

Mountain Home High School Career Academies  
Medical Professions Education  
Medical Clinical Specialization Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Phone: \_\_\_\_\_

Prior Medical Professions classes taken:

\_\_\_\_\_  
\_\_\_\_\_

Medical Classes you are going to take next year:

\_\_\_\_\_  
\_\_\_\_\_

Area of Interest:

\_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you have your own transportation to the hospital? \_\_\_\_\_ yes \_\_\_\_\_ no

Will this class make you a Completer? \_\_\_\_\_ yes \_\_\_\_\_ no

Explain your career goals and why you want to be an intern.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Staple a copy of your transcript with your medical classes highlighted or underlined to this application.
- This is not a paid internship.

Your parent/guardian must sign below to approve your enrollment in Medical Specialization class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_