



AMHPS

Annual Symposium
on Career Opportunities
in BioMedical Sciences

Symposium Student Application Supplemental Materials

If you have been notified by AMHPS of your selection to attend the 2010 Symposium, please gather the materials indicated here and submit them to your counselor as soon as possible.

You must also complete the online registration in order for your application to be complete and be considered to attend the 2010 Annual Symposium.

*AMHPS 24th Annual Symposium on Career Opportunities in
Biomedical Sciences and Health Professions*

EMERGENCY CONTACT INFORMATION

This document must be returned to your counselor by February 20th, 2010.

NAME _____
Last First Middle Initial

HOME ADDRESS _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ FAX: (____) _____

In case of an emergency please contact/notify the following: **(List two people)**

PRIMARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ FAX: (____) _____

SECONDARY CONTACT:

NAME _____ RELATIONSHIP _____

ADDRESS _____

City: _____ State: _____ Zip: _____

TELEPHONE: (____) _____ FAX: (____) _____

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STUDENT HEALTH INFORMATION FORM

This document must be returned to your counselor by February 20, 2010

Name: _____
Last First Middle Initial

Past Health History (list any and all pertinent information)

Present Health (are you on any medication)

Drug Sensitivities

Any Allergies

Date of last Tetanus Shot

Insurance Company & Address

Policy Holder

Policy Number

Other Health and Accident Coverage

If necessary, I agree (allow my child) to be treated by a licensed physician while attending the Biomedical Symposium and to assume all costs related to such treatment.

Please attach a photocopy of your insurance card (front and back).

Signature of Student

Date

(Parental Signature for High School Applicant)

Date

**AMHPS' 24th Annual Symposium ON CAREER OPPORTUNITIES IN
BIOMEDICAL SCIENCES AND HEALTH PROFESSIONS**

April 16-17, 2010 * Birmingham, AL

RECOMMENDATION FORM ONE

This document is due to your counselor by February 20, 2010

TO THE STUDENT: Two letters of recommendation are required to complete your application. Please fill out the personal information and give one of these forms to each of the persons you are getting to write a letter of recommendation for you.

Full Name of Applicant: _____

Grade / Class: _____

School Name: _____

TO THE EVALUATOR: You have been identified by the above applicant to write a letter of recommendation for participation in the Annual Symposium on Career Opportunities in Biomedical Science and Health Professions. Please complete items 1 through 4 and return to the applicant. Thank you for your time and interest.

Name of Evaluator:

Title:

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Signature of Evaluator:

Date:

1. How long have you known the applicant and in what capacity?

2. How do you feel they will benefit from participation in this Symposium?

3. What is your overall rating of this applicant?

- Definitely recommend
- Recommend
- Recommend with reservation
- Do not recommend (please explain in the space below)
- Not able to judge

4. We are interested in your opinion of this individual's qualifications and capabilities to participate in this Symposium. Some factors viewed as important for success at this Symposium are intellectual capacity, leadership ability and motivation. Please use this space below or attach a separate letter.

Thank you!

**AMHPS' 24th Annual Symposium ON CAREER OPPORTUNITIES IN
BIOMEDICAL SCIENCES AND HEALTH PROFESSIONS**

April 16-17, 2010 * Birmingham, AL

RECOMMENDATION FORM TWO

This document is due to your counselor by February 20, 2010

TO THE STUDENT: Two letters of recommendation are required to complete your application. Please fill out the personal information and give one of these forms to each of the persons you are getting to write a letter of recommendation for you.

Full Name of Applicant: _____

Grade / Class: _____

School Name: _____

TO THE EVALUATOR: You have been identified by the above applicant to write a letter of recommendation for participation in the Annual Symposium on Career Opportunities in Biomedical Science and Health Professions. Please complete items 1 through 4 and return to the applicant. Thank you for your time and interest.

Name of Evaluator:

Title:

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Signature of Evaluator:

Date:

1. How long have you known the applicant and in what capacity?

2. How do you feel they will benefit from participation in this Symposium?

3. What is your overall rating of this applicant?

- Definitely recommend
- Recommend
- Recommend with reservation
- Do not recommend (please explain in the space below)
- Not able to judge

4. We are interested in your opinion of this individual's qualifications and capabilities to participate in this Symposium. Some factors viewed as important for success at this Symposium are intellectual capacity, leadership ability and motivation. Please use this space below or attach a separate letter.

Thank you!

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BIOMEDICAL SCIENCES AND HEALTH PROFESSIONS
April 16-17, 2010 * Birmingham, AL

AFFIDAVIT OF WAIVER

This document is due to your counselor by February 20th, 2010

I, _____, am aware that I submitting an application to attend the 24th Annual Symposium on Career Opportunities in Biomedical Sciences and Health Professions, to be held from April 16-17, 2009 in Birmingham, AL.

I, _____, am aware, and agree that the Association of Minority Health Professions Schools, Inc., hereafter called AMHPS, its agents, officers, employees and assigns are not, nor will they be held personally or officially liable for any and all damages resulting from any and all incidents, accidents, injuries, or claims which may arise out of my (my child's - if a minor) participation in the 24th Annual Symposium on Career Opportunities in Biomedical Sciences.

I understand that I am participating in this program and its program activities totally at my (my child's - if a minor) own risk. AMHPS will not, in any circumstances, be held liable for any accidents, incidents, injuries or claims which may arise out of such program activities, including but not limited to field trips, outings, tours, gatherings, transportation, housing or any other activities.

I understand that my travel, hotel accommodations and (some) meals will be covered by AMHPS at the Symposium. I also understand that if I cancel after an airline (or other) ticket has been purchased on my behalf, I will be responsible for reimbursing AMHPS the cost of the full value of this ticket.

WHEREOF, I waive any and all rights that may arise to hold liable by any cause of action of the Foundation, its agents, officers, employees, and assigns in their official or personal capacity.

Executed on this, the _____ day of _____, 20_____

Signature of Student

Date

Signature of Parent/Guardian if a Minor

Date