



## 2023-2024 CHART THE COURSE HEALTH CAREER ACADEMY

Sponsored by:

Three Rivers Area Health Education Center (AHEC) and Health Occupations Students of American (HOSA)  
Chapters of the following High Schools:

Carver, Hardaway, Harris County, Jordan, Kendrick, Northside, Shaw,  
Spencer, and THINC College and Career Academy

Time Line: December 2023-May 2024

Chart the Course Application

**Due Date: November 30, 2023**

(Please print clearly)

The following qualifications must be met in order to submit a Chart the Course Academy Application:

1. **Senior** in one of the sponsoring high schools listed above
2. Parent/Guardian approval is required upon completing application
3. Active HOSA member in good standing

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

Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name of High School: \_\_\_\_\_ Graduation Yr: \_\_\_\_\_

Student email address: \_\_\_\_\_

Name of Sponsoring Teacher: \_\_\_\_\_

Please list courses taken to prepare you in becoming a healthcare professional.

_____	_____
_____	_____
_____	_____

List other activities which have contributed to your journey in becoming a healthcare professional.

_____	_____
_____	_____
_____	_____

**The following is for data collection and reporting to funding organizations only:**

Birthday: (mm/dd/yyyy) \_\_\_\_\_ Gender (Check one): \_\_\_\_\_ Male \_\_\_\_\_ Female

Ethnicity (Check one): \_\_\_\_\_ African-American/Black \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Asian \_\_\_\_\_ Native Hawaiian/Other /Pacific Islander  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
\_\_\_\_\_ Caucasian \_\_\_\_\_ Prefer to not answer

Would you consider yourself "disadvantaged" (using the definition below)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Definition: A "disadvantaged" individual is one who comes from an environment that has inhibited the individual from obtaining knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession OR A disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds set by the US government.

**Confidentiality Agreement**

Three Rivers AHEC and its employees/volunteers/students/visitors must make every effort to prevent unauthorized disclosure of medical, personal, and other data about patients and employees. To that extent we believe it is imperative that as a condition for employment/volunteering/visiting each employee/volunteer/student/visitor be familiar with our confidentiality policy. It states that information on a patient concerning their presence in the hospital, their reason for being here, the treatment they are receiving, etc. is strictly confidential and may be released by authorized personnel only. Any knowledge medical or personal information, about a patient is not to be disclosed outside the medical facility. Such information should not be passed from one individual to another inside the medical facility unless this is necessary for a patient's treatment. This policy was written to protect the rights of the patient from unauthorized disclosure as well as to comply with both federal and state law. As a routine matter, we must be very conscious as to our conversation outside the workplace. In no case should patient information be released or discussed with anyone unless it is in the performance of your duties. To ensure that you understand the importance of practicing a strict code of confidentiality, we must request that you read and sign the below statement.

I fully understand the importance of following the confidentiality code and further understand that disclosure of any information regarding a patient and/or his/her condition may be a violation of federal or state law. I also understand that unauthorized disclosure of confidential information may lead to immediate dismissal from employment/volunteer services/academy activities.

It is the policy of Three Rivers Area Health Education Center (AHEC) to ensure that the information obtained through our various programs and activities on employees, Board of Directors, volunteers, preceptors, participants, youth, and other individuals or organizations is treated as confidential and stored in secured electronic and/or on-site storage systems. This information is provided by individuals to Three Rivers AHEC for the purpose of communication between them and Three Rivers AHEC.

This information will not be released to outside parties without the knowledge or consent of the individuals involved.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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

## PHOTOGRAPHY/VIDEO RELEASE

I give permission to Three Rivers AHEC to use my picture/video for the purpose of promoting Three Rivers AHEC activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH CAREER INTEREST QUESTIONNAIRE

1. I am interested in a health career because...
  
  
  
  
  
  
  
  
  
2. Participating in the Chart the Course Academy will help me ...
  
  
  
  
  
  
  
  
  
3. Rank by priority the health career areas you are most interested
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_

**Please read and sign below:**

***The preceding statements are true to the best of my knowledge. I understand that any scholarship awarded may be revoked if any statement is found to be false. I understand that any scholarship awarded is subject to the availability of funds.***

Student's Signature		Date:
Printed Name of Parent		
Parent's Signature		Date:

For Three Rivers AHEC and School Use Only			
Approval Signatures	Printed Name of Signature	School Name	Date
Healthcare Teacher			
	Crystal Hand	Three Rivers AHEC	