



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

The Freeman Health Academy is a week-long program where students, aged sixteen and up, 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 34.5 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 3.0 GPA (cumulative)**
- **Must be at least 16 years old PRIOR** to attending a Health Academy session

## What are the requirements for acceptance into the Freeman Health Academy?

- Completed application
- Recommendation letter from an academic source
- A copy of the participant's driver's license/government issued ID
- Verification of GPA of 3.0 or higher (cumulative for previous year)
- A short essay 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 and copy of your driver's license to the Freeman Professional Development Department (Freeman East Building). The application may be returned in person, by email ([professionaldevelopment@freemanhealth.com](mailto:professionaldevelopment@freemanhealth.com)), by fax 417.347.0016, or by mail to Freeman Health System - Professional Development Department: 932 E 34th St. Joplin, MO 64804. **Incomplete or late applications will NOT be reviewed during the selection process.**

## What should I wear?

You may wear business casual clothing or scrubs. Closed toed shoes are required. **No jeans, shorts, graphic t-shirts, tank tops, crop tops, revealing/inappropriate attire, sweatpants, ripped clothing, or gym attire.** 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 participant in the Freeman Health Academy?

You will receive an email notification by June 7, 2024, if you have been selected for one of the Health Academy sessions. Please respond to the email to confirm that you will be in attendance. You must attend all days in the session for a completion certificate.



# Application

## Summer 2024

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

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

Phone number: \_\_\_\_\_ Ok 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 24 – 28

\_\_\_\_\_ July 8 – 12

\_\_\_\_\_ July 22 – 26

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 2023-2024

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:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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 3 choices for shadow locations (1-Most Desired) from the list below. You will be guaranteed placement in at least one of your choices.**

- Nursing (Emergency, Medical, CMU/TCU, Ortho/Neuro, Mother/Baby, Cardio)
- Physical or Occupational Therapy
- Operating Room
- Mother/Baby
- IT
- Cardiac Rehab
- Anesthesia
- Central Supply
- Infusion Clinic
- Pre-Op/Post-Op
- Pharmacy
- Laboratory
- Radiology
- Patient Transport
- Biomedical
- Telemetry
- Admissions
- Respiratory Therapy
- ECHO
- Clinical Dietician

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!