The Summer Medical Program introduces options for careers in medicine to academically promising high school students entering their senior year. The 4-week program will increase students’ awareness of the various areas related to the medical profession. As a result of participating in the program, students’ confidence in their ability to pursue medical training will increase. At the same time they will be introduced to the academic rigor required in the profession. Students will also gain firsthand knowledge of the requirements to be accepted into medical school.

During the program, which operates from 9:00 am – 12:00 pm, students will participate in a number of activities that will broaden their understanding of the medical profession. Students will also complete a research project on a medical topic of interest. Clinical opportunities will be provided at the College of Medicine’s Clinical Skills Education and Testing Center and other locations within the OU Medical Center and the surrounding area.

The following items are part of the application and must be submitted with the application:

- Completed Essay
- Letter of Recommendation from a teacher
- Most recent report card

Questions related to the program can be directed to Brian Corpening, 271-2390, or by email to brian-corpening@ouhsc.edu or Ann Wittmann, 271-2390 or by email to ann-wittmann@ouhsc.edu.

Completed applications with supporting material can be emailed to Brian Corpening or Ann Wittmann at email addresses above or mailed to:
Office of Community Partnerships and Health Policy
College of Public Health Building, Room 21
801 NE 13th Street
Oklahoma City, OK 73104

The deadline for application submission is May 6, 2016. Students will be notified of their acceptance into the program by May 13, 2016.
College of Medicine Summer Medical Program Application

Student Name__________________________________________________________

Last First Middle

Address_________________________________________________________________

Street City State Zip

E-Mail Address_________________________________________________________

Phone

Home Cell

Date of Birth____________________ Male__________ Female__________

School you now attend____________________________________________________

Ethnicity (optional):

___________African American

___________Native American (Indian)

___________Hispanic

___________Caucasian (white)

___________Asian

___________Other (please specify)

Do you have access to your own or shared transportation (car) on a daily basis? Yes___ No___

Will you be able to attend for the full four weeks of the program? Yes___ No___

STUDENT ESSAY: Please state in your own words what your educational and career goals are and how this program will help you in achieving those goals. Your essay should be no more than 500 words. Attach your essay to the completed application.

Parent or Guardian’s Name(s)_______________________________________________

Address(es)______________________________________________________________

Street City State Zip

Phone No.______________________________________________________

Home Work Cell or Alternate Contact

Parent’s E-Mail Address___________________________________________________

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, I Do/Do Not (circle one) waive my right to review recommendations and/or evaluations provided to support my application for admission to the program.

Signature of student applicant ___________________________ Date____________________

Signature of parent or guardian ___________________________ Date____________________