



NEXT GENERATION OF HEALTH CARE PROFESSIONALS
GREATER CINCINNATI • NORTHERN KENTUCKY • SOUTHEAST INDIANA

TAP MD – 2018 PROGRAM APPLICATION PACKET

The TAP MD program is a physician pipeline program that originally began in 2011. This pocket of work falls under The Health Collaborative's, TAP HEALTH initiative – an innovative group of programs to help build the next generation of health care professionals in the Greater Cincinnati region. To learn more about the Health Collaborative, visit healthcollab.org. To learn specifically about TAP HEALTH, including TAP MD – please visit taphealth.healthcollab.org.

Note to Teacher, Counselor, Parent & Applicant:

*The mission of TAP MD is to seek and find “untapped” talented high school students to potentially increase the number of future Tristate urban and rural physicians. Any high school junior at least 16 years of age can be “tapped” by a school teacher or counselor. Students that will be accepted are gifted academically, motivated, mature and dependable. Moreover, this student has a positive attitude! TAP MD students are particularly targeted because they have not yet decided upon a career choice, however, we want students who have true potential to one day enter medical school; as such we suggest a 29 ACT (4 main sections, composite score – do not include writing) OR a 1330 SAT OR 1330 composite PSAT (October 2016 or later) score. **Please send a verifiable best score, not averages.** Our scores are determined in conjunction with The UC College of Medicine Dual Admission Program Criteria. If a student falls shy of the test score requirements but their application has other verifiable strengths to be considered, we encourage the student to still apply.*

There is a \$150 participation fee to be a student in this program.

- The \$150 participation fee will be due after acceptance, before the first event. This fee is the responsibility of the student and not their school. However, schools are allowed to pay on behalf of student (s).
- A financial waiver is available to cover costs for any student unable to provide payment of fee. (Please see section 9/page 6 for more info.)
- Having or not having ability to pay this fee will not **in any way** affect a student's acceptance into the program.

Application Instructions:

- Return application by postal mail, or scan in and send by e-mail to:

Heleena McKinney
Manager, Healthcare Workforce Innovation
The Health Collaborative
615 Elsinore Place, Suite 500
Cincinnati OH 45202
E-mail: HMckinney@HealthCollab.org

*Application is due in its entirety by 11:59am **on or before Monday, December 18, 2017**. Please plan accordingly and thank you for applying to TAP MD!



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Section 1 - Student Information:

Student Legal Name _____

Preferred Name, (if not same as first name) _____

Date of Birth _____ Gender (check one): Male Female

Preferred Telephone Home/Cell _____ E-mail Address _____

Permanent Home Address _____

Section 2 - Demographics:

Answering this question is optional. No information provided will in any way affect acceptance to program. How does student identify self? (Select all that apply):

- Hispanic or Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other _____

Section 3 – Family:

Legal Guardian(s) _____

Relationship to applicant _____

Permanent Home Address (if different from student): _____

Legal Guardian E-mail _____

Legal Guardian Occupation _____

Is one or more of this student's legal guardians a physician (check one)? YES NO



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Section 4 - Teacher/Counselor Information:

Teacher/Counselor Name _____

High School _____

School Type (check one): Public Charter Private Other

Teacher/Counselor E-mail _____

Teacher/Counselor Phone _____

Student Name _____

Student's Anticipated Graduation Date _____

Section 5 - Letter of Recommendation:

Please attach a letter of reference/recommendation on why someone familiar with you feels you should be in the 2018 class of TAP MD.

Section 6 – Academics & Honors:

Student's GPA (4.0 scale) _____

Test: ACT

Date Taken	Best Score <i>(composite)</i>	English	Math	Reading	Science

Test: SAT

Date Taken	Best Score <i>(composite)</i>	Reading	Math

Test: PSAT

Date Taken	Best Score <i>(composite)</i>	Reading	Math

**Reminder: application will not be considered if an ACT, SAT +/- or PSAT score(s) is not provided.*



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Honors: briefly list any academic distinctions or honors received since the 9th grade. Though five spaces are included, you do not need to complete them all – just as many that are applicable to you.

Honor/Distinction *(Indicate grade level for each activity)*

Section 7 - Extracurricular Activities & Work Experience:

We want to know more about you as an individual! Please list extracurricular, volunteer & work activities. Though five sections are included, only complete as many which are applicable to you.

Activity _____

Description _____

Was this a one-time activity (check one)? Yes No If not, how many hours? _____

Grade Level (check one) 9 10 11

Position held, honors won, recognition, etc.

Activity _____

Description _____

Was this a one-time activity (check one)? Yes No If not, how many hours? _____

Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.



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Activity _____

Description _____

Was this a one-time activity (check one)? Yes No If not, how many hours? _____
Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.

Activity _____

Description _____

Was this a one-time activity (check one)? Yes No If not, how many hours? _____
Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.

Activity _____

Description _____

Was this a one-time activity (check one)? Yes No If not, how many hours? _____
Grade Level (check one): 9 10 11

Position held, honors won, recognition, etc.



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Section 8 – Writing:

Student: please describe why you should participate in the TAP MD program. Try to keep response to 300 words or less. You may attach an additional sheet of paper.

Section 9 - Financial Cost:

School Teacher/Counselor: Will the student be able to provide the \$150 Participation Fee, if accepted into the program (check one)? **Yes** **No**

If NO, financial waivers are available. To apply, please consent to the following statement:

I attest to the best of my ability that this student does in fact demonstrate a need of financial assistance for the TAP MD \$150 participation fee, as it would be an overwhelming burden to the student’s family.

School Teacher/Counselor Signature **Date**

Section 10 - Disciplinary History:

Since 9th grade, have you ever been found responsible for a disciplinary violation (check one)? **Yes** **No**

If yes, please explain: _____



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Section 11 - Commitment to Participate:

This program is a year-long commitment beginning in January of one's junior year of high school and ending in December of one's senior year of high school. You must already be a junior to apply. If selected for the program, you are expected to participate in an activity and/or shadowing experience an average of one time per month. Exact times and dates are still to be determined, but all activities will take place on weekdays during the school year (average event is 3.5 hours) **OR** on a weekday during the summer months. **Note:** we try to share dates for experiences with as much advanced notice as possible, but these dates depend on the availability of the host sites. The ideal TAP MD student will be able to make a majority of events, however we do allow exceptions for illness, exams/testing and other notable reasons.

Given these expectations, can you participate in the TAP MD program (check one)? **Yes** **No**

Please comment on any foreseeable scheduling conflicts that may limit your participation:

Important dates to note:

- Application deadline is **on or before 11:59am, December 18, 2017.**
- Students chosen to participate (and their schools) will be notified on or before **January 12, 2018.**
- Our **"TAP MD 2018 Class - Welcome & Orientation Event"** will take place the evening (6-8pm) of **January 25, 2018.** Accepted students are expected to attend and may bring one parent/guardian.

Important information to note:

- TAP MD is a comprehensive program that offers a variety of amazing experiences. As such, we encourage interested students to apply! Nevertheless, please note that meeting the qualifications for acceptance does not automatically guarantee admittance. A Selection Committee will review applications to determine 50 or less students to make up the 2018 class. In the last few years, we've had to turn away over 60% of qualified applicants so not being chosen is by no means a reflection that a student should not pursue a career in medicine. As such, if you choose to apply - please do so knowing acceptance to the program is limited.
- We do not measure applications differently if sent electronically or by mail. We often receive an equal amount of both and encourage you to choose the right method for you. Nevertheless, please make sure to write clearly and include a valid, legible e-mail address regardless of how your application is sent in. Using e-mail, we will confirm receipt of application with both school and student within 10 days of submission. Please try to send all documents as one complete application. (However, you can send any letters of recommendation separately, if you prefer).



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Section 12 - Review & Sign:

I certify that all information included in this application is true, accurate and complete.

Student Signature

Date

Legal Guardian Signature

Date

School Teacher/Counselor Signature

Date