Healthcare Interest Program (HIP)  
A mentorship program for University of Colorado Denver students interested in a healthcare career.

Denver Health Medical Center  
Academic Year 2013-2014  
Applicant Information

Please fill out electronically and email back to Lilia.cervantes@dhha.org or you can mail to:

Denver Health  
Lilia Cervantes  
660 Bannock St., administration MC 4000  
Denver, CO 80202

Deadline is September 6th, 2013
HEALTHCARE INTEREST PROGRAM

Program and Course Description:
The purpose of this mentorship program is to enable undergraduate Pre-Health participants attending the University of Colorado-Denver seeking healthcare professions. Participants will gain valuable shadowing experience within a healthcare environment; bridge educational science concepts to healthcare applications; and develop relationships with current healthcare providers. Participants will be exposed to an urban safety-net hospital (Denver Health Hospital) that primarily serves underrepresented and under cared populations. Students can expect to shadow physicians and other healthcare providers in the hospital, attend lectures connecting science coursework with real-world healthcare topics and health disparities, and take part in a book club. By the completion of the program, participants will have a better understanding of what healthcare providers experience at Denver Health, what it takes to become a healthcare provider, and how general science concepts are used in the healthcare setting.

Program and Course Requirements:
- Completion of a minimum of 15 credits at UCD (Including general Biology and one other science class pertaining to your pre-requisites for your respective pre-health track.)
- You must be in good academic standing with the university to enroll for credit and have at least a 2.8 GPA or higher.

Program & Course Objectives:
- Gain practical experience within the healthcare environment.
- Augment understanding of basic science concepts and their application to a healthcare setting.
- Provide insight into healthcare career options and preparation tracks, while more clearly defining personal career goals.
- Develop a relationship with your mentor to gain a better understanding of their profession.
- Participants will expand their awareness of healthcare disparities through readings, lectures, and discussions.

Projected Schedule:
- Interviews: August.
- Kick Off Meet & Greet: Sept.
- HIP Orientation: Friday Sept.
- Book to Bedside: Friday’s Nov., Dec., Jan., Feb., March, and April, and May
- Holiday Pot Luck: Dec
- HIP Closing: May
A. Personal Information

1. Name_______________________________________________________________
   Last               First               Middle

2. Present Mailing Address:

   Street and number____________________________________________________

   City ___________________________ State _____ Zip __________________

   Home Telephone (     ) _____________________________

   Cell Telephone (     ) _____________________________

   email address _______________________________

3. Permanent Mailing Address (if different from above):

   Street and number____________________________________________________

   City ___________________________ State _____ Zip __________

   Telephone (     ) _____________________________

B. Family Background

1. Father: Living_____ Deceased ______  Mother: Living _____ Deceased _______

   Occupation _________________________   Occupation _______________________

   Highest Education___________________   Highest Education_________________

2. Number of brothers: _________ Ages _____________________________________

   Number of sisters: ___________ Ages ______________________________________

C. Education/ Healthcare Interest

1. List in chronological order, beginning with high school, the schools you’ve attended
   or are presently attending and whether or not a degree was granted.

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>MAJOR FIELD</th>
<th>DEGREE</th>
<th>DATES ATTENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


2. List college science courses you are currently taking or have taken:

<table>
<thead>
<tr>
<th>INSTITUTION</th>
<th>COURSE</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. What has been your favorite science course and why? __________________________ 

4. What has been your LEAST favorite science course and why? ____________________

3. Present classification in college: Freshman___ Sophomore___ Junior___ Senior___

4. College Major/Minor________________________________________________________

5. Cumulative College GPA __________

6. Expected date of graduation from college: ____________________________________

7. What is your healthcare career interest/s (e.g. MD, pharmacy, etc) and what is your motivation?________________________________________________________

8. I have the following hospital or medical experience: ________________________ -

9. I have the following science laboratory/research experience:

10. Where do you see yourself five years from now? _____________________________

11. What are some of the greatest obstacles or barriers for you in achieving your goals?

12. What do you think is the most important thing you can do to improve your chances of being accepted into your healthcare school of choice? _______________________

13. Do you have a healthcare career mentor? ____________________________________
14. Is anyone in your family in the medical field (e.g. CNA, Phlebotomist, physician, etc)? If so, who and in what field?

15. How would you rate your confidence in being accepted into your healthcare school of choice (e.g. very confident, confident, unsure, low confidence, no confidence)?

16. May we contact you in 3 years to see if you have enrolled in your healthcare career of choice?

Completion of the following information is optional
Completion of this section is strictly voluntary on your part and refusal to provide this information will not subject you to being denied into the program, or unfair treatment. Your cooperation will enable us to track populations served through HIP. The information on this form will be treated in a confidential manner.

Date of birth: _______________

Sex: Female ____ Male ____

Race (check all that apply):
_____ American Indian or Alaska Native
_____ Asian (origin)_______________
_____ Black/African American
_____ Hispanic/Chicano/Mexican American/Latino
_____ Native Hawaiian/Pacific Islander
_____ White/Caucasian
_____ Other (specify)______________

First Generation (first in family to be on track to complete a 4-year degree. No parent has completed a 4 degree)______________

Is English your first language? ________________________________

Are you working while in school? ______________________________

Are you a veteran? _________________________________________

Do you have a learning disability? _____________________________