**PASSPORT**

**FOR NC AHEC HEALTH CAREERS STUDENTS**



**North Carolina Area Health Education Centers**



**Welcome to the NC AHEC Health Careers Program Passport**

Welcome Aboard to the NC AHEC Health Careers PASSPORT Program! The NC AHEC Program was established to meet the state’s work and workforce needs by creating a pipeline for students across North Carolina to become academically prepared for a career in healthcare. We are also navigators who **engage, educate**, and provide **exploration** opportunities to pre-college students, parents, educators, and community to the many careers in the health care workforce.



By participating in the NC AHEC Passport Program, you have a unique opportunity to gain academic and enrichment hours towards a **Certificate of Completion** that is recognized by academic institutions and employers in North Carolina that sets you apart from other students in an increasingly competitive environment. The Passport Curriculum offers you the chance to document and collectively report all the health science, community service, and leadership activities you participate in as early as 8th grade.

**Starting your journey is as easy as 1 -2 -3!**

**STEP 1:** To activate this passport, please contact and gain prior approval from your AHEC Health Careers Director *(see AHEC map below).* Your Health Careers Director will be your tour guide to determine the best way to begin your journey through the Health Careers Programs offered by NC AHEC.

**STEP 2:** Complete the standardized registration form (application on next page).

**STEP 3:** Start participating in *approved* activities and documenting passport requirements. There are three categories: **Educate, Explore and Engage**. Read through the list of requirements to see which activities fit your career goals best to begin. Then work with your AHEC Health Careers Director to complete.

Step 1: Health Careers Director Approval

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

Printed Name Signature Date

Step 2: Complete the registration form below.

**Registration Form**

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

First Middle Last

Begin Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exit/Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AHEC Region: \_\_\_ Area L \_\_\_ Greensboro \_\_\_ South East

\_\_\_ Charlotte \_\_\_ Mountain \_\_\_ Southern Regional

\_\_\_ Eastern \_\_\_ Northwest \_\_\_ Wake

Health Career Interest(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_\_\_\_

Parent(s) Email Address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle one: Male or Female School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_ Graduation Year: \_\_\_\_\_\_\_\_\_ GPA: \_\_\_\_\_\_\_\_

Ethnicity (select one): \_\_\_ Hispanic \_\_\_ Non Hispanic

**Registration Form (continued)**

Race (select all that apply):

\_\_\_ African American/Black \_\_\_ Asian

\_\_\_ American Indian/Alaskan Native \_\_\_ Native Hawaiian/Other Pacific Islander

\_\_\_ White

**Can you answer yes to any of the following?**   Yes  No

* You are (or will be) the first generation in your family to attend college.
* You have or currently receive Scholarship or Loan for Disadvantaged Students.
* While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid etc.).
* While growing up, you lived where there were few medical providers at a convenient distance.

**Parental Consent**

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

Printed Name Signature Date

**AHEC Health Careers Director Final Approval (once completed)**

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

Printed Name Signature Date

Step 3: Check each Course, Activity or Event you have completed to meet the minimum requirements of each category. Complete the corresponding worksheets that follow to document your work. Please note that the Course, Activity or Events followed by an asterisk (\*) are required.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course, Activity, or Event** | Yes? | No? |  | | |
| NC AHEC Health Careers Programming (40 hours minimum) |  |  |
| Cumulative Grade Point Average 3.0 or above |  |  |
| Grade(s) Event Completed | | | | | |
|  | 8th | 9th | 10th | 11th | 12th |
| **EDUCATE: Minimum 7** |  |  |  |  |  |
| **Knowledge of Health Ethics\*** |  |  |  |  |  |
| **Knowledge of HIPAA Privacy Laws\*** |  |  |  |  |  |
| **Knowledge of Professional Behavior\*** |  |  |  |  |  |
| **Knowledge of Universal Precautions\* (Handwashing/Gloving/ PPE)** |  |  |  |  |  |
| Ability to Measure & Interpret Vital Signs (BP/Pulse/Temp) |  |  |  |  |  |
| CPR Certification |  |  |  |  |  |
| ACT Preparation Session |  |  |  |  |  |
| Advanced Mathematics Courses (AP or Honors) |  |  |  |  |  |
| Advanced Science Courses (AP or Honors) |  |  |  |  |  |
| Job Skills (Soft Skills) |  |  |  |  |  |
| Leadership Skills |  |  |  |  |  |
| Media & Technology Skills |  |  |  |  |  |
| Reading Comprehension Skills (EOC Score of 3 or higher) |  |  |  |  |  |
| SAT Preparation Session |  |  |  |  |  |
| **EXPLORE: Minimum 4** |  |  |  |  |  |
| Future Leaders in Healthcare Conference – AHEC |  |  |  |  |  |
| Health Care Provider speakers/presenters |  |  |  |  |  |
| Health Career Fair |  |  |  |  |  |
| Job Shadowing of Healthcare Professionals |  |  |  |  |  |
| University based programs, symposia, camps |  |  |  |  |  |
| Virtual Job Shadow website (member w/user ID) |  |  |  |  |  |
| **ENGAGE: Minimum 2** |  |  |  |  |  |
| **Healthcare Related Service Learning/Healthcare Related Community Service (40 hours min)\*** |  |  |  |  |  |
| Health Career Club/Academies |  |  |  |  |  |
| Health Occupation Students of America (HOSA) |  |  |  |  |  |
| Healthcare Related Capstone Project or Senior Project |  |  |  |  |  |
| Peer Educator Training *(i.e. Mental Health First Aid or other curriculum)* |  |  |  |  |  |
| Summer & Weekend Programs/Events |  |  |  |  |  |
| Volunteer Service Award (100 hours min) |  |  |  |  |  |
| Youth Health Service Corps – AHEC |  |  |  |  |  |

\*Required. **Activities must span two or more grade levels**

***Some programs are only available at select AHEC’s. Ask your Health Career Director for details.***

**Educate**

In order to meet the requirements of the Educate section, the student must complete a minimum of 7 tasks and attach any required documentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check Grade Event Completed | | | | | |
|  | 8th | 9th | 10th | 11th | 12th |
| **EDUCATE: Minimum 7** |  |  |  |  |  |
| **Knowledge of Health Ethics\***  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Knowledge of HIPAA Privacy Laws\***  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Knowledge of Professional Behavior\***  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Knowledge of Universal Precautions\***  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Ability to Measure & Interpret Vital Signs**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **CPR Certification**  Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **ACT Preparation Sessions**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Advanced Mathematics Courses (AP or Honors)**  *Attach official transcript* |  |  |  |  |  |
| **Advanced Science Courses (AP or Honors)**  *Attach official transcript* |  |  |  |  |  |
| **Job Skills (Soft Skills)**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Leadership Skills**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Media & Technology Skills**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Reading Comprehension Skills**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EOG Test Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **SAT Preparation Sessions**  Name of program where this skill was acquired:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**EXPLORE**

In order to meet the requirements of the Explore section, the student must complete a minimum of 4 tasks and attach any required documentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check Grade Event Completed | | | | | |
|  | 8th | 9th | 10th | 11th | 12th |
| **EXPLORE: Minimum 4** |  |  |  |  |  |
| **Future Leaders in Healthcare Conference – AHEC**  Location of Conference:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Health Care Provider Speakers/Presenters**  Name/location of program where this activity occurred:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Topic/Theme of presentation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Health Career Fair**  Location of event:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Job Shadowing of Healthcare Professionals**  Agency where shadowing experience occurred:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Shadow experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Occupation of Healthcare Professional Shadowed:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **University based programs, symposia, camps**  Name/location of this event/activity:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Virtual Job Shadow website (member w/user ID)**  Date(s) of membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**ENGAGE**

In order to meet the requirements of the Engage section, the student must complete a minimum of 2 tasks and attach any required documentation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check Grade Event Completed | | | | | |
|  | 8th | 9th | 10th | 11th | 12th |
| **ENGAGE: Minimum 2** |  |  |  |  |  |
| **Healthcare Related Service Learning/Healthcare Related Community** **Service (40 hours min)\***  *Attach volunteer log or report* |  |  |  |  |  |
| **Health Career Club/Academies**  Location/Sponsor of Club/Academy:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Health Occupation Students of America (HOSA)**  Level of Involvement:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of HOSA Teacher/Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **HOSA Competitions & Conferences**  Location(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Competitions & Conferences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Healthcare Related Capstone Project**  Name/theme of project:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location/target population for project:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Peer Educator Training**  Location/sponsor of training:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Attached documentation of completion* |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Summer & Weekend Programs/Events**  Name of program/event:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of program/event:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Volunteer Service Award (100 hours min).** *Does not have to be healthcare related.*  Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| **Youth Health Service Corps – AHEC**  Location of Module Instruction:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date(s) of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

**Frequently Asked Questions**

1. **How does the Passport benefit me?**

The Passport gives you a comprehensive portfolio of all the academic and enrichment programs and activities on your journey to a health career! It can be used as part of your college applications, scholarship applications, and interviews.

1. **I have completed the application. Now what?**

Once you have completed all of the requirements, return to your Health Careers Director for final approval. They will check for accuracy and coordinate the details regarding awards, recognition, and securing the letter of congratulations from the NC AHEC Director.

1. **How will I be recognized?**

All certificate completers will be recognized during our annual Future Leaders in Healthcare Conference (if you are not able to come to the conference, you may make arrangements with your Health Careers Director to receive your certificate of completion). You will receive a NC AHEC Health Careers Certificate of Completion and letter of recommendation from the Director of the NC AHEC Program.

1. **When can I begin to complete the requirements?**

You can count activities as early as 8th grade and they must span over at least 2 years.

1. **What if I am not a NC AHEC Program participating student?** **Can I still get a certificate of completion?**  No. You have to complete at least 40 hours of *approved* AHEC programming as part of the requirements.
2. **Can I include this certificate of completion on college applications?** Absolutely and we highly encourage it. Our partners across the state are aware of this certificate and would be delighted to see it on an application.
3. **I have completed an event in multiple grades (ie. AP Math), can I count that event more than once towards the minimum requirement?** No. You may check as many boxes in that row as appropriate but will only count once towards your minimum requirement.

If you have any other questions, please contact your AHEC Health Careers Director.

Alice J. Schenall

252-972-6958

[alice.schenall@arealahec.org](mailto:alice.schenall@arealahec.org)

Director of Student Services