



TAP MD

Application Form

Note to Teacher Counselor Submitting Application:

TAP MD's mission is to seek and find "untapped" talented high school students to increase the number of future Tristate urban and rural physicians. TAP MD is a career exploring program for high school students who have the aptitude and interest in medicine. High school juniors who are at least 16 years of age can be tapped by school teachers/counselor. TAP MD students are strong academically, motivated, mature, dependable and have a positive attitude. Students have true potential to enter medical school, which requires a 29 ACT or a 1300 SAT/PSAT (composite scores, minus the writing portion). Although TAP MD students possess the necessary traits and abilities, they are particularly targeted because they have not yet decided upon a career choice or possibly may not have even considered entering college.

Teacher/Counselor Submitting Application:

Name _____ High School _____

E-Mail _____ Phone _____

**Please attach your letter of reference.

Student Legal Name _____

Preferred Name, if not first name _____

Birth Date _____ Gender (circle one) Male Female

**Students must be 16 years or older for program shadowing experiences*

Preferred Telephone: Home/Cell () _____

E-Mail Address _____

Permanent Home Address: _____

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Demographics

The items listed below are optional.

No information provided will be used in a discriminatory manner.

Please indicate how student identifies self (circle all that apply)

Hispanic or Latino

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

Other _____

Family

Legal Guardian(s) _____

Relation to applicant _____

Address _____

E-mail Address _____

Occupation _____

College (if any) _____

Degree _____

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Education

Current School _____

Graduation Date _____ School Type (circle one) Public Charter Private

Counselor's Name _____

Counselor's Contact Information (phone, address) _____

***ATTACH SCHOOL TRANSCRIPT

Academics

Grades GPA (4.0 scale) _____

ACT Best Score (comp) _____ English _____ Math _____

Reading _____ Science _____ Writing _____

SAT (or PSAT) Best Score _____ Critical Reading _____ Math _____ Writing _____

AP/IB/Post Secondary Classes

Class: _____ Score: _____

Class: _____ Score: _____

Class: _____ Score: _____

Class: _____ Score: _____

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Current Courses:

** include any courses not included on attached transcript

First Semester/Trimester	Second Semester/Trimester	Third Trimester
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Honors: briefly list any academic distinctions or honors received since the 9th grade

Grade Level (Circle One)	Honor
9 10 11	_____
9 10 11	_____
9 10 11	_____
9 10 11	_____
9 10 11	_____

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Extracurricular Activities & Work Experience

Please list extracurricular, volunteer, and work activities:

Grade Level (Circle one) Time Spent Position held, honors won, letters earned, employer

9 10 11 _____ _____

Was this a one-time activity? Yes No If not, how many hours per week? _____

Activity _____

Description: _____

Grade Level (Circle one) Time Spent Position held, honors won, letters earned, employer

9 10 11 _____ _____

Was this a one-time activity? Yes No If not, how many hours per week? _____

Activity _____

Description: _____

Grade Level (Circle one) Time Spent Position held, honors won, letters earned, employer

9 10 11 _____ _____

Was this a one-time activity? Yes No If not, how many hours per week? _____

Activity _____

Description: _____

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Grade Level (Circle one) Time Spent Position held, honors won, letters earned, employer

9 10 11 _____ _____

Was this a one-time activity? Yes No If not, how many hours per week? _____

Activity _____

Description: _____

Grade Level (Circle one) Time Spent Position held, honors won, letters earned, employer

9 10 11 _____ _____

Was this a one-time activity? Yes No If not, how many hours per week? _____

Activity _____

Description: _____



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Commitment to Participate:

The TAP MD program is a year-long commitment beginning in January 2012 and ending in December 2012. If selected for the program, you are expected to participate in an activity and/or shadowing experience one time per month. Exact times and dates are still to be determined, but all activities will take place on Saturday mornings (concluding at 1:00pm), during the school year (approx. ½ day), **or** on a weekday during the summer months. Given these expectations, can you participate in the TAP MD program? Yes No

Please comment on any foreseeable scheduling conflicts that may limit your participation:

Disciplinary History

Have you ever been found responsible for a disciplinary violation since 9th grade? Yes / No

If yes, please explain: _____

I certify that all information included in this application is true, accurate and complete.

Student Signature _____ Date _____

Parent Signature _____ Date _____

Important dates:

- *Application deadline is November 30, 2011, by 12 noon.**
- *Students chosen to participate will be notified by December 15, 2011.**
- *The first Welcome Event for the 2012 TAP MD class will take place in January, 2012.**

Return application to:

Mary Duffey
Greater Cincinnati Health Council
2100 Sherman Ave, Suite 100
Cincinnati OH 45212
mduffey@gchc.org Fax 513.531.0278

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Preliminary Student Schedule:

January	Cincinnati MD Resource Center	Welcome
February	Greater Cincinnati Health Council	Orientation
March	St. Elizabeth Healthcare	Family Medicine
April	UC Health-University Hospital	Emergency Medicine
May	Center for Respite Care	Care for Homeless
June	Greater Cincinnati Health Council	Summer Event
July	Cincinnati Children’s Hospital	Simulation Center
August	Dearborn County Hospital	Diagnostic Imaging
September	TriHealth	Outpatient Clinic
October	The Christ Hospital	Live Surgery Experience
November	Univ.of Cincinnati School of Medicine	Medical Student Observation
December	Academy of Medicine	Closing