

Name: \_\_\_\_\_

Freshman  Sophomore  Junior  Senior

Fall  Spring  Summer

Year \_\_\_\_\_



# SEMESTER CHECKLIST



## PATIENT EXPOSURE

17 hours

Hours from Month 1 \_\_\_\_\_

Hours from Month 2 \_\_\_\_\_

Hours from Month 3 \_\_\_\_\_

Hours from Month 4 \_\_\_\_\_

Total \_\_\_\_\_



## COMMUNITY SERVICE

16 hours

Hours from Month 1 \_\_\_\_\_

Hours from Month 2 \_\_\_\_\_

Hours from Month 3 \_\_\_\_\_

Hours from Month 4 \_\_\_\_\_

Total \_\_\_\_\_



## PHYSICIAN SHADOWING

7 hours

Hours from Month 1 \_\_\_\_\_

Hours from Month 2 \_\_\_\_\_

Hours from Month 3 \_\_\_\_\_

Hours from Month 4 \_\_\_\_\_

Total \_\_\_\_\_



## EXTRACURRICULAR (leadership, community service, hobbies, club, religion, cultural learning)

140 – 280 hours

Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No

Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No

Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No

Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No

Total \_\_\_\_\_



## EXERCISE

At least 16 hours (at least 1 hour per week, 4-5 hours per month)

Month \_\_\_\_\_ Points \_\_\_\_\_ Completed:  Yes  No

Month \_\_\_\_\_ Points \_\_\_\_\_ Completed:  Yes  No

Month \_\_\_\_\_ Points \_\_\_\_\_ Completed:  Yes  No

Month \_\_\_\_\_ Points \_\_\_\_\_ Completed:  Yes  No

Total \_\_\_\_\_



### TUTORING INSTRUCTION

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70 hours

How well did the tutoring help you achieve your goals in your \_\_\_\_\_ class?

What could be improved? \_\_\_\_\_

Class Grade \_\_\_\_\_

How well did the tutoring help you achieve your goals in your \_\_\_\_\_ class?

What could be improved? \_\_\_\_\_

Class Grade \_\_\_\_\_

How well did the tutoring help you achieve your goals in your \_\_\_\_\_ class?

What could be improved? \_\_\_\_\_

Class Grade \_\_\_\_\_

How well did the tutoring help you achieve your goals in your \_\_\_\_\_ class?

What could be improved? \_\_\_\_\_

Class Grade \_\_\_\_\_



### OUTDOOR ENGAGEMENT TRIPS

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At least 2 day trips or 1 overnight trip per semester in the summer (at least 1 day trip or overnight trip in the winter)

Date \_\_\_\_\_ Hours \_\_\_\_\_

Description \_\_\_\_\_

Date \_\_\_\_\_ Hours \_\_\_\_\_

Description \_\_\_\_\_



### FOCUSED LANGUAGE ACQUISITION

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At least 42 hours

Overall Attendance \_\_\_\_\_ Performance \_\_\_\_\_ Academic Evaluation \_\_\_\_\_

(given by teacher) Overall evaluation of student \_\_\_\_\_



### CULTURAL EDUCATION (museums, community events, DIY projects, American experience)

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28 hours (8 per month)

Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Total \_\_\_\_\_



### CCP COMMUNICATION SEMINAR

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at least 15 hours (1 per week)

(Given by teacher) Overall Attendance \_\_\_\_\_ Participation \_\_\_\_\_  
 Overall evaluation of student \_\_\_\_\_



### RURAL HEALTH SCHOLAR SEMINAR

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1 class every semester

(Given by teacher) Attendance \_\_\_\_\_ Participation \_\_\_\_\_ Grade \_\_\_\_\_



### MEDICAL KNOWLEDGE EDUCATION (Recommended medically related books, articles, etc . . .)

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14 hours

Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Month \_\_\_\_\_ Hours \_\_\_\_\_ Completed:  Yes  No  
 Total \_\_\_\_\_



### AWARDS OR RECOGNITIONS RECEIVED

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Description \_\_\_\_\_ Date \_\_\_\_\_

Recognized by \_\_\_\_\_

Description \_\_\_\_\_ Date \_\_\_\_\_

Recognized by \_\_\_\_\_

Description \_\_\_\_\_ Date \_\_\_\_\_

Recognized by \_\_\_\_\_



### MY TWO CENTS

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240 Points (4 points per day, Mon-Fri)

(Given by mentor) Month 1 Points \_\_\_\_\_

(Given by mentor) Month 2 Points \_\_\_\_\_

(Given by mentor) Month 3 Points \_\_\_\_\_

(Given by mentor) Month 4 Points \_\_\_\_\_

Total \_\_\_\_\_

Completed:  Yes  No

IF APPLICABLE (for all students not enrolled in COMM 1010 or COMM 2150)



INTERPERSONAL COMMUNICATION/LEADERSHIP TRAINING CLASS

42 hours

Overall Attendance \_\_\_\_\_ Performance \_\_\_\_\_ Academic Evaluation \_\_\_\_\_

(Given by teacher) Overall evaluation of student

ONGOING



LEADERSHIP INVOLVEMENT

3 experiences per year

Description \_\_\_\_\_



RESEARCH

3 separate projects in 4 years

Description \_\_\_\_\_ Hours \_\_\_\_\_



CULTURAL IMMERSION TRIPS

At least 1 per year

Description

Length of Trip \_\_\_\_\_ Presentation given?  Yes  No



REQUIRED EXPERIENCES (Physician shadowing, leadership, communication, patient exposure, etc. . . )

30 separate experiences over 4 years