

**Nova Southeastern University**  
**Halmos College of Natural Sciences & Oceanography**  
**Clinic Exploration Program Application**

Name (Last, First) \_\_\_\_\_ NSU ID# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Box# (if campus mailbox) \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

NSU Email \_\_\_\_\_

Emergency Contact (Name & Phone) \_\_\_\_\_

Current Undergraduate Major \_\_\_\_\_ Expected Grad. Year/Term \_\_\_\_\_

Dual Admission Program (if applicable) \_\_\_\_\_

CEP Jacket Size Estimate (circle one):      Small      Medium      Large      XL      2XL      3XL

**Statement of Commitment:**

I acknowledge that I have read and understand the basic requirements and expectations of participants of the Clinic Exploration Program (**see back**), and hereby agree to abide by these, and any other program-mandated, requirements and expectations for the duration of my participation in the Clinic Exploration Program. I acknowledge that failure to meet requirements and/or expectations of the program can result in disqualification from rotation and/or removal (temporary and/or permanent) from the program.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

**PLEASE NOTE – applications must be wholly completed (on both sides) in order to be processed for admission into the Clinic Exploration Program. OSHA and HIPAA Training will be made available to all program participants AFTER the submission and acceptance of their application. Applications should be submitted to the CEP Program Coordinator in Parker Suite 346.**

<b>FOR OFFICE USE ONLY</b>	Date Submitted _____ INT _____
START TERM _____	Date Processed _____ INT _____
WAIT LIST # (if app) _____	GPA Check/Hold _____
CRED (NSU/TOTAL) _____	Previous DQ _____
GPA _____	ORIENT _____ OSHA _____ HIPAA _____

# Clinic Exploration Program

## Basic Program Requirements and Expectations

Please read through and **INITIAL** the following statements:

\_\_\_\_\_ I understand that my participation in the Clinic Exploration Program is completely voluntary and that I will not receive academic credit, nor financial compensation, for my participation in this program.

\_\_\_\_\_ I understand that in order to qualify for participation in the Clinic Exploration Program, I must:

- a) be an active, registered student at Nova Southeastern University
- b) maintain a minimum 2.50 NSU GPA
- c) be fully vaccinated against Hepatitis-B
- d) complete OSHA and HIPAA Training, and CEP Orientation as provided by NSU

\_\_\_\_\_ I understand that any student who does not meet the eligibility requirements by an expressed deadline will be subject to disqualification from participation and/or removal from the program.

\_\_\_\_\_ I understand that, as a participant in the Clinic Exploration Program, I am required to:

- a) attend all scheduled rotations unless otherwise notified
- b) arrive at scheduled rotations on-time, in proper attire and ready to participate
- c) follow proper protocol if unable to attend a rotation
- d) have nametag signed by rotation supervisor or shadowed doctor after each rotation session
- e) maintain proper manners, etiquette, and behavior as a representation of the CEP

\_\_\_\_\_ I understand that failure to meet the afore-mentioned expectations can result in disqualification from rotation and/or removal from the program.

\_\_\_\_\_ I understand that my clinic rotations are based on scheduled availability, not personal choice. I understand that I cannot pick and choose my clinic assignments based on clinic identity/area of healthcare until I am a senior in my final semester at NSU, and that any clinic requests made at that time are only requests.

**My current/desired professional career goal is (please check ONE – if you are unsure or have multiple interests, please check “Undecided”):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anesthesiology/Asst.       | <input type="checkbox"/> Neurology                                    | <input type="checkbox"/> Radiology                   |
| <input type="checkbox"/> Audiology                  | <input type="checkbox"/> Nursing                                      | <input type="checkbox"/> Sports Medicine             |
| <input type="checkbox"/> Cardiology                 | <input type="checkbox"/> OBGYN/Neonatal                               | <input type="checkbox"/> Surgery                     |
| <input type="checkbox"/> Cosmetic Medicine          | <input type="checkbox"/> Occupational Therapy                         | <input type="checkbox"/> Ultrasound Technology       |
| <input type="checkbox"/> Counseling                 | <input type="checkbox"/> Oncology                                     | <input type="checkbox"/> Vascular Sonography         |
| <input type="checkbox"/> Criminal Science/Forensics | <input type="checkbox"/> Optometry                                    | <input type="checkbox"/> Veterinary Medicine/Science |
| <input type="checkbox"/> Dental Medicine            | <input type="checkbox"/> Orthodontics                                 | <input type="checkbox"/> Undecided                   |
| <input type="checkbox"/> Dermatology                | <input type="checkbox"/> Pediatrics                                   | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Emergency Medicine         | <input type="checkbox"/> Pharmacy                                     |  |
| <input type="checkbox"/> Endocrinology              | <input type="checkbox"/> Physician Assistant                          |  |
| <input type="checkbox"/> Gastroenterology           | <input type="checkbox"/> Psychiatry/Psychology                        |  |
| <input type="checkbox"/> General Practice Medicine  | <input type="checkbox"/> Public Health                                |  |
| <input type="checkbox"/> Geriatrics                 | <input type="checkbox"/> Public Safety (Fire/Police/EMT/Armed Forces) |  |
| <input type="checkbox"/> Healthcare Administration  | <input type="checkbox"/> Pulmonology                                  |  |
| <input type="checkbox"/> Internal Medicine          | <input type="checkbox"/> Psychiatry/Psychology                        |  |

**I am most interested in the following areas of healthcare (please check ALL those applicable):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Athletic Training           | <input type="checkbox"/> Internal Medicine    | <input type="checkbox"/> Osteopathic Manipulative Medicine |
| <input type="checkbox"/> Audiology (Hearing/Balance) | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Pediatrics                        |
| <input type="checkbox"/> Dental Medicine             | <input type="checkbox"/> Optometry            | <input type="checkbox"/> Sports Medicine                   |