

# HEALTH PROFESSIONAL (PRE-MED) PATHWAY AWARD APPLICATION

Required Courses	Year Taken	Grade			
All Required	(9, 10, 11, 12)	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Biology/Honor Biology					
Introduction to Health Science					
Chemistry/Honors Chemistry					
Medical Anatomy & Physiology					

Elective Courses	Year Taken	Grade			
1 Required	(9, 10, 11, 12)	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Possible Courses: Human Anatomy/Physiology, Exercise Science/Sports Medicine, Certified Nursing Assistant (CNA) (@CTEC), Physical Therapy (@CTEC), Medical Forensics (@CTEC), Emergency Medical Technician (EMT) (@CTEC), Medical Assistant (@CTEC)

\*\*\*\*\*Must Turn in an Attached Transcript\*\*\*\*\*

Internship Course	02081	CTE (.5)		
CTEC Clinical Hours	-	-	Log Required	
40 Volunteer Hours (18 Clinical)	-	-	Log Required	

\*\*\*\*\*Must Turn in a filled-out Hours Log found at: \*\*\*\*\* <https://www.andersonhealthscience.com/health-professional-pathway.html>

HOSA Membership	Membership Year (F, S, J, S)	Advisor Signature
Year 1		
Year 2		

\*\*\*\*\*HOSA Members must be ACTIVE. Active means attending 50% of activities or more! We take roll & will check attendance\*\*\*\*\*

\*\*\*\*\*Verify with Mr. Anderson OR Attach Receipts from the office\*\*\*\*\*

Full Name: \_\_\_\_\_ \*\*Need exact spelling you want on your white coat\*\*

White Coat Size: \_\_\_\_\_

How many people will be attending the award ceremony? \_\_\_\_\_

Your signature below verifies accurate information and a complete application. If your application is incomplete or incorrect you will be ineligible for the recognition!

Signature of Completion: Student Signature: \_\_\_\_\_  
 Advisor Signature: \_\_\_\_\_