Dear Future Healthcare Explorer,

Erie County Medical Center is home to the region's only Level 1 Adult Trauma Center, Regional Center of Excellence (COE) for Transplantation and Kidney Care, Regional COE for Behavioral Health, Center for Cancer Care, Center for Orthopaedic Care, Center for Rehabilitation, more than 30 Outpatient Specialty Care services – and the home of **Healthcare Explorers**, an immersive summer internship experience for high school students (10th,11th, & 12th graders). As a Healthcare Explorer, you will have the opportunity to have hands on experience across our campus. Exploration topics include Surgical Services, Transplantation, Emergency Medicine, Nursing, Pharmacy, and so much more.

If selected to be an explorer, you will work side by side with our dedicated healthcare professionals to "test-drive" careers in the healthcare profession while gaining valuable networking opportunities and career advice, all while connecting with students across the Western New York region. This resume-enhancing experience is the perfect addition to college applications or job applications.

This program is extremely competitive, typically with hundreds of applicants. ECMC will be selecting **96 students** to participate in this two day program; being offered for four sessions. Your electronic application must be submitted no later than **May 1st, 2023.** No paper applications will be accepted. Once your application is received, it will be pre-screened for quality and completeness. If accepted into the program, you will be contacted for placement. The time commitment for this program is two days from **8:30 AM – 2:30 PM**, totaling 12-hours. Students will receive breakfast and lunch, a t-shirt, Healthcare Explorers notebook as well as two (2) NFTA Day Passes if needed.

Students will be placed in **one** of the four sessions below based on preference and availability:

Session 1: Tuesday, July 18th & Thursday, July 20th

Session 2: Tuesday, July 25th & Thursday, July 27th

Session 3: Tuesday, August 1st & Thursday, August 3rd

Session 4: Tuesday, August 8th & Thursday, August 10th

Eligibility to participate in this program will include:

- Student enrolled in 10th, 11th, or 12th grade as of Fall 2023
- Completed electronic application with supporting documents
- One (1) letter of recommendation from current teacher, coach, or principal (no friends or family)
- Up-to-date immunization records
- Video Entry answering the question: *Why do you want to participate in this program?* (2-minutes)

We're excited to welcome the next generation of healthcare professionals!

Application Checklist:

Your application is our first impression of **you.** Please pay close attention to the directions to ensure your application is completed fully and all required documents are uploaded.

The final date to submit your electronic application is **May 1st, 2023.**

No paper applications will be accepted.

To be considered for this program, you must meet ***all*** the following criteria:

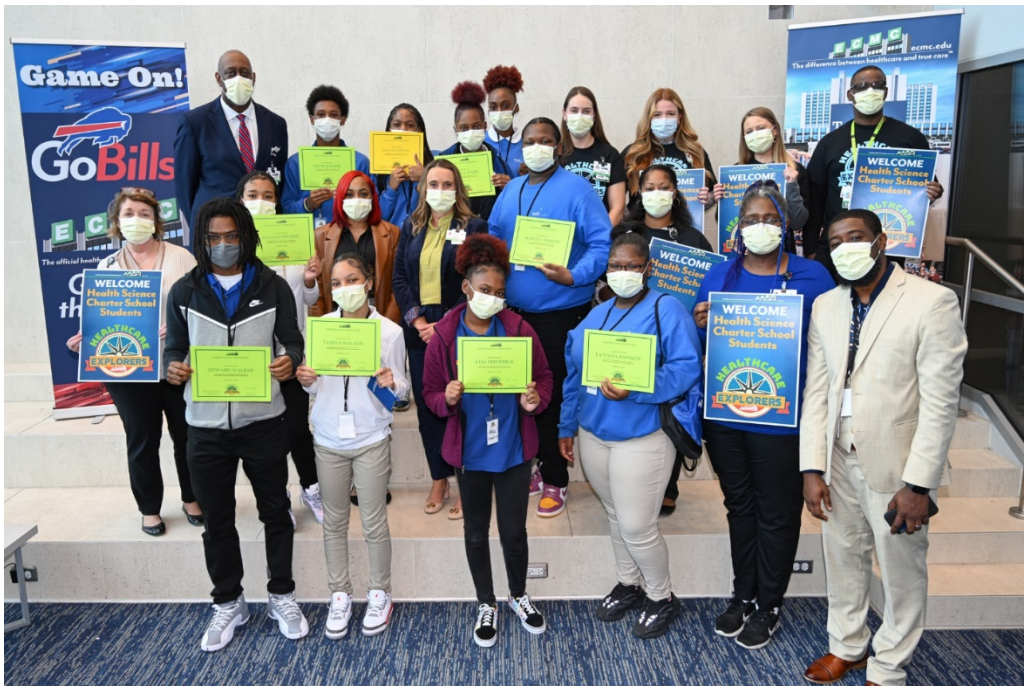
- ☑ Student will attend 10th, 11th, or 12th grade in the Fall of 2023
- ☑ Completed Electronic Application
- ☑ Signed & Uploaded Guardian Permission Form
- ☑ Signed & Uploaded Media Consent Form
- ☑ Completed & Uploaded Recommendation Form **(No friends or family)**
- ☑ Uploaded Immunization/Titer Record **including:**
  - ○ Proof of two (2) Measles vaccines or two (2) MMR vaccines or proof of positive titer for Measles
  - ○ Proof of two (2) Mumps vaccines or two (2) MMR vaccines or positive titer for Mumps
  - ○ Proof of one (1) Rubella vaccine or one (1) MMR vaccine or positive titer for Rubella
  - ○ Proof of two (2) Varicella vaccines or a positive titer for Varicella
  - ○ Three (3) Hepatitis B vaccines or a positive titer for Hepatitis B Surface Antibody
  - ○ One (1) vaccine for Tdap received within the last ten years
  - ○ **Optional** COVID vaccine initial series administration

How to Apply

Ready to apply? Head to: www.ecmc.edu/the-ecmc-foundation/ or scan the QR Code to take the first step in exploring careers in healthcare. Your exploration starts NOW!

Questions? Please reach out to us at: healthcareexplorers@ecmc.edu

We look forward to meeting you this summer!



Guardian Permission Form

_____ has my permission to participate in the **Healthcare Explorers** program at Erie County Medical Center and is physically able to do so.

I understand that their eligibility is contingent upon their good health, TB skin test prior to start of program, complete immunization record, and application with supporting documentation. I further understand that it is **my** responsibility to arrange for their transportation to and from ECMC.

_____ Date: _____

Signature of Guardian

_____

Relationship

NON-PATIENT CONSENT - Minor

For Photography, Promotion, Communication, Publication

Healthcare Explorers Program

Student's Name (PLEASE PRINT):

I am the guardian of and hereby grant permission to **Erie County Medical Center** Corporation to take and use photo/video article of my child for use in publicity, illustration, publishing (including the electronic form), or other lawful uses as may be determined by ECMCC.

____ **(initial)**

I understand that I will not be compensated by ECMCC for the use of this photo/video article for above purpose(s) or similar.

_____ **X** _____

(DATE) (Guardian's SIGNATURE)

_____

(Print Guardian's Name)

Erie County Medical Center Corporation

Attachment 3: Immunization Record Verification

Name _____Date of Birth: _____

1. Is this person in general good health and free from communicable disease?

   Yes No (If no, Please comment on revise side)

2. Date of last physical exam: _____/_____/_____ (must be in the last 12 months)

3. **Measles/Mumps/Rubella (MMR)**

Two doses after 12 months of age…….Dates____/____/____ & Dates____/____/____

OR Measles (Rubeola) – one option must be met:

□ Two immunizations after 12 months of age ……..……Dates___/___/___ & ___/___/___ OR
□ Blood titer documenting immunity…….……Date of test___/___/___ OR
□ History of disease diagnosed by physician and born before 1/1/1957….Disease date ___/___/___

AND Mumps – one option must be met:
□ Two Immunization after 12 months of age……Dates ___/___/___ & ___/___/____ OR
□ Blood titer documenting immunity……Date of test ___/___/___ OR
□ History of disease diagnosed by physician and born before 1/1/1957….Disease date ___/___/___

AND Rubella (German Measles) – one option must be met:
□ Immunization after 12 months of age……Date___/___/___ OR
□ Blood titer documenting immunity…….…… Date of test ___/___/___

4. Varicella (Chickenpox or Shingles) – one option must be met:
□ Immunizations……Dates___/___/___ & ___/___/___ OR
□ Blood titer documenting immunity…….Date of test ___/___/___ OR

5. Hepatitis B – one option must be met:
□ Vaccine – Series of three……Dates___/___/___ & ___/___/___ & ___/___/___ OR
□ Positive Hepatitis B Antibody Test……..…Date of test___/___/___
□ Signed OSHA declination form

6. Tetanus Pertussis-Diphtheria series as a child AND
Tetanus-Diphtheria booster less than 10 years ago…….…Date___/___/___

7. **Influenza Vaccine** Date ___/___/___

8. **COVID Vaccine** **Manufacturer_____** First Dose Date ___/___/___

   Sec Dose Date ___/___/___

9. **NYS Required Tuberculosis Risk Assessment Screening Tool**

   Please complete the questionnaire on page 2.

Recommendation Form

This document is to be completed by a teacher, coach, tutor, or faculty member who can most accurately answer the questions below. **No family or friends.**

Student's Name: _____

High School: _____

Please rate the student's ability in each of the following areas:

	Above Average	Average	Below Average	Not able to evaluate
Willingness to learn				
Ability to complete assigned duties				
Responsibility				
Dependability				
Interpersonal skills				
Empathy for others				
Honesty				
Maturity				
Personal appearance/grooming				
Willingness to follow rules				
Ability to follow instructions				

Why should this student participate in the Healthcare Explorers Program?

SIGNATURE _____DATE_____

PRINT NAME_____TITLE_____

PHONE: _____ EMAIL: _____