



Requirements

1. Must be 16 years old prior to attending.
2. Return completed application to Professional Development no later than May 23, 2022.
3. Copy of your valid, photo ID and proof of completed COVID-19 vaccination
(1 dose Johnson & Johnson or both doses of Pfizer or Moderna)
4. One academic reference completed by a school counselor or teacher.
5. Students must have a 3.0 GPA or higher to be chosen as a participant in the Freeman Health Academy.
6. In a paragraph, describe why the Freeman Health Academy would benefit your career goals. Also, identify what areas of the healthcare profession interests you. Please type your response, print and attach to the application



What is the Freeman Health Academy (FHA)?

The Freeman Health Academy provides local students the opportunity to have an introduction to healthcare professions. FHA is a weeklong program where students get to experience hands on skills training, job shadowing, and explore career opportunities in a healthcare setting.

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

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

- Completed application with supporting documentation
- No disciplinary actions
- At least a 3.0 GPA
- Must be at least 16 years old prior to attending a Health Academy session

What will be offered in the Freeman Health Academy Program?

Classes will begin in summer 2022. Participants will have the opportunity to learn information about career opportunities in a health system and job shadow in various units throughout the facility. Job shadowing is a chance for applicants to work alongside unit staff and see the everyday operation of various departments within the facility.

Hands-on labs at Freeman will also be offered for participants. Topics for labs include (but are not limited to) dissections, CPR, blood draws, starting IVs, vital signs and assessment techniques.

Who do I return my application to?

Once your application is completed, you will return it to Freeman Professional Development Department (Freeman East Building). The application may be returned in person, by email (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 applications will NOT be reviewed during the selection process.

Am I required to be fully vaccinated against COVID-19?

Yes. Your application must include proof of your completed COVID-19 vaccination. A completed vaccination is 1 dose of Johnson and Johnson or both doses of Pfizer or Moderna. A booster vaccine is not required. Applications that do not include proof of covid-19 vaccination will not be considered.

What should I wear?

You may wear business casual clothing or scrubs. Closed toed shoes are required. **No** jeans, shorts, tank tops, tube tops, revealing/inappropriate attire. In the event that your attire does not meet the dress code, you will be sent home to change.

Do I have to wear a mask?

At this time, masks are required while in all Freeman facilities. Cloth masks may be worn in non-clinical areas. If you shadow in a clinical area, a surgical mask will be provided.

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

You will receive an email notification by June 3, 2022 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.



Application

Summer 2022

Name: _____

Address: _____ City, State, Zip: _____

Phone number: _____ Ok to Text: Yes No

Email: _____

Please place in order that you would prefer to attend- 1 being first 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 13th-17th _____ June 20th-24th _____ July 5th-8th _____ July 25th-29th

What size shirt do you wear? Adult: _____ Youth: _____

High school (Full name of school): _____

Area of interest: _____

Are you fully vaccinated against COVID-19? Yes No

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 2021-2022

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?

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

Please check the most appropriate box regarding applicant:

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

Signature: _____

Date: _____