Dear Prospective Participant,

On behalf of our Dean, Dr. Thomas Cavalieri, the Rowan University School of Osteopathic Medicine’s Admissions Office would like to cordially invite you to submit an application for our 2015-2016 Medical Science Academy!

The Medical Science Academy is a 28-week medical orientation program conducted for high school senior honor students by the Rowan University School of Osteopathic Medicine (RowanSOM, formerly UMDNJ-SOM). All candidates must complete the attached application and include academic records (official school transcript with SAT, PSAT, and/or ACT scores) as well as a brief essay articulating their future goals. Application materials may be submitted by mail to RowanSOM Admissions One Medical Center Drive, Ste. 210 Stratford, NJ 08084 or fax to 856-566-6895. The program coordinator will then select students for participation in the program. Please note that the sessions are held on Tuesdays and Thursdays from 2:00 PM to 3:30 PM. It is important that students who are selected have class schedules that can accommodate this time. Please consult with your high school guidance counselor or administrator to determine program eligibility. Although not required, letters of recommendation from guidance counselors, administrators, and/or science faculty will be taken into consideration when selecting the scholars.

Please review the attached packet of information regarding the program.

Criteria for selection into the Medical Science Academy are:

- Class ranking in the top 25% of the class
- An interest in the fields of math, science, or the health professions (with a special interest in medicine)
- Emotional maturity and a willingness to commit to a year long program
- Transportation (Students must be able to drive or arrange transportation to and from the Stratford Campus)

Enclosed is a program description outlining the basic objectives of the Medical Science Academy, a letter to share with your guidance counselor, as well as the RowanSOM participation contract that must be completed by the students and their parents. The deadline to submit completed application materials is Monday, April 13, 2015.

Please note that RowanSOM is HIPAA compliant and will require schools to submit documentation verifying that their students are up to date with required immunizations for those students who are selected prior to starting the program.

RowanSOM will also sponsor an optional summer course for college credit associated with the program this year in collaboration with Rowan University’s College of Science and Math. Additional information on this course will be forthcoming.

If you have any questions or concerns we encourage you to reach out to our office at 856-566-7050.

We look forward to reviewing your application! Thank you for your consideration.

Sincerely,

Erin Michel, MS
Medical Science Academy Coordinator and Assistant Director
Office of Admissions and Enrollment Services

Cc: Paula Watkins, MAS, Assistant Dean of Admissions
Enc.
February 2, 2015

Dear Guidance Counselor/ High School Administrator,

We have begun the selection process for the 2015 - 2016 Medical Science Academy. The Medical Science Academy is a 28-week medical orientation program conducted for high school senior honor students by the Rowan University School of Osteopathic Medicine (RowanSOM, formerly UMDNJ-SOM). All candidates must complete the attached application and include academic records (official school transcript with SAT, PSAT, and/or ACT scores scores) as well as a brief essay articulating their future goals. The program coordinator will then select students for participation in the program. Although not required, letters of recommendation from guidance counselors, administrators, and/or science faculty will be taken into consideration when selecting the scholars. Please note that the sessions are held on Tuesdays and Thursdays from 2:00 PM to 3:30 PM. It is important that students who are selected have class schedules that can accommodate this time.

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Please note that RowanSOM is HIPAA compliant and will require schools to submit documentation verifying that their students are up to date with required immunizations for those students who are selected prior to starting the program.

We look forward to your school’s participation in our program.

Sincerely yours,

Erin Michel, MS
Medical Science Academy Coordinator and
Assistant Director
Office of Admissions and Enrollment Services

Cc: Paula Watkins, MAS, Assistant Dean of Admissions

Enc.
2015 - 2016 MEDICAL SCIENCE ACADEMY APPLICATION

Please complete the information below:

Student’s Name: ____________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
</tr>
</thead>
</table>

Address: ____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>Town</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Student’s Email Address: ____________________________________________

Student’s Cell Phone Number: ____________________________________________

Name of Parent/Guardian (please print or type):

Mother: ____________________________________________

Father: ____________________________________________

Permanent Address: ____________________________________________

Home Telephone Number: (____) ____________________________

Work Telephone Number: (____) ____________________________

School Name: ____________________________________________

School Address: ____________________________________________

School Phone No. (____) ____________________________

School Counselor/Administrator’s Name: ____________________________________________

Phone Number: (____) ____________________________

Fax Number: (____) ____________________________

Email: ____________________________________________

Please also attach a current transcript, standardized test scores (SAT, PSAT, and/or ACT scores), and a brief essay articulating the candidate’s future goals.
2015 - 2016 MEDICAL SCIENCE ACADEMY

CONTRACT

I, __________________________, a representative from __________________________

High School and potential class member of the 2015-2016 Medical Science Academy am aware of the responsibilities and guidelines of the program.

Please check the following:

_____ I am interested in the optional Summer Course

_____ I am not interested in the optional Summer Course

I am aware that I must be in class no later than 2:00 PM on Tuesdays and Thursdays when classes are scheduled. If I am absent for more than six (6) classes, I will be dismissed from the Program unless I have documentation of health reasons, family, or school emergencies which conflict with my class schedule. I am responsible for my own transportation to and from classes and will seek assistance from a classmate if I have a problem at any time. I intend to live up to these responsibilities as a representative of my high school.

I am aware that RowanSOM is compliant with HIPAA policies and will require schools to submit documentation verifying that their students are up to date with required immunizations for those students selected to participate in the program.

____________________________________

Student’s Signature

____________________________________

Parent’s/Guardian’s Signature

Date: __________________________
2015 – 2016 RowanSOM MEDICAL SCIENCE ACADEMY
EDUCATIONAL EXPERIENCE AGREEMENT
WAIVER, RELEASE & CONFIDENTIALITY STATEMENT

Note: This form must be completed and forwarded to the Office of Admissions one month prior to the start date of an educational activity. Further, no participant may engage in an educational activity until all Rowan University health requirements are satisfied for participation in that activity.

I understand that I have enrolled in an educational program at Rowan University (“Rowan”) which will permit me to obtain direct experience in the health care related field. During this program, I may participate in educational experiences in laboratories, in classrooms, or other settings and I may receive instruction about all aspects of health care. This educational experience may involve observations of health care delivery or standard classroom instruction (hereinafter, collectively, “educational experience”).

In consideration for participating in this educational experience at Rowan, I agree that I will release/hold harmless/indemnify Rowan, to include [the Rowan University School of Osteopathic Medicine], its directors, officers, subsidiaries, representatives, agents and employees from all liability for any physical or emotional injuries which may occur during my educational activities. I further agree that I will not bring nor cause to be brought on my behalf any legal action against Rowan with respect to my activities.

I understand and agree that I am not an employee of Rowan under the terms of this Agreement and further understand that I am not entitled to workers’ compensation benefits, and that I am responsible for the cost of any medical care or other services that may be required as a result of any injury or illness incurred while participating in my educational activities.

I recognize that during my educational experience, I may have or be provided with access to confidential information, including Protected Health Information (“PHI”). As an educational experience participant, I shall accept a patient’s right to refuse permission for my observation of the delivery of medical care or services to that patient. I acknowledge that I am permitted access to confidential information only to the extent required for my educational experience. I further acknowledge my obligation to maintain all confidential information which I may possess as a result of the educational experience STRICTLY CONFIDENTIAL. I understand and acknowledge that disclosing such confidential information is a violation of Federal and New Jersey state laws.

I agree to dress and conduct myself at all times in an appropriate and professional manner during my educational activities. I understand that the inappropriate use of any digital imaging devices, cameras or cell phones is prohibited in patient areas and/or any other areas where privacy is expected or where confidential information is shared.

I understand that if my educational activities take place in a Rowan laboratory, I am prohibited from the use of or any contact with hazardous materials of any kind and am responsible to comply with laboratory safety guidelines as outlined by my Instructor or the responsible Rowan representative.

I understand that I am forbidden to touch or interact with patients in any way. I am not authorized to have any direct patient contact nor will I be permitted to assist with any medical procedures or services. I further understand that the unauthorized performance of patient care shall result in automatic removal from the premises.

____________________________________________________
Participant Name (Printed)                      Date

______________________________________________
Participant Signature                           Phone & Email
If the Participant is under the age of 18, a parent or guardian must sign the following:

I acknowledge that I have read and understand all of the above information and agree that during my child’s educational experience at Rowan, we will comply with the above requirements.

______________________________________________________
Parent/Guardian Signature                            Date
CONSENT TO PHOTOGRAPH

The undersigned hereby authorizes Rowan University School of Osteopathic Medicine to permit other persons to photograph _______________ while under instruction at the above institution, and agree that they may use or permit other persons to use the negative or prints therefore for purposes and in such manner as may be deemed appropriate.

Signed: ______________________
Student’s Signature

Signed: ______________________
Parent/Guardian Signature

Date: _________________
2015 – 2016 MEDICAL SCIENCE ACADEMY

EMERGENCY CONTACT INFORMATION

In case of emergency, I authorize Rowan University School of Osteopathic Medicine to contact:

NAME: ____________________________________________

ADDRESS: ____________________________________________

_________________________________________________________

PM PHONE: (___) ____________________________

_________________________________________________________

PARENT/GUARDIAN SIGNATURE
GOAL:
The goal of the Medical Science Academy is to present a 28-week medical orientation program for 12th grade honor students selected from Camden, Gloucester and Burlington County high schools. Students will meet Tuesdays and Thursdays, 2:00 PM - 3:30 PM weekly.

OBJECTIVES:
The Program will blend as many didactic experiences and active participatory experiences as possible (non-patient contact).

The Program will offer integrated and thematically organized presentations by guest speakers representing the medical and health care professions. Presenters will address issues such as responsibilities to themselves, their patients, their institutions and their communities: as well as provide current information relevant to their work.

The Program will highlight osteopathic medicine; its’ principles and its’ contributions to wellness.

STUDENT OBJECTIVES:
Students will:

Be exposed to a basic view of the anatomy and physiology of the major body systems.

Be exposed to the process of diagnosing, treating, and preventing illness.

Gain sensitivity to the biopsychosocial dynamics doctors evaluate when diagnosing and treating the patient.

Have the opportunity to ask questions that involve synthesis and analysis of progressively more sophisticated concepts and theories.

Execute basic technical skills needed to perform a minimum office laboratory test and diagnoses.

Be able to formulate and test hypotheses and have strategies to draw logical conclusions.

Utilize learning tools and attitudes when pursuing higher education goals.

Be made aware of the significant contributors to well-being in order to modify habits where positive changes can be made.

Select the career goal which suits their needs and interests and attempt to follow guidelines and requirements established to enable them to realize their individual potentials.