The OUHSC College Based Summer Medical Programs introduce options for careers in medicine, nursing, pharmacy, dentistry, and allied health to academically promising high school students entering their senior year. The programs, which vary in length from one week to four weeks, will increase student awareness of various areas related to the health professions. As a result of participating in the program, students’ confidence in their ability to pursue training in these fields will increase and at the same time they will be introduced to the academic rigor required to become a health sciences professional. Students will also gain firsthand knowledge of the requirements to be accepted into the various colleges on the OUHSC campus.

Students will have an opportunity to meet and interact with health care professionals, spend time shadowing in clinical and laboratory settings, participate in similar activities as current students attending classes in the various colleges, and much more! All activities will be held on the OUHSC campus in Oklahoma City.

All programs will be held during the month of June as follows:
- College of Medicine, June 6 – July 1, 9:00 am to 12:00 pm
- College of Allied Health, June 13 – June 17, 9:00 am to 3:00 pm
- College of Pharmacy, June 20 – June 24, 9:00 am to 3:00 pm
- College of Nursing, June 20 – July 1, 9:00 am to 12:00 pm
- College of Dentistry, June 13 – June 17, 9:00 am to 3:00 pm

In addition to the application, please submit the following items along 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, Angela Monson, 271-2390 or by email at angela-monson@ouhsc.edu, or Ann Wittmann, 271-2390 or by email to ann-wittmann@ouhsc.edu.

Completed applications with supporting material can be emailed to any of the 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
OUHSC Summer Medical Programs Application

The dates and times of each program is listed below. Please select the program(s) you would like to participate and number them with 1 being your first choice and continuing with number 2 - 5 if applicable.

_____ College of Medicine, June 6 – July 1, 9:00 am to 12:00 pm
_____ College of Allied Health, June 13 – June 17, 9:00 am to 3:00 pm
_____ College of Pharmacy, June 20 – June 24, 9:00 am to 3:00 pm
_____ College of Nursing, June 20 – July 1, 9:00 am to 12:00 pm
_____ College of Dentistry, June 13 - June 17, 9:00 – 3:00 pm

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___

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_______________________________________________________

Signature of student applicant Date
Signature of parent or guardian Date

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.