

**Please return application by: 4/22/2022**

(Turn in to middle school guidance counselor or email completed application to [mazele@santarosa.k12.fl.us](mailto:mazele@santarosa.k12.fl.us) or [jenningsb@santarosa.k12.fl.us](mailto:jenningsb@santarosa.k12.fl.us))

***GULF BREEZE HIGH SCHOOL  
ACADEMY for HEALTH and MEDICAL PROFESSIONS (AHMP)***

**STUDENT INFORMATION**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL ATTENDING NOW: \_\_\_\_\_

STUDENT Email Address (print clearly): \_\_\_\_\_

**Have you ever had (indicate yes or no below):**

After school detention? \_\_\_\_\_ Saturday detention? \_\_\_\_\_ Out of school suspension? \_\_\_\_\_

If yes, explain why \_\_\_\_\_

**THE COMPLETED APPLICATION MUST INCLUDE:**

**Checklist**

|    |   |
|----|---|
| 1. | Student information sheet   |
| 2. | Parent/Guardian information sheet   |
| 3. | Signed Participation Intent and Agreements  |
| 4. | Educational Goal Statement  |
| 5. | <b>Copy of 3<sup>rd</sup> 9 weeks report card including <u>Grades</u> with <u>Attendance</u> &amp; <u>Conduct</u> showing. Do not send grades from counselor.</b> |

**Students are required to:**

Obtain a copy of your 3<sup>rd</sup> 9 weeks report card, including attendance and conduct, and return this copy with your application packet.

**If accepted into the AHMP, which elective should guidance drop for you in your freshman schedule to add the Medical Skills and Services course?**

**Elective chosen to be dropped:** \_\_\_\_\_

Gulf Breeze High School  
Academy for Health and Medical Professions  
**PARENT/GUARDIAN INFORMATION**

MOTHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Email address: \_\_\_\_\_

FATHER/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

(IF DIFFERENT)

CITY/STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

Email address: (if different from above) \_\_\_\_\_

STATEMENT OF INTENT

I have read the Academy for Health and Medical Professions (AHMP) information and commit my full support to my child's participation.

I understand that meeting the eligibility requirement does not guarantee admission to the program and that the decision of the selection committee will be final. **If my child is accepted to the program, I agree to support his/her participation.**

I will ensure that my child has adequate study time to meet the demands of this program and will supervise and confirm that this time is used in the most productive way.

Successful completion of the AHMP program will meet the requirements for high school graduation. I understand that should my child chose to withdraw from the AHMP, he/she must meet with Guidance to ensure his/her credits are on track for graduation as specified by the Florida Department of Education.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

## General Academy Requirements

- Sign a yearly contract for continued participation in the AHMP
- Maintain a 3.0 cumulative GPA or above (must have A/B in AHMP and core courses), as outlined in the contract
- Maintain excellent attendance and discipline records
- Provide own transportation to volunteer and clinical rotations (senior year)
- Purchase scrubs senior year
- Participate in AHMP events, including fundraisers
- Optional participation in HOSA-Future Health Professionals, a national student organization

## Required Academy Courses

|                         |  |
|-------------------------|--|
| 9 <sup>th</sup> Grade:  | Medical Skills and Services                                |
| 10 <sup>th</sup> Grade: | Health Science Anatomy/Physiology Honors                   |
| 11 <sup>th</sup> Grade: | Health Science Foundations Honors                          |
| 12 <sup>th</sup> Grade: | Nursing Assistant 3 Honors and Clinical rotations-40 hours |

## Participation Intent

I fully understand what is required of me as a student in the Academy for Health and Medical Professions (AHMP), and I am aware that failure to meet these requirements may cause me to be ineligible for this program. I also realize that I am merely stating my intent to participate in the program, and that this application does not guarantee my acceptance\*.

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Student Applicant's Signature

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Printed Name

*\*You will be notified of acceptance or denial within 2-4 weeks after application due date.*

## Agreements

Students are expected to **participate in all AHMP events**. Attendance is vital to each student's success in the program. Absences may not exceed 10 per semester or one (1) clinical day\* per semester. Students must complete a minimum of forty (40) clinical hours with twenty (20) hours to be completed in a nursing home to qualify for certification as a Certified Nursing Assistant (CNA).

Students will be held accountable for their behavior at all times. Referrals and/or suspensions may prevent a student from advancing to the next level course(s). Any infraction during senior year may result in removal from the clinical site and rotation being completed in the classroom lab. Students are responsible to report all infractions (including cell phone referrals) to the AHMP faculty.

Clinical and community agencies require students to meet standards, similar to employees, for criminal offenses and use of illegal substances. During the senior year, students are required to be fingerprinted through the Florida Department of Law Enforcement (FDLE). An independent urine drug screen is required senior year of the program. Students must also have a valid state-issued ID.

Academic standards must be maintained throughout the student's enrollment in the AHMP. A one semester probation period may be instituted if overall GPA declines.

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Parent/Guardian Signature

Date

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Student Signature

Date

