



Health Careers Academy

JARED HEFTER - COORDINATOR

2025-2026 CTE Application

Sports Medicine Advanced



Information: Jayme Wright MS ATC, 661-273-3181 ext. 361/341 jawright@avhsd.org

Required: For students interested in Sports Medicine Advanced

Student Name: _____

Student ID#: _____

Using your school Google Account, make a copy of this doc into your Google Drive (file—> Make a Copy”, type up your answers, PRINT, SIGN, and RETURN to PHS. Otherwise PRINT, Complete, SIGN, and RETURN.

STUDENT REQUIREMENTS:

- ❖ S.M. Advanced Students will spend two seasons with an athletic team. They will work with the Athletic Trainer and Senior level Sports Medicine Clinical students.
 - This is an opportunity for students to practice their skills they are learning in the classroom.
- ❖ Once accepted, students must be cleared through the athletic department to participate in team sports athletic training.
 - You can obtain the application from the Athletics Department.
- ❖ All students in Sports Med Advanced must have a current CPR certification before working with a team (students will obtain this as a part of the course).
- ❖ May be required to obtain additional vaccinations besides those required for high school attendance (Normal waiver provisions DO NOT apply; these vaccination requirements are hospital standards.).
 - May include are a 2-Step TB or TB blood test, annual flu vaccination and annual COVID vaccination when available (details will be discussed once student is accepted).
- ❖ All students must have good attendance, “C’s” or better grades, and two letters of recommendation to participate.
- ❖ Students must be enrolled in Sports Medicine Advanced 5th period (schedule will be facilitated by Mr. Hefter and dedicated HCA counselor).
- ❖ Specific uniform requirements may be required and will be discussed once student has been accepted.

Submit the application and all attachments by March 03, 2025 to: Jared Hefter, Health Careers Academy, PHS, 2137 E Ave R, Palmdale, 93550

Application must be received or postmarked by March 3, 2025



Student Application

- Complete the attached application - Print or type is fine.
- **Attach to the application:** (Mr. Hefter will request on your behalf once this application is received)
 - ◆ Attendance Record for past 2 years - request from the attendance clerk at least 2 weeks in advance of submitting.
 - ◆ Unofficial copy of your transcript - request from the Registrar at your school - do this at least 2 weeks before submitting.
 - ◆ Two (2) completed Recommendation Forms (in sealed envelopes) – (BLANK FORMS CAN BE FOUND BY [CLICKING HERE](https://www.palmdalehs.org/programs/health-careers-academy) or GOING TO <https://www.palmdalehs.org/programs/health-careers-academy>)
 - Have a teacher; counselor, employer or other adult complete a recommendation form. Give form to adults early allowing time for the person to complete and return form for you to attach to your application.
 - ◆ **Submit the application and all attachments by March 03, 2025** to: Jared Hefter, Health Careers Academy, PHS, 2137 E Ave R, Palmdale, 93550

Application must be received or postmarked by March 3, 2025

Selection Process

The selection committee will review:

- A pattern of good attendance for the present year based on the attendance report from your school.
- Completed essays indicating an expressed and demonstrated interest in the healthcare field.
- An unofficial transcript indicating a pattern of successful completion of classes.
- Minimum GPA of 2.5.
- Two or more completed recommendation forms, sealed in envelopes and attached to the application.
- In addition, students currently in the PHS Health Careers Academy will have their **Citizenship** and **Academics** reviewed by the Academy Core Teachers prior to selection for the class3
- If you are selected, you will be notified in **May 2025**.

E. Parental Permission

As a parent or guardian, I have read the basic requirements and I agree to let my son/daughter attend this program if accepted.

Signature of Student

Date

Signature of Parent/Guardian

Date



APPLICATION FOR
Sports Medicine Advanced

Student Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Date of Birth: _____ Student ID#: _____

Please answer the following questions thoroughly. If you need more room, attach a separate sheet of paper.

1. Are you aware and are you willing to put in the extra time it will take to meet the requirements for this class, i.e. team practice after school, attending games, etc. (Explain)

2. What sports team would you like to work with? (why?)

3. What is your 5-year plan?



