Corinth Holders High School Student Application

Sports Medicine

Corinth Holders High School Sports Medicine is pleased that you are applying to the Sports Medicine Program. This program is designed to help you prepare to become a qualified healthcare professional.

Students accepted into this course must assume responsibility for appropriate behavior. As a requirement for this upper-level course, you will participate in rotations in an athletic setting. This is a serious responsibility because you will be in direct contact with athletes and other healthcare professionals.

The objective of observations is to provide you with a meaningful experience while assuring athlete safety. You will be expected to comply with all directions of your instructor, apply what you learn in your coursework, be respectful of athletes and the healthcare professionals with whom you interact, and closely abide by the requirements stated in this application that you and your parent/guardian must sign. You will be required to comply with the Health Insurance Portability and Accountability Act (HIPAA).

If you are accepted into Sports Medicine but do not abide by the requirements as stated in this application there will be consequences:

1. You will be removed from the observation setting and assigned an alternative assignment to make up your hour requirement.

All students who apply to take Sports Medicine will be evaluated using objective criteria that includes high school attendance, grades and discipline. Additionally, student's answers to application questions and teacher recommendations will be reviewed for evidence of the applicant’s maturity, responsibility, initiative, integrity, good judgment, respect, service orientation, problem-solving skills, and self-discipline. All of these factors are critical to ensure that healthcare workers and athletes in a athletic setting can depend on our students to act in a safe and professional manner.

If you have any questions or concerns about Sports Medicine Program or the application process, please contact Ms. DeBlaker (Room 415)
Corinth Holders High School Student Application

Sports Medicine

PLEASE PRINT

Name ________________________________

LAST FIRST MIDDLE

Mailing Address ________________________________________________________________

City _________________________________, North Carolina Zip Code __________________

Phone ______________________________ Email _________________________________

Date of Birth: _____ / _____ / _____ Current Grade Level ______________

In a typed, double-spaced essay that is 1-2 pages in length answer the following questions. Be sure to include your name at the top of the page(s) and attach the essay to the application.

➢ Why do you want to enroll in Sports Medicine?

➢ What are your plans after graduation from high school?

➢ What are your career goals?

➢ What after school activities are you involved with? (Sports, Job, Clubs, etc)

Future healthcare professionals should not use drugs, alcohol, or tobacco. Please be aware that all school policies regarding the use of drugs, alcohol, and/or tobacco will be strictly enforced. Are you willing to comply with this requirement?

Circle One: Yes No

Briefly describe your health history in regards to any condition that we need to be aware of to insure your safety. This information will be kept confidential.

____________________________________________________________________________________________

_________________________________________________________________________________________
Teacher Recommendations: As part of your application for admission into Sports Medicine, you must obtain a recommendation from two of your high school teachers. Neatly print your name on each of the attached teacher recommendation forms and indicate the course for which you are requesting approval. Demonstrate professional behavior, courtesy, and appreciation and be sure to explain to your former teachers why you are interested in taking these courses when you request their recommendation.

Do not ask for the form back – the recommending teacher should give it to the person(s) indicated on the form. List below the names of the high school teachers whom you will ask to complete these recommendation forms:

(1) ________________________________
(2) ________________________________

Parent/Guardian Information

To be completed and signed by the applicant's parent/guardian as well as the applicant Please print.

By signing below, I grant permission for my son/daughter, ________________________________, to participate in instructional activities located on the athletic fields of CHHS and neighboring schools, as well as in the athletic training room.

Additionally, I understand that my son/daughter and I will be required to do the following to be admitted into the course:

- Purchase a uniform. (Polo and Khaki pants)- Purchased after admission
- Maintain a 75 average in the sports medicine course.
- Obtain observation hours that include early mornings and late evenings. Students choose what activities they sign up for and should take into consideration transportation before signing up for an event.

I also understand that if my son/daughter is accepted but does not abide by the requirements as stated in the application there will be consequences:

1. You will be removed from the observation setting and assigned an alternative assignment to make up your hour requirement.

Signature of Parent/Guardian ________________________________ Date __________________

Printed Name of Parent/Guardian _____________________________________________________________

I have reviewed the requirements for entry into Sports Medicine with my parent/guardian and I understand and agree to the above listed requirements.

Signature of Applicant: __________________________ Date: __________________

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<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
<th>Points Possible</th>
<th>Points Earned</th>
<th>Notes</th>
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| **Reflection (at least 10 sentences)**       | • Student has a well-written reflection; states a strong, clear interest in a career in healthcare  
• Student has an adequately-written reflection (occasional spelling/grammatical errors); expresses a strong, clear interest in pursuing a career in healthcare  
• Student has a poorly-written reflection (numerous spelling/grammatical errors); expresses a strong, clear interest in pursuing a career in healthcare  
• No reflection submitted, or poorly-written with no real interest in pursuing a career in healthcare | 6               | 4             |       |
| **Health Science Grades**                    | Weighted average of grades earned in Health Science classes if applicable:  
• A  
• B  
• C  
• D | 6               | 5             | 3             | 0     |
| **GPA**                                      | Weighted GPA at time of application:  
• 4.5 or greater  
• 4.0-4.4  
• 3.5-3.9  
• 3.0-3.4  
• 2.5-2.9  
• 2.0-2.4  
• <2.0 | 6               | 5             | 4             | 3     | 1     | 0     |
| **Attendance (See Note Below)**             | Absences:  
• Average of 2-3 absence per semester  
• Average of 4-5 absences per semester  
• Average of 5-6 absences per semester  
• Greater than 7 absences per semester  
• Greater than 8 absences | 6               | 4             | 2             | 0     | Not Eligible |
| **Discipline**                               | Unacceptable behavior in the academic school year prior to enrollment in Sports Medicine:  
• No discipline referrals  
• Any discipline infractions resulting in ISS OR Evidence of out-of-school suspension (OSS) or criminal record (if applicable) | 6               | Not Eligible  |
| **Completed Recommendation Forms by Teachers** | 3 points – Highly recommended  
• 2 points – Recommended  
• 1 point – Recommended with reservations  
• 0 points – Undecided/Not Recommended | Highest Total=6 |
| **TOTAL**                                    | Minimum of 24 points required for approval | Max: 36 |
Sports Medicine Student Application Teacher Recommendation

Student Name: __________________________________________________________

Dear [Teacher],

Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Sports Medicine Department. The responses you provide will not be seen by the student and will be kept in strict confidence by the committee.

The Sports Medicine are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in observation hours in the athletic setting. This is a serious responsibility because these students will be in direct contact with athletes and healthcare professionals. The safety of patients as well as students is imperative. Participation is limited to those students who are mature enough to function in this complex environment with minimal supervision as they are a direct representation of CHHS. Please keep this in mind as you make your recommendation.

On a scale of 1-5, with 1 being the weakest score and 5 the strongest, please rate this student on the following characteristics: (Circle one number per item)

- Responsible for homework, projects, and assignments
  Weak: 1  Average: 2  Strong: 3
- Mature in comparison to his/her classmates & others his/her age
  Weak: 1  Average: 2  Strong: 3
- Respectful of teachers & other classmates; has a positive attitude
  Weak: 1  Average: 2  Strong: 3
- Able and willing to follow instructions
  Weak: 1  Average: 2  Strong: 3
- On task a high percentage of class time
  Weak: 1  Average: 2  Strong: 3
- Comes to class on time and is well-prepared
  Weak: 1  Average: 2  Strong: 3
- Actively participates and contributes to class
  Weak: 1  Average: 2  Strong: 3
- Well-behaved and not a discipline problem
  Weak: 1  Average: 2  Strong: 3
- Exhibits good problem-solving skills
  Weak: 1  Average: 2  Strong: 3
- Honest, trustworthy
  Weak: 1  Average: 2  Strong: 3
- Open to constructive criticism
  Weak: 1  Average: 2  Strong: 3

Does this student have your recommendation for the Sports Medicine program? (Check one.)

____ My highest recommendation
____ My recommendation
____ My recommendation with reservation (related comment should be written on the back of this form)
____ I am undecided
____ The applicant does not have my recommendation

Teacher Signature: ___________________________________________ Date ________________________

Teacher Name (Print): _____________________________________________________________________

Subject Area(s): __________________________________________________________________________

Please do not return this form to the student making the request.

Return this recommendation to Ms. DeBlakers’ mailbox or classroom.
To ensure confidentiality feel free to place this form in a sealed envelope if you wish.
Sports Medicine Student Application Teacher Recommendation

Student Name: ____________________________________________

Dear Teacher:

Thank you for taking the time to complete this recommendation form. Your recommendation and comments are valuable to the Sports Medicine Department. The responses you provide will not be seen by the student and will be kept in strict confidence by the committee.

The Sports Medicine are designed to help students prepare to become qualified healthcare professionals. Additional expectations and responsibilities will be required of students who enroll in these courses, including participation in observation hours in the athletic setting. This is a serious responsibility because these students will be in direct contact with athletes and healthcare professionals. The safety of patients as well as students is imperative. Participation is limited to those students who are mature enough to function in this complex environment with minimal supervision as they are a direct representation of CHHS. Please keep this in mind as you make your recommendation.

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Teacher Signature: ___________________________________________ Date ________________________

Teacher Name (Print): ________________________________________________

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