

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/AP Biology					
Introduction to Health Science					
Chemistry/Honors Chemistry/AP Chemistry					
Medical Anatomy & Physiology					

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

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*****Must turn in an attached transcript*****

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

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HOSA Membership	Membership Year (F, So, J, Sr)	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 Mrs. Jones *****

Full Name: _____

White Coat Size: _____ **I advise you to go up one size from your normal shirt size**

Name for White Coat: _____ **Need exact spelling you want on your white coat**

Email: (the one you will check to receive the results)

How many people will be attending the award ceremony? _____.
(Award ceremony will be held on the second Monday in May at 6pm)

Your signature below verifies accurate information and a complete application. If your application is incomplete or incorrect you will ineligible for the recognition. This must be turned in by the announced date and time to be considered.

Signature of Completion: Student Signature: _____