

New Vision Medical Careers Class of 2020

Please complete and return by **March 22, 2019** to: Adam Z. Smith, School Counselor
Wayne Technical and Career Center

If you have any questions, please email: Jacqueline VanNorman, Instructor
New Vision Medical Careers
E-mail: Jacqueline.Vannorman@wflboces.org

Wayne Technical and Career Center
4440 Ridge Road
Williamson, NY 14589-9382
Andrew McVey, Principal
(315) 589-2600

Application for Enrollment in the New Vision Medical Careers Program

Thank you for your interest in the New Vision Programs offered at Wayne Technical and Career Center. These programs are offered to students through a partnership between WTCC, area businesses, and post-secondary institutions. New Vision programs are offered to and designed specifically for high school seniors wishing to engage in a non-traditional academic-style course that offers the opportunity to explore the career possibilities available in their chosen field of study.

Through the New Vision model of study, you will be given the opportunity to apply principles and theories of your chosen field of learning in a variety of settings through professional collaboration and internships. You will have the opportunity to directly observe professionals in the field to see, first hand, the many career opportunities available. Upon successful completion of these programs, students earn four units of credit towards their NYS high school graduation requirements. Students also have the opportunity to earn college credit through the GEMINI program at FLCC.

To be considered for enrollment in New Vision Medical Careers, a student must:

- *exemplify professional behavior and a strong desire to work in the health care field*
- *be entering his/her senior year in September and be on track for graduation in June*
- *have taken and passed high school health, and have completed (by the end of grade 11) three years of Regents math, science, English and social studies, receiving a grade of 85 or better*
- *have a high school attendance rate of 90% and above (will be evaluated on an individual basis)*
- *plan to pursue a post-secondary medical/healthcare education*
- *exhibit a high level of responsibility and maturity, and be able to work independently and as a member of a team*
- *respect the rules, dress code, and confidentiality necessary in a health care setting (includes volunteer workplace and hospital)*
- *provide written responses to the items on page 4*
- *complete the attached application and have your transcript and most recent report card forwarded to Wayne Technical and Career Center.*

Applications are due by March 22, 2019. The admissions committee will review each application and a decision regarding enrollment will be made. You and your high school counselor will be notified of this decision.

I encourage you to meet with your school counselor to discuss the New Vision model of study. It is highly recommended that you visit the New Vision program of interest prior to submitting your application. Please feel free to contact me with any questions you may have. Thank you for your time.

Sincerely,

Adam Z. Smith
School Counselor – WTCC
(315) 589-2605

Name: _____ Date of Birth: _____

Mailing Address: _____ Home School: _____
Street / PO Box

Town: _____ Zip Code _____ Counselor: _____

Student Phone: _____ Counselor Phone: _____

Student E-mail: _____

Please attach a current and updated resume' with this information included.

(Mother/Guardian Name) _____	(Father/Guardian Name) _____
Mailing Address: _____	Mailing Address: _____
Town: _____	Town: _____
Mother/Guardian Phone: _____	Father/Guardian Phone: _____
Work Phone: _____	Work Phone: _____
Parent/Guardian E-mail: _____	

**Wayne Technical and Career Center
New Vision Medical Careers Program
Student Application**

IV. Required Short-Answer Questions

In order to fully evaluate your application for New Vision Medical Careers, please answer **ALL** of the following questions with one to two short paragraphs for each answer. (It is acceptable to state that you have no experience at this time to fully answer a question.) Please use a word processor and double space your answers. **Your answers will be evaluated for content, clarity of expression, and adherence to the conventions of grammar.**

1. What are your career goals and how can this program help you reach these goals?
2. What are your strongest qualities as a student and as a person?
3. What do you bring to this program, what will you contribute?
4. Describe one example of a difficult academic assignment you received and what process you used to complete this assignment on time. Did you ask anyone for help and why?
5. Describe any medical experiences at this point in your education including all volunteer work, job shadowing experiences and internships.
6. Have you or someone you know had a significant medical experience that has impacted you and your desire to pursue a career in healthcare/medicine?
7. What are your expectations of this program?

I certify that the information that I have submitted in this application is complete and true to the best of my knowledge.

Student Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Home School Counselor Signature: _____ Date: _____

By Friday, March 22, 2019, please return the following items to the address below:

- ***completed pages 4-8, which includes counselor, science teacher and math teacher recommendations***
- ***high school transcript***
- ***current report card***
- ***completed essay questions***

**Mr. Adam Z. Smith
WTCC Counselor
4440 Ridge Road
Williamson, NY 14589-9382**

New Vision Medical Careers Counselor Recommendation

Name of Applicant: _____

Home School: _____

To the Counselor:

Please rate the applicant in the following areas. Keep in mind that this student will be compared to other capable college preparatory students. If this student is accepted into New Vision Medical Careers, he/she will be working closely with a variety of adult professionals within the health care setting.

Criterion:	No Basis	Low 1	2	3	4	High 5
Ease with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the number of absences to-date for this student this
academic school year.

Absences

Date of Application

Please provide supporting or clarifying information for any or all of the areas of the survey check sheet on page 5 of this application. Feel free to add any additional material you feel would be helpful in evaluating this applicant.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Counselor Signature: _____ **Date:** _____

New Vision Medical Careers Science Teacher Recommendation

Name of Applicant: _____

Home School: _____

To the Science Teacher:

Please rate the applicant in the following areas. Keep in mind that this student will be compared to other capable college preparatory students. If this student is accepted into New Vision Medical Careers, he/she will be working closely with a variety of adult professionals within the health care setting.

Criterion:	No Basis	Low 1	2	3	4	High 5
Ease with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (required):

Science Teacher Name (please print): _____**Science Teacher Signature:** _____ **Date:** _____

New Vision Medical Careers Math Teacher Recommendation

Name of Applicant: _____

Home School: _____

To the Math Teacher:

Please rate the applicant in the following areas. Keep in mind that this student will be compared to other capable college preparatory students. If this student is accepted into New Vision Medical Careers, he/she will be working closely with a variety of adult professionals within the health care setting.

Criterion:	No Basis	Low 1	2	3	4	High 5
Ease with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School/community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (required):

Math Teacher Name (please print): _____**Math Teacher Signature:** _____ **Date:** _____