Checklist for Youth Apprentice

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

Cell Phone: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

List any Allergies/Medical Conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Paperwork Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All of the below items are required in order to be considered for one of the slots at the hospital:

* WBL Application
* Two Teacher Recommendations (WBL application) – upload Statement of Satisfactory Teacher Recommendation form
* Student essay
* YAP Contract
* Immunizations
	+ MMR (a series of 2) – due with application (pick up from Counselor’s Office)
	+ Hepatitis B Vaccine (at least one of the series of three) – due with application (pick up from counselor’s office)
* Preference of Rotations Ranked and Rotation Time Frame
* TB skin test (within the past year) – due once accepted into program, by the first day of school
* Flu Vaccine (Clinics usually start giving the flu vaccine in September) – due in the Fall

This is MANDATORY- if you cannot take the flu shot, please tell your coordinator prior to completing this paperwork.

* ACEMAPP Requirements: must be complete prior to start of Fall rotation

Revised 1/22/14, 3/19/14, 11/24/15, 4/5/16, 4/1/18, 4.22.19