceptance:**

- Completed application
- Recommendation letter from an academic source
- A copy of the participant's driver's license/government issued ID
- Copy of student transcript - GPA of 2.5 or higher (cumulative for previous year)
- Essay (150-250 words) explaining why the participant is interested in participating in the Freeman Health Academy and how admittance would benefit future school or career goals

## What will be offered in the Freeman Health Academy Program?

Participants will learn about career opportunities in a health system via tours, job shadows, department presentations, and hands-on activities. This is an excellent opportunity to gain insight into many careers and network with healthcare professionals.

## Who do I return my application to?

Please return your completed application, requirements, and copy of your driver's license to the Freeman Education Department. The application may be submitted by email to Tierney McFarland [trmcfarland@freemanhealth.com](mailto:trmcfarland@freemanhealth.com), by fax 417-347-2520, or by mail or in person to Freeman Health System - Education Department: 1111 McIntosh Cir Dr, Ste 313, Joplin, MO, 64804. **Incomplete or late applications will NOT be reviewed during the selection process.**

## What should I wear?

You may wear scrubs or business casual clothing. Closed toed shoes are required. **No jeans, shorts, graphic t-shirts, tank tops, crop tops, revealing/inappropriate attire, sweatpants, ripped clothing, or gym attire. No facial piercings or tattoos are permitted.** If your attire does not meet the dress code, you will be sent home to change.

## Do I have to wear a mask?

Currently, masks are not required in all Freeman facilities. Some areas still require the use of masks.

## When will I know if I am accepted as a Freeman Health Academy participant?

You will receive an email notification by June 5, 2026, if you have been selected for one of the Health Academy sessions. Please respond to the acceptance email to confirm that you will be in attendance. You must attend every day of the session for a completion certificate.



## Application

Summer 2026

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Okay to Text? Yes\_\_\_No\_\_\_

Email: \_\_\_\_\_ (Please provide an email that is checked daily).

Please place in order that you would prefer to attend- **1** being first choice, **3** being last choice. Mark an **X** next to any session that you are unable to attend. You must be 16 years old prior to the start of the session.

\_\_\_\_\_ June 22<sup>nd</sup> - 26<sup>th</sup>

\_\_\_\_\_ July 20<sup>th</sup> - 24<sup>th</sup>

\_\_\_\_\_ August 3<sup>rd</sup> - 7<sup>th</sup>

High school (Full name of school): \_\_\_\_\_

Area of interest: \_\_\_\_\_

Do you have a latex allergy (please circle): Yes No If yes, please state the reaction: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, parent/guardian name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Academic Reference

Regarding School Year 2025-2026

To be completed by a school counselor or teacher of applicant. Reference may **not** come from a relative.

Student name: \_\_\_\_\_ Student's GPA: \_\_\_\_\_

Name/title of person completing form: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your relationship to the student:

How would you describe this student's character?

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Would you recommend this student for the program? If yes, why?

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Please check the most appropriate box regarding applicant:

|                             | Excellent | Good | Fair | Poor |
|-----------------------------|-----------|------|------|------|
| Punctuality                 |           |      |      |      |
| Attitude                    |           |      |      |      |
| Reliability                 |           |      |      |      |
| Ability to work with others |           |      |      |      |

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**You will be participating in several job shadow opportunities during your scheduled week. Please choose your top 4 choices for shadow locations (1-Most Desired) from the list below. You will be guaranteed a placement in at least one of your choices.**

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|--|--|--|
| <input type="checkbox"/> Nursing (Emergency, Medical, CMU/TCU, Ortho/Neuro, Gen Surg, Pediatrics, NICU, Mother/Baby, Cardio) |  |  |
| <input type="checkbox"/> Physical or Occupational Therapy  | <input type="checkbox"/> Laboratory          | <input type="checkbox"/> Admit/Discharge Lounge      |
| <input type="checkbox"/> Operating Room  | <input type="checkbox"/> Radiology           | <input type="checkbox"/> Patient Transport           |
| <input type="checkbox"/> CV Holding  | <input type="checkbox"/> Biomedical          | <input type="checkbox"/> Facilities Management       |
| <input type="checkbox"/> Cardio/Pulmonary Rehab  | <input type="checkbox"/> Telemetry           | <input type="checkbox"/> Hospitalist                 |
| <input type="checkbox"/> Anesthesia  | <input type="checkbox"/> Admissions          | <input type="checkbox"/> Dialysis/Transfusion Center |
| <input type="checkbox"/> Central Supply  | <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Phlebotomy                  |
| <input type="checkbox"/> Infusion Clinic   | <input type="checkbox"/> ECHO                | <input type="checkbox"/> Sterile Processing          |
| <input type="checkbox"/> Pre-Op/Post-Op  | <input type="checkbox"/> Clinical Dietician  |  |
| <input type="checkbox"/> Pharmacy  | <input type="checkbox"/> Social Services     |  |

If there are any areas that you do not want to shadow in, please list:

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If you do not know what each department/area entails, we recommend taking a little time to research. This will help you make a more informed choice when choosing where to shadow, and you may find something that you love but never knew about!