



LOMA LINDA UNIVERSITY
HEALTH

Institute for Community Partnerships

Gateway Program

LLU Summer Gateway Program July 9-21 2017

The Summer Gateway Program is designed to introduce underrepresented minorities and underprivileged high school students to the health careers. During the two-week program, students will take part in interactive health careers activities within each of the schools at Loma Linda University and attend college prep workshops among other activities. Select students (ages 17 ½ and older) will be considered to shadow health professionals during the third and final week of the program.

For a full description of the Gateway Program, visit www.caps.llu.edu and click on Community Programs.

Gateway 2017 Schedule

- Orientation: Sunday, July 9
- Core Program: July 10-14 and July 17-21 (two weeks, Monday through Friday)
- Health Careers Shadowing: July 24-27 (by invite only, must be 17 ½ years or older)

The following items are required for complete submission:

- 1. Completed application form**
- 2. Personal Essay:** How will participating in the Gateway Program help you make a difference in your community and impact your future educational goals? (200 word minimum). Attach to Application form
- 3. Recommendation Form** completed by a teacher or pastor (see attached)
- 4. \$35 non-refundable application fee:** Made payable to LLU CAPS or a PayPal payment submitted to LLUPipelines@llu.edu)

Students who will be at least 17 ½ years by July and who wish to be considered for the additional week of health careers shadowing, must ALSO submit the following items :

- Copy of complete immunization records
- Copy of current negative TB Skin Test. Recent within one year (dated after July 2016)
- Shadowing Experience waiver form (see attached)

Send OR scan and e-mail application materials to:

CAPS Office, Attn.: Tina Pruna

24945 Mound St., Councilors Student Pavilion, Room 1402, Loma Linda, CA 92354

LLUPipelines@llu.edu

Deadline for submission of complete application: **Friday, May 19, 2017 by 2 PM**

Contact the LLU CAPS office at 909-651-5011 for any questions.

2017 Summer Gateway Program Application

Student Information

Last Name: _____ First Name: _____

Mailing Address : _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ E-mail: _____

Gender: _____ Date of Birth (*mm/dd/yy*): ____/____/____

Current Grade: 9th 10th 11th 12th T-Shirt Size: _____

GPA: _____ High School Name: _____

Race/Ethnicity: _____ Religious Affiliation: _____

Parent/Guardian & Additional Contact Information

Parent/Guardian 1 Name: _____ **E-mail:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Occupation: _____

Place of Birth: _____ Race/Ethnicity: _____

Completed High School: Yes No IF yes, # of years in College: _____

Name of College: _____

Parent/Guardian 2 Name: _____ **E-mail:** _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Occupation: _____

Place of Birth: _____ Race/Ethnicity: _____

Completed High School: Yes No IF yes, # of years in College: _____

Name of College: _____

Other Contact Name: _____ Relationship: _____

E-mail: _____ Primary Phone: _____

Do you currently have health insurance coverage? Yes No

Do you have any medical issues (asthma, allergies, illness, injuries, etc.)? Yes No

If yes, please list: _____

Honors/Leadership/Activities

List up to four honors/awards and the date received (*use a separate sheet if necessary*).

List up to four elected leadership positions and dates served (*use a separate sheet if necessary*).

List up to four extracurricular activities and dates active (*use a separate sheet if necessary*).

Other

1. How did you hear about the Gateway Program? (*Check all that apply.*)

- Flyer Guidance Counselor Teacher Pastor Loma Linda University Website
 Past Gateway Student (or Si Se Puede) Other: _____

2. How will you submit the \$35 non-refundable application fee?

- Cash Check payable to LLU CAPS PayPal submitted to caps@llu.edu

Applications are not complete until all supporting documents are received.

For Office Use Only			
Amount Paid:	Date Received:	Received by:	Data input:
Cash/Check/PayPal/Money Order	Documents Received: <input type="checkbox"/> Essay <input type="checkbox"/> Personal Recommendation Form <input type="checkbox"/> Application Fee <input type="checkbox"/> Immunization Records <input type="checkbox"/> Current TB Test <input type="checkbox"/> Shadowing Waiver		

LOMA LINDA UNIVERSITY SUMMER GATEWAY PROGRAM

SHADOWING EXPERIENCE

INSTRUCTIONS

Step I – Please read, complete, and sign **Section A**.

Step II – Please mail, fax, or scan/email copies of documentation listed in **Section B** together with your Form **no later than FRIDAY, JULY 14, 2017**. Paperwork received after this date will not be accepted.

Mail: Attn. Tina Pruna, 24945 Mound St, Councilors Student Pavilion Rm.1402 Loma Linda, CA 92354

Fax: (909) 558-3541 (cover sheet required)

Email: llupipelines@llu.edu

SECTION A – Please PRINT

CONFIDENTIALITY AND LIABILITY STATEMENTS

My signature below indicates that I agree to adhere to a strict code of confidentiality, both verbally and in written material. All information obtained from clients/patients, their records, or computerized data is to be held in confidence. No copies of client/patient records shall be made, and no records or computer printouts, or copies thereof are to be removed from the Medical Center or its facilities unless pre-approved authorization is obtained by designated personnel. If pre-authorization is obtained, all patient information must be de-identified. Clients/patients will not be identified in any manner in paper, reports, or case studies undertaken by me unless specifically authorized by IRB/Research Study. In addition, my signature below indicates that I will, or have already read through the Orientation Guide and will take responsibility for, and will be held accountable for, all the information contained in it. I also agree that NO electronic devices and NO video/photo-taking will be permitted anywhere in our facilities. Failure to abide by this Statement will result in the immediate termination of my experience.

Also, as an observer I hereby waive, release and forever discharge Loma Linda University Health (LLUH) and its affiliated entities, associates, partners, agents, employees and volunteers of and from any and all matters, claims and suits of every kind whatsoever which the above signed may have or which may hereafter accrue as a result of or in any way connected with participation in any observation at LLUH or its affiliated entities. I further agree to assume any and all risks and to release and hold harmless LLUH and its affiliated entities, associates, partners, agents, employees and volunteers who, through negligence, carelessness, or otherwise might be liable to the above signed for any personal injuries, loss, cost, wages and any and all other damage resulting from or connected to the above signed for participation in any observation.

Lastly, I agree under penalty of perjury, and under the laws in the State of California, that the information I am providing on this Form is true. If I am granted the opportunity to observe, I agree with the Statements above, and I have read through the "Observation Orientation Guide," and will take responsibility for the information contained in the Guide. I understand and agree that LLUH reserves the right to terminate an observation experience at any time, for any reason.

Observer Name _____ Email Address _____

Street/Mailing Address _____

City/State/Zip _____ Phone _____

Observer Signature (if minor, parent must sign) _____ Date _____

SECTION B – Please CAREFULLY READ each item description below.

TB/PPD skin test

- Documentation of negative skin test results within the last 12 months.

■ If your test results are positive, you are required to submit a completed **Health Screening Questionnaire (HSQ)** before the start of your experience, and include it with your paperwork. To request an **HSQ**, please contact Gwen Wysocki at GWysocki@llu.edu.

Tetanus, diphtheria, and pertussis (Tdap)

- You must have received your tetanus/diphtheria booster shot within the last 10 years.
- You must have received a one-time dose of **Tdap** (tetanus, diphtheria, pertussis)

Measles, Mumps, Rubella (MMR)

■ Documentation of MMR vaccination date(s) **OR** Positive blood titer results for each of these diseases

Varicella (chickenpox)

■ Documentation of varicella vaccination date(s) **OR** Positive blood titer result

FOR STAFF DEVELOPMENT USE ONLY

Clearance Signature, Manager of Academic Relations _____ Date _____