



LakeShore Health Care Alliance

Strengthening the health care workforce in Manitowoc and Sheboygan Counties

November 20, 2017

The Lakeshore Health Care Alliance is pleased continue **for the last year** the Lakeshore Health Career Academy (www.lshca.org) during the 2017-2018 academic year to high schools in rural Manitowoc and Sheboygan County. **The LSHCA Health Careers Academy has put into place a \$40.00 non-refundable per course fee to offset some of the costs for the courses, textbooks and workbooks.** The fee will be paid upon acceptance into each course. The Academy provides students attending high schools without a formal health career pathway the opportunity to explore health careers and prepare for higher education or employment through coursework and experiential learning. Our model advances the student from career exploration to entry level employment and/or high education. **Deadline date for Spring course is Wednesday, January 3rd** (students must have application, student contract, student letter and parent letter in to Brenda to be considered as an applicant, She will accept teacher reference and counselor letter after school has begun).

A limited number of grants are provided by the Northeastern Wisconsin Area Health Education Center (www.newahec.org) for the following courses during the 2017 - 2018 school year:

- Spring, 2018: January 22, through May 11, 2018
 - Medical Terminology (online) – tuition, fees, textbooks for 20 students

This will be the last offering for any courses through the LSHCA Health Careers Academy!

About the Course:

Medical Terminology: Focuses on the component parts of medical terms, including prefixes, suffixes, and word roots. Spelling, definition, and pronunciation will enhance student learning as students practice formation, analysis, and reconstruction of medical terms. Medical terminology will come “alive” through an introduction to operative, diagnostic, therapeutic and symptomatic terminology of all body systems, as well as systemic and surgical terminology. 3 college credits

Attachments

Student Selection Process

Lakeshore Health Care Alliance Member Organizations

Lakeshore Health Career Academy Model

The Application Form & Student Contract



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Selection Process

Schools are welcome to contact NEWAHEC for health career advising outside of the Academy

Deadline date for Spring course is Wednesday, January 3rd

Selection Criteria

The Application Packet – New to the Academy (never taken an LSHCA Health Careers Academy course)

1. Application form (follows)
2. Recommendations from counselor + an instructor + parent
3. Student letter of interest. Please include:
 - a. current ability to access health career exploration opportunities
 - b. potential value of the course(s) to you
 - c. career goal(s), specific or general
 - d. additional information you would like to share about your academics, volunteerism, employment, etc.
4. Student Contract
5. GPA of 2.0 or higher provided by the high school
6. Attendance history provided by the high school
7. Date of application (date received)

The Application Packet (have taken previous Academy courses)

1. Application form (follows)
2. Student letter of interest. Please include:
 - a. current ability to access health career exploration opportunities
 - b. potential value of the course(s) to you
 - c. career goal(s), specific or general
 - d. additional information you would like to share about your academics, volunteerism, employment, etc.
3. Student Contract
4. GPA of 2.0 or higher provided by the high school
5. Date of application (date received)

Should qualified applicants exceed number of spaces (in courses) available, further criteria may include:

1. Senior status plus previous health care coursework or verified work experience
2. Senior status
3. Junior status plus previous health care coursework or verified work experience
4. Junior status
5. Sophomore status

Mail Application Packets to:

Brenda Birringer
Recruitment Coordinator
NEWAHEC
925 South 15th Street
Manitowoc, WI 54220

Scanned documents with originals sent via post welcome, Brendab@newahec.org

For more information, please contact Brenda Birringer, Recruitment Coordinator, Northeastern Wisconsin Area Health Education Center, 920-652-0238 or Brendab@newahec.org

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Lakeshore Health Career Academy Model

Intended for sophomores, juniors and senior years, students in these grades may enter at any time. In other words, students do not need to begin in their sophomore year. This is a recommended model understanding time, interest; location limitations are unique to every applicant.

Sophomore Year

1. CPR and Basic Aid (offered by high schools or Red Cross or YMCA or other)
2. Career Experience for a career exploration event <http://www.lshca.org/HighSchoolCareerExperience.html>
3. Service Learning: Volunteer at a health care facility for a minimum of 20 hours
4. Orientation and Career Advising: a service of the Northeastern Wisconsin Area Health Education Center

Junior and Senior Years

1. Course Options:
 - a. Medical Terminology
2. Orientation and Career Advising: a service of the Northeastern Wisconsin Area Health Education Center

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..is a coalition of health care employers, institutions of higher education, and community interest groups in Sheboygan and Manitowoc Counties. Since 2000, the alliance has addressed health care workforce development through a variety of initiatives:

- Distribution of professional journals to high schools and high school students
- Summer Health Career Camp for high school sophomores, juniors and seniors (10 years)
- Career Experience programs for high school students
- Initiatives that expand our local health care workforce including Bachelor of Science in Nursing programs
- “Best Practice” Job Shadow program for high school students and adults
- Monitoring and addressing diverse current and future workforce needs
- Website (www.lshca.org) supporting the prospective health care student

Member Organizations

Northeastern Wisconsin Area Health Education Center

Holy Family Memorial

Aurora Health Care

St. Nicholas Hospital

University of Wisconsin College – Sheboygan

University of Wisconsin – Manitowoc

Concordia University of Wisconsin

Silver Lake College

Lakeland College

Medical Arts Sheboygan

Sheboygan Progressive Care Center

Pine Haven Christian Communities

River’s Bend Health & Rehabilitation Center

CSM/ Marsho Medical Group

Lakeshore Technical College

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Return completed form and application packet to:

**Brenda Birringer
NEWAHEC
925 South 15th St
Manitowoc, WI 54220**

For Spring 2018 Class

**Please complete all information.
Incomplete forms may not be accepted.**

High School:		First Name		Middle Name		Last Name		
Counselor Name:								
Parent Signature for Permission: (Print Name and Signature)		Medical Occupations Course Taken?		Nursing Assistant Course Taken?		Counselor Signature		
						Career Goal:		
Date of Birth	Month	Day	Year	Gender: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female		Social Security No.		
Home Address (Street, P.O.)			City		State	Zip Code		
Employer Name and Address (Street, P.O.)			City		State	Zip Code		
Place of Part-time Employment or Place Where You Volunteer Service				Address				
Employer Phone Number		Parent/Home Phone Number		Student Cell Phone Number		Parent Cell Phone Number		
Parent Email Address:				Student Email Address:				
The following information is for state and federal reporting and is confidential.	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Status at Enrollment: <input type="checkbox"/> 01 Employed, Full Time <input type="checkbox"/> 02 Employed, Part Time <input type="checkbox"/> 03 Underemployed <input type="checkbox"/> 04 Unemployed, Seeking Employment <input type="checkbox"/> 05 Not in Labor Market		Highest Credential Received <input type="checkbox"/> 01 No Credential <input type="checkbox"/> 02 GED <input type="checkbox"/> 03 HSED <input type="checkbox"/> 04 High School Diploma <input type="checkbox"/> 05 Some College (Postsec.) <input type="checkbox"/> 06 Short-Term Diploma <input type="checkbox"/> 07 One-Year Diploma <input type="checkbox"/> 08 Two-Year Diploma <input type="checkbox"/> 09 Associate Degree <input type="checkbox"/> 10 Associate Degree Plus <input type="checkbox"/> Additional Credential <input type="checkbox"/> 11 Baccalaureate <input type="checkbox"/> 12 More Than Baccalaureate <input type="checkbox"/> 99 Unknown		Economically Disadvantaged <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Single Parent: <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No				Disability <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
I am a legal resident of:		County		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		School District		
Catalog Number (for staff only)		5-Digit Class Number (for staff only)		Class Title		Start Date	Credits	
				Medical Terminology		1/22/18	3	

Return completed form and application packet to:

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NEWAHEC
925 South 15th St
Manitowoc, WI 54220
Brendab@newahec.org
Ph:920-652-0238**

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LTC INTERNAL USE ONLY

Authorization has been granted to charge the following:

Tuition & Fees \$ _____ P.O. # _____

Books: \$ _____ P.O. # _____

Textbook Names:

ACCOUNTS RECEIVABLE

#: _____



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Student Contract

Please answer the following questions:

1. Have you applied through Youth Options or CESA for this course? ___Yes ___No
 - a. If yes, for which semester and year? _____

By applying to the Academy, I:

1. Understand that there are a limited number of seats available.
2. Understand that I am responsible to pay the \$40.00 non-refundable course fee upon acceptance into the class.
3. Understand that this course is a college level course and I have the commitment to complete the assignments required.
4. Have evaluated my current high school course load and extracurricular activities and have a vision for managing my commitments.
5. Agree to reimburse the Academy in the amount of \$100.00 in the event I earn less than a C-.
6. Understand that I need to communicate with Brenda Birringer my intent to drop a course within the first two weeks. Late withdrawal may result in a grade of F.
 - a. If I drop Medical Terminology I will reimburse the Academy in the amount of \$50.00 to cover the cost of the access code.
7. Understand if my high school will use this course as part of my high school transcript, I will coordinate the transfer of the grade at the end of the course.
8. Understand if I fail a course, I may not apply for future courses through the Academy.

Student Signature and date: _____

Parent or Guardian Signature and date: _____

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