The Summer Medical Program introduces options for careers in medicine to academically promising high school students entering their junior or senior year. The four week program will increase students’ awareness of the various areas related to the medical profession. As a result of participating in the program, students’ confidence in their ability to pursue medical training will increase. At the same time they will be introduced to the academic rigor required in the profession. Students will also gain firsthand knowledge of the requirements to be accepted into medical school.

During the program, which operates from 9:00 am – 12:00 pm, students will participate in a number of activities that will broaden their understanding of the medical profession. Students will also complete a research project on a medical topic of interest. Clinical opportunities will be provided at the College of Medicine’s Clinical Skills Education and Testing Center and other locations within the OU Medical Center and the surrounding area.

The following items are part of the application and must be submitted with the application:

☐ Completed Essay
☐ Letter of Recommendation from a teacher
☐ Most recent report card

An interview with College of Medicine Summer Program staff will also be required of all applicants.

Questions related to the program can be directed to Brian Corpening, 271-2390 or email, brian-corpening@ouhsc.edu.

Completed applications with supporting material can be mailed to:
Office of Community Partnerships and Health Policy
801 NE 13th Street, Room 21
Oklahoma City, OK 73104

The deadline for application submission is April 18, 2013. Students will be notified of their acceptance into the program by May 9, 2013.
College of Medicine Summer Medical Program Application

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___

Will you be able to attend for the full four weeks of the program? 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 E­Mail Address____________________________________________________

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.

______________________________________ __________________________
Signature of student applicant Date

______________________________________ __________________________
Signature of parent or guardian Date