

## Northwest Missouri AHEC

5325 Faraon Street  
St. Joseph, MO 64506  
Phone: (816) 271-7146

April 2, 2014

Dear Friend,

The AHEC Career Enhancement Scholars (ACES) program is for high school students interested in any healthcare career. If you are interested in ACES as a high school freshman or sophomore, we highly recommend that you start out in our Pipeline program (flyer and app enclosed). The ideal ACES candidates care about their community and the needs of underserved and rural Missourians. They intend to become the best-prepared candidates for their chosen health profession and seek extra experiences to help them achieve their goals.

The ACES program is a comprehensive experience that begins with a preliminary one-day workshop called *Jumpstart Your Health Career*. After completing the *Jumpstart* workshop and associated activities, participants may choose to enter the ACES program. The next *Jumpstart* event will be held in June.

The ACES program includes career prep activity for all kinds of health care disciplines. Hands-on enrichment activities, service-learning projects, job shadowing/volunteering and an annual individual career plan enables participants to create a portfolio that will set them apart. The experiential activities and online curriculum are aligned with National Health Care Skills Standards to prepare ACES for a national certification exam.

Those who participate in ACES will receive assessment of knowledge and skill attainment - all of which are documented on the AHEC transcript. A \$250.00\* yearly ACES tuition fee can be paid in installments to the Northwest Missouri Area Health Education Center. This fee represents less than 1/6 of the actual cost per student to provide the ACES program and is less than the cost of most enrichment camps that a student might attend one summer. Scholarships and sponsorships are available, so don't let cost be a barrier.

*Jumpstart* events will be scheduled as needed. Please check with us about the next opportunity. For more information about *Jumpstart* and ACES contact Christine Paige at 816-271-6769, or [Christine.paige@mymhc.com](mailto:Christine.paige@mymhc.com)

Sincerely,

A handwritten signature in cursive script that reads 'Christine Paige'.

Christine Paige  
Recruitment Coordinator  
816-271-6769  
[christine.paige@mymhc.com](mailto:christine.paige@mymhc.com)  
[www.nwmoahec.org](http://www.nwmoahec.org)



# Jumpstart Your Health Career

*Learn fundamentals for students interested in healthcare careers  
And qualify for 2014-2015 AHEC Career Enhancement Scholars*

Submit the application for the Wednesday, June 28 from 9a-3p workshop  
\$60.00 fee per student (half and full scholarships available)

Northwest Missouri AHEC  
5301 Faraon Street, Plaza 3, Suite 120  
Heartland, St. Joseph


## Workshop Highlights

- Pre-workshop: Online health science training
- Skill/Knowledge Assessment
- Hands-on Practice Labs
  - Vital Signs & Assessments
  - Standard Precautions
- Health Literacy, Cultural Competency and Public Health Training
- Qualify for 2014-15 ACES (AHEC Career Enhancement Scholars)

## Answers to FAQ

- Call 816-271-6769 to register or inquire about additional dates.
- Interest can be in any health care field
- \$60 fee per student covers all supplies, access to online module and meal/snack
- Half and full ***scholarships*** are available—see the registration form for details
- Registration packet and fees due at least one full week prior to appointment

Contact Christine Paige at the NWMO AHEC to request a workshop registration form.  
phone: 816-271-6769 | email: [christine.paige@heartland-health.com](mailto:christine.paige@heartland-health.com) | fax: 816-271-6786

[www.nwmoahec.org](http://www.nwmoahec.org) ~ Find us on 

\$60 fee for workshop and key to online module

Mail to:  
Northwest Missouri AHEC  
5325 Faraon Street  
St. Joseph, MO 64506  
Fax (816) 271-6786

## Jumpstart Your Health Career Registration Form



- Complete this registration form
- Complete a Consent to Participate Form
- Enclose a check for \$60 payable to Northwest Missouri AHEC (fee is non-refundable after May 27)
- Scholarship applicants attach a letter of need to the Executive Director
- I am applying for a half scholarship (fill out the information below)
- I am applying for a full scholarship (fill out the information below)

### Scholarship

**Half Scholarship:** *check the box below, include a parent/guardian signature and send app with a check for \$30.00.*

Paying the full registration fee would be difficult for me and/or my family.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

**Full Scholarship:** *check the box below and include a parent/guardian signature, then submit the application*

Paying a registration fee is not possible for me and/or my family.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

### Attach a letter explaining your need for financial assistant



Parental Consent and Release of Liability

I hereby consent that my child \_\_\_\_\_ may participate in the AHEC Pipeline workshop to be held at Heartland Regional Medical Center in St. Joseph, MO. I recognize that my child is responsible for his or her own transportation to the event. I acknowledge that the Missouri AHEC System, Northwest Missouri Area Health Education Center and Heartland Regional Medical Center will not be held responsible for any injury or accident that might occur while my child is participating in this program and the risks associated with these activities, and that any medical expenses incurred as a result of such injury or accident will be my responsibility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, the MAHEC staff may consent on my behalf to emergency treatment advised by medical personnel for the AHEC Pipeline workshop to be held at Heartland Regional Medical Center.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the Northwest Missouri Area Health Education Center to interview, photograph and/or videotape my child/children listed above, and to use his/her name in connection with any such photographs and/or videotape, or in connection with any news release or story; and further, to use and distribute for publication any and all of such photographs, news release or stories for any purpose or purposes it may deem proper, including, but not limited to publicity, educational, clinical, and scientific purposes.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CONTACT INFORMATION

In case of medical emergency, the MAHEC staff must be able to contact a parent/guardian or other emergency contact at all times during the program.

Parent/Guardian:

Other Contact:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

Relation to student: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_


Phone: Home: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Work: ( ) \_\_\_\_\_

Other: ( ) \_\_\_\_\_

Other: ( ) \_\_\_\_\_

Date	AHEC Center			Participant Code	
<b>MAHEC Participant Registration Form</b>					
MAHEC is required to report general demographic information about participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form. Please type or print clearly. Last Revision 2/13					
Last Name		First Name		MI	Birthdate (mm/dd/yy)      Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address					
City		County		State MO	Zip Code (9 digits if possible)
Primary Phone # (specify home, cell or other)			Permanent Email Address		
Ethnicity (Select one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race (Select all that apply) <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian (Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai) <input type="checkbox"/> Asian (Other) <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White		Disadvantaged Status (Select all that apply) <input type="checkbox"/> I will be/am the first in my family to go to college <input type="checkbox"/> I grew up with English as my second language <input type="checkbox"/> I have been diagnosed with a physical or mental impairment that limits my participation <input type="checkbox"/> I qualify for federal tuition assistance <input type="checkbox"/> I qualify for the free and reduced school lunch program	
Education Level (Select one) <input type="checkbox"/> Grades K-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-12 <input type="checkbox"/> Post High Sch/Pre-College <input type="checkbox"/> 2-Year College/Comm Coll <input type="checkbox"/> 4-Year College		Highest Degree Earned (Select one) <input type="checkbox"/> 12-Month Post-Baccalaureate <input type="checkbox"/> Pre-Matric/Pre-Grad School <input type="checkbox"/> Graduate School <input type="checkbox"/> Medical School <input type="checkbox"/> Dental School <input type="checkbox"/> High School <input type="checkbox"/> Diploma (Nursing) <input type="checkbox"/> Certificate <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____		Residential Background (Select one) <input type="checkbox"/> Frontier (Wide Open, Few People) <input type="checkbox"/> Rural (Country, Small Town) <input type="checkbox"/> Suburban (Small City) <input type="checkbox"/> Urban/Inner City (Big City)	
Current School Name		City		County	State MO      Zip Code (9 digits if possible)
Current Grade/College Year	Anticipated Date of Graduation (mm/dd/yy)	Counselor/Teacher/Advisor Name		GPA	ACT Composite Score
<b>K-12 PARENT/GUARDIAN INFORMATION</b>					
Last Name		First Name		Primary Phone #	Permanent Email Address
Relationship Mother		Address (if different from above)			
City		County		State MO	Zip Code (9 digits if possible)
<b>COLLEGE STUDENTS AND ADULT LEARNERS</b>					
Major/Discipline		High School Attended		Year Graduated	High School Address
High School City		High School County		High School State MO	High School Zip Code
Are you enrolled in a health professions program such as pre-med, first responder, medical assistant, certified nurse assistant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of health professions program?					
Will you apply this training to certification or credentialing? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer		Address			
City		County		State MO	Zip Code
<b>INTERESTS</b>					
I intend to enter a health career: <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, what three health careers are you interested in?	
I intend to enter a health career in primary care, such as family medicine doctor, nurse practitioner, physician assistant, general dentist, pediatric dentist, or community health worker: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I intend to work with people who are medically underserved or where there is not enough health care: <input type="checkbox"/> Yes <input type="checkbox"/> No					
I intend to work in rural areas (not big cities): <input type="checkbox"/> Yes <input type="checkbox"/> No					



**In The Know.....**

Contact your student's counselor for questions.

Meladee Patterson, A-C	<a href="mailto:pattersonme@parkhill.k12.mo.us">pattersonme@parkhill.k12.mo.us</a>
Sandy Polley, D-H	<a href="mailto:polleys@parkhill.k12.mo.us">polleys@parkhill.k12.mo.us</a>
Taylor Lane I-M	<a href="mailto:lanet@parkhill.k12.mo.us">lanet@parkhill.k12.mo.us</a>
Glynis Chambers, N-R & AVID	<a href="mailto:chambersgl@parkhill.k12.mo.us">chambersgl@parkhill.k12.mo.us</a>
Traci Dorrell, S-Z	<a href="mailto:dorrellt@parkhill.k12.mo.us">dorrellt@parkhill.k12.mo.us</a>

The counseling department has a twitter account! We will be tweeting updates about college, careers, financial aid, upcoming deadlines and more. Follow us @CounselorsPHS!

Kaplan Test Prep will be hosting **FREE online ACT and SAT Sessions™** for juniors to help prepare for the upcoming exams. Kaplan will also host a **FREE PSAT Practice Test** for sophomores on May 3, 2014 at University of Missouri (5100 Rockhill Rd., Kansas City, MO 64110). **To sign up for an event today, please visit [kaptest.com/countdown](http://kaptest.com/countdown).**

On June 22-25, 2014, the Missouri Chamber Education Foundation will be hosting the 18<sup>th</sup> annual LEADERSHIP IN PRACTICE statewide leadership development camp. The program will be held on the campus of **Westminster College in Fulton, MO**. LEADERSHIP IN PRACTICE is one of the state's premier leadership immersion programs for students between their freshman and sophomore years (**Class of 2017**).

The cost of the program is \$175 and there is a \$25 application fee to apply. There are partial and full scholarships for students who have need and wish to apply. *If students apply for a scholarship, they must send a \$25 registration fee, briefly describe why they are in need and would benefit, and a letter of recommendation from the nominating school official, business professional or civic leader.* Scholarships are limited and are awarded first to students that have need. When those have been met the remaining scholarships will then be awarded to students based upon merit.

**To attend, students must submit the application and any letters of recommendation to the Missouri Chamber Education Foundation by April 15, 2014.** This year we will be limiting the number of students to 150. Please be prompt if you want your students accepted into the program. We will notify students of their status on **May 1, 2014.**

College Visits to PHS coming up: Students can sign up in the Counseling Center

Maryville University, St. Louis - 4/9 at 9:15am

Northwest Missouri State - 4/15 at 8:30am

**THE SENIOR AWARDS PROGRAM IS  
RIGHT AROUND THE CORNER...APRIL 28,  
10 A.M. IN SOUTH'S AUDITORIUM  
MARK YOUR CALENDAR**

