



**UNMC Health Professions Opportunities Workshop:**  
Integration of Prevention and Population Health Across the Health Professions

**Deadline for college advisors to submit applications to UNMC is March 30, 2018**

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Name for nametag:** \_\_\_\_\_ **Gender:**  Male  Female

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_\_

**Name of Academic Institution:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**Academic Year:**  Rising Junior  Rising Senior

**Check if applicable:**  RHOP student (Wayne, Chadron, Peru)  KHOP student (UNK)  UHOP student (UNO)

**Anticipated Health Profession Career Path:** \_\_\_\_\_

**Racial / Ethnic Background:** Hispanic/Latino?  Yes  No

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> White/Caucasian        | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> more than one race |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian or Alaskan Native   | <input type="checkbox"/> decline to answer  |
| <input type="checkbox"/> Asian                  | <input type="checkbox"/> Other (please specify) _____        |   |

*By enrolling in this program, I acknowledge and agree to give consent to the University of Nebraska Medical Center to photograph me and use my picture and name in program scrapbooks and/or in the promotion of the Rural Health Education Network / Nebraska Area Health Education Center programs in newspapers, slide shows, or other media.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature (if student is under 19 years of age)

\_\_\_/\_\_\_/\_\_\_\_\_  
Date

**Information about how we can reach you before and after your summer break:**

**Before** \_\_\_\_\_, I can be reached at:  
MM/DD

**After** \_\_\_\_\_, I can be reached at:  
MM/DD

**Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Cell phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Alternate/Home phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Alternate E-Mail:** \_\_\_\_\_

**Emergency Contact Person #1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Person #2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



**BACKGROUND INFORMATION**

1. Name of high school you graduated from: \_\_\_\_\_ located in \_\_\_\_\_

2. In what town(s) did you spend the most time growing up?

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_ Town Est. Population: \_\_\_\_\_  
(For example 1980–2000)

City: \_\_\_\_\_ State: \_\_\_\_\_ Years: \_\_\_\_\_ Town Est. Population: \_\_\_\_\_  
(For example 1970–1999)

3. Have you attended a UNMC Workshop before?

Yes  No If Yes, Which one(s): \_\_\_\_\_

4. Have you participated in any Area Health Education Center (AHEC) activities during high school or college?

Yes  No If Yes, Which one(s): \_\_\_\_\_

5. Computer skills: Internet and research proficiency  High  Average  Low  
Power Point presentation capability  High  Average  Low

6. Do you have any special dietary needs or require any special accommodations?

Yes  No If Yes, Which one(s): \_\_\_\_\_

7. You will be given specific directions to all locations. Please, check one of the following:

- Yes, I **will** have a vehicle at UNMC and I am **willing** to drive to UNMC activities.
- Yes, I **will** have a vehicle at UNMC but I **prefer to not drive** to UNMC activities.
- No, I **will not** have a vehicle at UNMC.

8. On a separate sheet of paper, please answer each of the following questions. Applicant’s full name should appear on the top of the page(s) submitted. Each answer should be typed and **AT LEAST 100 words** in length.

- a. What are your plans after you graduate? Is there any specific area you would like to study? Why?
- b. What kind of community would you like to work in? Why?
- c. Why do you want to attend this workshop? What do you expect to get out of this training?

9. When finished:

Sign the media release and medical consent forms. If you are younger than 19 years old, please have your parent or guardian sign as well.

Attach your answers to the three short essay questions

Return the completed application, short essay questions, and medical consent form to your advisor or college representative. Colleges will be notified of accepted students by the third week in April.

If you have any questions, please contact:

**Liliana Bronner, MHA, MBA**  
Office: (402) 559-4365 Fax: (402) 559-6501  
E-Mail: LBronner@unmc.edu

**Mail Applications to:**

Liliana Bronner  
983075 Nebraska Medical Center, MSB 2581  
Omaha, NE 68198-3075

**TO BE COMPLETED BY COLLEGE ADVISOR:**

Applicant should be considered:

\_\_\_\_\_ one of two top candidates representing our institution

\_\_\_\_\_ one of our alternates and ranked as \_\_\_\_\_

Signature of Faculty or Staff Contact Person \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Deadline: Applications submitted to UNMC must be postmarked by March 30.**



# University of Nebraska Medical Center<sup>SM</sup>

## **Weeklong Workshop Consent Form for:** UNMC Health Professions Opportunities Workshop: Integration of Prevention and Population Health Across the Health Professions

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

I / We give approval to participate in any and all activities of the University of Nebraska Medical Center weeklong workshop to be held from Monday, May 14, 2018 to Friday, May 18, 2018 in Omaha, Nebraska.

I / We assume all risks and hazards incidental to such participation including transportation to and from activities in Omaha and travel to and from a rural community.

I / We give permission to the Family Medicine / Area Health Education Center staff to arrange for emergency treatment or admittance to the Nebraska Medical Center facilities or any other medical action deemed necessary under the circumstances.

I / We understand that I/We will be notified as soon as possible in the event of an emergency.

I / We further understand that the University of Nebraska Medical Center is not responsible for injury that may result from accidents.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian if participant is under 19 years old

\_\_\_\_\_  
Date