

## **APPLICATION**

**Deadline** *Application must be received by:* 

5:00 pm Friday, December 11, 2020

Mail or deliver completed application packet to:

## **MAHEC**

Minority Medical Mentoring Program Health Careers and Diversity Education 121 Hendersonville Road Asheville, NC 28803









## **History and Overview**

The Minority Medical Mentoring Program (MMMP) began in the fall of 2005 as an internship for under-represented minority high school students who had an interest in the practice of medicine. This program was replicated from a similar program in Florida for African-American students. The Asheville program initially targeted African-American students, then was expanded to include Hispanic/Latino students in 2009 and is now an inclusive program for all under-represented minorities. The program started as a collaboration with the late Dr. John P. Holt, Dr. Albert Anderson, MAHEC (Jacquelyn Hallum), Mission Health (Bill Mance & Sharon K.West), and the Western Carolina Medical Society (then Buncombe County Medical Society, Alan McKenzie).

Today, the program pairs under-represented minority high school students with a diverse group of health professionals in Buncombe County. This program is for high school seniors who have a serious interest in pursuing a health career. MMMP is open to students who are enrolled in a school-sanctioned internship for honors course credit through Asheville City or Buncombe County Schools. The program provides a minimum of 135 intern hours for one semester.

Out of the 1246 physicians who are Western Carolina Medical Society members and actively practice medicine in Buncombe County, less than three percent (2.73%) are minorities (self-reported). Serving our county are five individuals who identify as African American (0.40%), one as American Indian (0.08%), twenty-one as Asian (specific breakdown not available) (1.69%), and seven as Latino (0.56%). - Western Carolina Medical Society, Correspondence June 13, 2017

Student interns are exposed to a variety of healthcare fields such as Anesthesiology, Cardiology, Chinese Medical Arts, Dentistry, Dermatology, Diabetes Management, Ear, Head, Nose & Throat, Emergency Medicine, Family Medicine, Genetics, Geriatrics, Indigent Care Clinics, Integrative Medicine, Internal Medicine, Memory Care, Obstetrics and Gynecology, Oncology, Optometry, Palliative Care, Pediatrics, Pharmacotherapy, Physical Medicine, Public Health, Radiology, Sleep Lab, Social Work, Sports Medicine, Traumatic Surgery, and more. The students have rotations in clinics, hospitals, private practices, education centers, resident didactic sessions, and MAHEC's Virtual Library and Knowledge Services. In addition to scheduled rotations, students may use internship hours to participate in ABIPA Action Teams, MAHEC health career programs for academic enrichment, college planning, conferences and service learning opportunities.

#### **GOALS:**

- Increase the numbers of under-represented minorities who train and practice in WNC.
- Enhance the quality of care as a result of an increase in workforce diversity.
- Increase levels of health parity in Western North Carolina.

At present, we have six outstanding interns enrolled for the 2020-2021 academic school year. The MMMP brochure is enclosed for additional information.

According to the Sullivan Report, 2004, there is a dire need to increase minority representation in healthcare. The cultural challenges posed by a shifting patient demographic can best be addressed by health professionals educated and trained in a culturally dynamic environment. (http://depts.washington.edu/ccph/pdf\_files/Sullivan\_Report\_ES.pdf). We hope that students who participate in this unique experience will eventually come back to practice in Western North Carolina and that we, as a community, continue to take positive steps toward the achievement of health parity in Buncombe County.

**ORIENTATION:** The 2-week orientation includes but is not limited to: Program Overview and Expectations, Group Project requirements, Facility Tours, and trainings in Folic Acid, Health Information Portability and Accountability Act (HIPAA), Medical Ethics, Implicit Bias and Microaggressions, Occupational Safety and Health Administration (OSHA), Financial Aid and Workplace Etiquette.

**INTERNSHIP SCHEDULE:** A student interested in MMMP should enroll in his/her school's internship program for the last period of the day and choose the last available lunch. This will enable the student to have a rotation schedule from **2:30–4:30 pm.** 

**THE EXPERIENCE:** The MMMP internship is a very rigorous program. Student interns have weekly rotations with participating Buncombe County healthcare professionals. Interns collaborate on a group project on a topic of their choosing. The project presentation is open to the community, family members, school faculty and staff, MMMP Advisory Committee and MAHEC staff.

**LIABILITY INSURANCE:** Students enrolled in the internship program are covered under their school's liability coverage. Verification of the school's liability coverage must be provided to MAHEC by the school designee prior to the start of the program.

## **Eligibility Requirements**

- Underrepresented Minority
  - American Indian or Alaskan Native
  - Asian Underrepresented (Bangladeshi, Cambodian, Hmong, Indonesian, Laotian,
     Malaysian, Nepalese, Pakistani, Sri Lankan and Vietnamese)
  - o Black or African American
  - o Hispanic or Latino
  - Native Hawaiian or Other Pacific Islander
- Rising high school senior enrolled in a high school located in Buncombe County
- Strong desire to pursue a career as a high-level health professional.
- Minimum weighted grade point average of 3.0
- Excellent teacher recommendations
- Active record of leadership, work and/or community service
- Access to reliable transportation

**Revised:** 9-29-2020 4

All information will be held in strictest confidentiality. Please <u>type or print</u> your responses, attaching additional pages as necessary.

For internal use only:	TIII  Date received	l <b>:</b>		
Student Name:				
Please select the semester in which y Fall 2021	you would like to partic	•	nternship program:	
<b>Student Information:</b>				
Last name	First name		Middle name	Nickname
Street address/P. O. Box	City	State	Zip code	County
Race: ☐ Black or African Ameri ☐ Native Hawaiian or Other Pacif Laotian, Malaysian, Nepalese, Pakistani, Sri	ic Islander 🗖 Asian U	Inderrepreser		ian, Hmong, Indonesian,
Ethnicity: ☐ Hispanic ☐ Non-H	Hispanic			
Gender:Date of	Birth:	Last 4	4 digits of SSN:	(Optional)
Graduation year:Hon	ne telephone number	:()	Cell: (	` <b>-</b>
Email address:				
			()	
Name of school	City		School Telepho	ne number
			()	
Parent/Guardian name	Place of work		Work Telephone	e number
Parent/Guardian name	— Place of work			
Parent/Guardian name	Place of work		Work telephone	e number
Parent/Guardian Email:				
			( )	
Name of school official who reco	mmended you (	Please print		
SIGNATURES:			cipating in the MMM	ID Intormakin
I am in full support of	Name of student)	paru	cipating in the Minin	ir mternsmp.
Student Signature			Date	
Parent Signature			Date	
Parent Signature			Date	

Student Application Form: Page 2 Please type or print your responses attaching additional pages as necessary. Student name: PERSONAL STATEMENT OF CAREER GOALS (250 words or less): Describe in detail your interest in the Minority Medical Mentoring Program. Include your educational and career goals. Leadership Roles, Community Service, Employment, Extracurricular **Activities, Awards/Honors** List all awards, honors, community and school activities in which you have participated. Include start and end dates and number of hours of participation. Attach an additional sheet if necessary. Include sports, student government, volunteer projects, paid employment and other activities you believe helped you to grow and contribute during your time as a high school student. Please note those activities that you are currently involved in. **LEADERSHIP** Do you hold any Leadership roles? Yes: No: , If no, please explain why: **Leadership Information** (most recent): Start Date: \_\_\_\_\_ End Date: \_\_\_\_ Organization: \_\_\_\_ Occupation or Title: \_\_\_\_\_ Description of Activities: \_\_\_\_\_ **Leadership Information:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_ Organization: \_\_\_\_ Occupation or Title: \_\_\_\_\_ Description of Activities: \_\_\_\_\_ **Leadership Information:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_ Organization: \_\_\_\_ Occupation or Title: Description of Activities:

Please list others on a separate sheet of paper

# **COMMUNITY SERVICE** Have you participated in any unpaid volunteer work or community activities? Yes:\_\_\_\_\_, No:\_\_\_\_\_, If no, please explain why: **Community Service Detail Information** (most recent): Dates: \_\_\_\_\_ Name of Organization: Total Number of Hours: \_\_\_\_\_\_ Description of Activities: \_\_\_\_\_ **Community Service Detail Information:** Name of Organization: Total Number of Hours: \_\_\_\_\_\_ Description of Activities: \_\_\_\_\_ **Community Service Detail Information:** Name of Organization: Total Number of Hours: \_\_\_\_\_\_ Description of Activities: \_\_\_\_\_ Please list others on a separate sheet of paper **EMPLOYMENT** Have you had any paid employment? Yes \_\_\_\_\_ No \_\_\_\_ **Employment Information** Dates: \_\_\_\_\_ **Employer:** Weekly:\_\_\_\_Monthly:\_\_\_\_ Number of hours: Description of duties: **Employment Information** Dates: Employer:

Number of hours: \_\_\_\_\_ Weekly: \_\_\_\_Monthly: \_\_\_\_

Description of duties:

<b>Employment Information</b>	
Dates:	
Employer:	
Number of hours:	Weekly:Monthly:
Description of duties:	
Please list others on a separate sheet of paper	
List of Extracurricular Activities:	
List of Extraculticular Activities.	Date:
	Date:
	Date:
	Date:
	Date:
Lists of Awards/Honors:	
	Date:

**Self-Assessment**Please complete the below assessment. Evaluate yourself on the following traits:

	Excellent: 5	Good: 4	Average: 3	Fair: 2	Poor: 1
<b>Communication Skills</b>					
Leadership Ability					
Attendance / Punctuality					
Quality of Work					
Time Management					
Organizational Skills					
Writing Skills					
Initiative					
<b>Professional Conduct</b>					
Self-Confidence					
Maturity / Judgement					
Creativity					

	1	eacher Ro	ecomm	endation ———	Form		
Student name:							
1. I have known the app	olicant for	a period of			iı	n the fol	lowing capacity:
2. Student Grade Point	Average:		_				
3. Please evaluate the a	pplicant o	on the follow	ving trait	s:			
	No Basis	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	Comments
Communication Skills							
eadership Ability							
Attendance / Punctuality							
Quality of Work							
Time Management							
Organizational Skills							
Vriting Skills							
nitiative							
rofessional Conduct							
elf-Confidence							
laturity / Judgement							
reativity							
Additional characteristics a	nd consid	lerations:	(Please	use other sid	e if needed	1)	
recommend this student:	□with re	servation	□fairly	strongly	□stro	ngly	<b>□</b> enthusiastically
Name of recommender:		(Dlagge					
Title:		(Flease	print)	Ph	one: _		
chool:							
Email:							

## **Teacher Recommendation Form**

Student name:							
1. I have known the applicant for a period ofin the following capacity:							lowing capacity:
<ol> <li>Student Grade Point</li> <li>Please evaluate the a</li> </ol>				s:			
	No Basis	Excellent 5	Good 4	Average 3	Fair 2	Poor 1	Comments
Communication Skills		-					
Leadership Ability							
Attendance / Punctuality							
Quality of Work							
Time Management							
Organizational Skills							
Writing Skills							
Initiative							
Professional Conduct							
Self-Confidence							
Maturity / Judgement							
Creativity							
Additional characteristics	and consid	lerations:	(Please	use other side	if needed	1)	
I recommend this student:	□with re	servation	□fairly	strongly	□ stro	ongly	<b>□</b> enthusiastically
Name of recommender:							
Title:		(Please		Ph	one:		
School:							
	Date:						

## **KEEP THIS PAGE FOR YOUR REFERENCE**

Please verify that you have enclosed all the items listed below. <u>Incomplete applications will not be considered.</u> <u>Hint:</u> Read and follow directions below.

nivements Cheeklist

NG	quirements Checkist
	Minimum weighted grade point average of 3.0
	Submit <u>original application and updated resume.</u> Official high school transcript that includes weighted GPA/class rank
	<u>Two</u> Teacher Recommendation Forms (sealed in envelopes)
	Please provide a recent wallet-size photo
	Provide a resume of your work and/or community service activities
$\mathbf{Q}_{\mathbf{Q}}$	quirements After Acceptance into the Program
	quirements After Acceptance into the Frogram
_	
	Tetanus booster within the past ten years
	Measles vaccination (if Participant was born after 1957)
	Rubella immunization (unless Participant provides serologic confirmation of immunity)
	Mumps immunization (unless Participant provides serologic confirmation of immunity)
	Intradermal, protein-derivative-type tuberculin skin test within the past twelve months
	(unless Participant is known to have an allergic or positive reaction to same, in which
	case a chest X-ray is required)
	Hepatitis B vaccination series (unless Participant signs an appropriate declination form)
	Varicella immunization (unless Participant provides serologic confirmation of immunity)
	Influenza vaccination(s)
	Prior to the MMMP clinical experience, students must complete and submit a urine drug
	screen (minimum drug screening requirements include testing completed at a CAP or
	SAMSHA certified lab using a nine panel test including marijuana, cocaine,
	methamphetamines, benzodiazepines, PCP (phencyclidine), opiates, methadone,
_	barbiturates, and propoxyphene.)
Ц	Timely completion of <i>onboarding</i> forms for MAHEC and Mission which require a copy
	of a photo ID (school ID or driver's license)

## **Questions? Contact**

Jacquelyn Hallum, Director, at (828) 257-4479 or <u>jacquelyn.hallum@mahec.net</u> or Tracy Ashby-Wagner, Program Coordinator at (828) 257-4733 or

healthcareers@mahec.net

## **Completed Application Packet includes:**

- 1. Original application
- 2. Official high school transcript that includes weighted GPA/class rank
- 3. Two Teacher Recommendation Forms, sealed in envelopes
- 4. Recent wallet or passport size photo
- 5. Updated resume of your leadership experience, work and/or community service activities

Mail or deliver Completed Application Packet to:

Minority Medical Mentoring Program

MAHEC Health Careers and Diversity Education

121 Hendersonville Road

Asheville, NC 28803

The application packet and recommendations must be received on or before

Friday, December 11, 2020 by 5:00 p.m.