Health Career Opportunity Program (HCOP)
Catalyst College & Immersion

Overview

The purpose of MWCC’s grant-funded Health Career Opportunity Program (HCOP) is to build an allied health pipeline for selected students from Mount Wachusett Community College (MWCC). The pipeline will promote health profession careers other than nursing, including direct/indirect patient care and behavioral health fields, improve student retention, matriculation and graduation rates, and expose students to the primary care setting in our region. This project will prepare students for careers in allied healthcare fields in the rural and medical underserved region of North Central Massachusetts. Incoming enrolled and current MWCC students with an interest in a health profession are offered the opportunity to apply. Preparing students for entry into MWCC’s allied health profession and/or transfer degrees, the program will facilitate entry into health career programs by providing college courses, counseling/mentoring, healthcare training workshops, exposure to primary care activities and health research training.

Admission to the program is based on the student’s educational and/or economic need, and seats may be limited therefore only fully completed applications will be considered. Progress through completion of the program components may be rewarded with scholarships or stipend monies; to be utilized at MWCC. Please contact the HCOP Director if you have any questions at 978-630-9307.

PROGRAM INFORMATION

- Applicants must be incoming enrolled or current MWCC students.
- Program elements include:
  - **Catalyst Immersion (5-day/week, 5 week program during summer term)** includes exposure to health careers, guest speakers, Heywood Healthcare Camp MED program; health research training and healthcare skills training such as CPR during a 3 credit career exploration course. Participants receive stipend incentives at completion of this element; to be utilized at MWCC. Requires submission of health immunization documents
  - **Catalyst College (year-long program begins in fall term)** includes free college courses, exposure to health careers, guest speakers, health facility tours/observations; health research training and healthcare skills training such as CPR. Participants receive scholarship award at completion of this element; to be utilized at MWCC.
  - Please indicate which program element(s) you wish to participate in:
    - Catalyst Immersion followed by Catalyst College
    - Catalyst Immersion only
    - Catalyst College only

Applicants submit the following to the HCOP staff:

- Completed Health Career Opportunity Program Catalyst Immersion & College application.

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<th>FOR HCOP STAFF USE ONLY</th>
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<tr>
<td>Term Starting</td>
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<td>HCOP Academic Counselor Signature:</td>
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Application for Entrance
Summer/Fall 2020

Priority Application Deadline: April 6, 2020
students matriculated in a health profession major or transfer degree at MWCC that leads to a non-nursing health career and completed all program elements. Scholarships will only be provided to participants program element in Catalyst College, the program participant will earn a portion of HCOP scholarship. Successful completion of each element (credit-bearing and non-credit bearing coursework) is defined in the associated course syllabus and the HCOP Handbook. Scholarships will only be provided to participants once they have matriculated in a health profession major or transfer degree at MWCC that leads to a non-nursing health career and completed all program elements.

Participants in HCOP Catalyst College participants can earn up to $1500 scholarship funds to be utilized at MWCC. Upon successful completion of each program element in Catalyst College, the program participant will earn a portion of HCOP scholarship. Successful completion of each element (credit-bearing and non-credit bearing coursework) is defined in the associated course syllabus and the HCOP Handbook. Scholarships will only be provided to participants once they have matriculated in a health profession major or transfer degree at MWCC that leads to a non-nursing health career and completed all program elements.

Students participating in HCOP will have HCOP-selected college course(s) tuition and fees paid for by the program’s grant funding. This includes costs for books, free tutoring in their cohort HCOP classes provided by trained MWCC peer tutors, field trips and some transportation. The program will not cover costs of the required medical elements (Catalyst Immersion participants only).

Fully completed applications will be reviewed on an individual basis. Students who meet the educational and/or economic requirements and demonstrate motivation/potential to seek an allied health degree will be considered for acceptance to the program. In the event there are more students than available seats in the program, HCOP staff will select students based on assignment of points related to admission criteria from the HCOP application and interview questionnaire. Due to the selective and competitive nature of the Health Career Opportunity Program, not all applicants who apply to the program will be selected to participate. For that reason, fully completing the HCOP application is imperative.

HCOP CATALYST COLLEGE & IMMERSION PROGRAM POLICIES

SPECIAL PROGRAM REQUIREMENTS (CATALYST IMMERSION PARTICIPANTS ONLY)
A required component of the Immersion experience includes participation in Heywood Healthcare System’s Camp MED program. This one week program embedded within Immersion is held at Athol/Heywood Hospitals under the supervision of hospital staff providing students with real-life exposure to a variety of healthcare careers in the hospital setting. Prior to assigning a student to Camp MED, Heywood Healthcare requires students complete their student packet. This packet contains an internship form, authorization for a background check, Heywood Healthcare Policies, and a Policy Acknowledgement form. In addition to that, HCOP must provide documentation confirming the student has submitted evidence of the following up-to-date medical elements to MWCC Health Services office:

- Physical examination conducted within the last year by a licensed health care provider
- Proof of the following current immunizations
  - Annual PPD
  - Measles, Mumps and Rubella (MMR)
  - Hepatitis B
  - Pertussis (Tdap) within 10 years
  - Chicken Pox: 2 vaccines or a positive antibody titer
  - Influenza vaccine (most recent season)

For more information, contact the MWCC Health Services office at 978-630-9136.

PROGRAM COSTS
Students participating in HCOP will have HCOP-selected college course(s) tuition and fees paid for by the program’s grant funding. This includes costs for books, free tutoring in their cohort HCOP classes provided by trained MWCC peer tutors, field trips and some transportation. The program will not cover costs of the required medical elements (Catalyst Immersion participants only).

PROGRAM ACCEPTANCE
Fully completed applications will be reviewed on an individual basis. Students who meet the educational and/or economic requirements and demonstrate motivation/potential to seek an allied health degree will be considered for acceptance to the program. In the event there are more students than available seats in the program, HCOP staff will select students based on assignment of points related to admission criteria from the HCOP application and interview questionnaire. Due to the selective and competitive nature of the Health Career Opportunity Program, not all applicants who apply to the program will be selected to participate. For that reason, fully completing the HCOP application is imperative.

ADVISEMENT, REGISTRATION & PARTICIPATION
HCOP participants will meet with a HCOP Academic Counselor on a regular basis. The Academic Counselor will assist students in developing individualized success plans to address their academic/personal goals. Additionally, the Academic Counselor will enroll students in the HCOP funded classes. HCOP participants must complete HCOP-funded courses with a minimum of a C (+) using the MWCC grading scale. This is deemed successful completion of the coursework, which provides the student access to scholarship funds at the conclusion of the student experience in the program. In the event a student receives below a C (+), HCOP will not pay for the course to be repeated. Students must comply with all MWCC student policies as outlined in the MWCC Student Catalog including add/drop and withdrawal deadlines and accompanying procedures.

SCHOLARSHIP/STIPEND AWARD
Participants in HCOP Catalyst College participants can earn up to $1500 scholarship funds to be utilized at MWCC. Upon successful completion of each program element in Catalyst College, the program participant will earn a portion of HCOP scholarship. Successful completion of each element (credit-bearing and non-credit bearing coursework) is defined in the associated course syllabus and the HCOP Handbook. Scholarships will only be provided to participants once they have matriculated in a health profession major or transfer degree at MWCC that leads to a non-nursing health career and completed all program elements.

Students deciding to withdraw from HCOP or selecting a major that is not included within the North Central Health Career Opportunity Program (NA-HCOP) are required to complete the HCOP Withdrawal document and submit it to HCOP staff. This document is found in the HCOP Handbook. Students who officially withdraw from HCOP will not be eligible for any further financial or academic support from the program.

PLEASE KEEP THIS INFORMATIONAL PAGE FOR YOUR RECORDS
This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $3,200,000 with zero percentage financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.
HCOP CATALYST COLLEGE & IMMERSION

Legal Name: 

Previous Last Name: 

Preferred First Name (only if different from above): ________________________________ For info, go to mwcc.edu/current-students/records

Personal Email ________________________________ MWCC Email: _________________________

Mailing Address: ___________________________________________________________________

Permanent Address: __________________________________________________________________

Phone Numbers: Home: ___________________________ Cell: ___________________________ Work: ___________________________

Gender: □ Male □ Female □ ________ Date of Birth: _______/_____/______

Citizenship (REQUIRED): Country of Birth ___________________________ Country of Citizenship ___________________________

□ I am a U.S. Citizen
□ I am a Permanent Resident. Must provide Alien Registration Number ___________________________

Ethnic Background: Do you identify yourself as: □ Hispanic or Latino □ Not Hispanic or Latino

Race: Select one or more races, as you identify yourself:

□ American Indian □ Asian □ Black or African American □ White □ Alaskan Native □ Cape Verdean □ Native Hawaii or Pacific Islander

Current or prior TRIO Participation (Rx, Visions, Gear Up, Talent Search, Upward Bound)? □ Yes □ No

If yes, please list which program(s): _______________________________________________________________________________

Are you enrolled in the IDSH major? □ Yes □ No If no, please list your declared major: ________________________________

Are you currently enrolled in a MWCC selective healthcare program (Dental Hygiene, Paramedic, Physical Therapist Asst or Veterinary Tech)? □ Yes □ No

Do you intend to transfer to a four year college? □ Yes □ No

ECONOMIC ELIGIBILITY INFORMATION (REQUIRED)

The information you supply on this form is important in determining your eligibility for the program. Please make sure to read below and complete it accurately. Please refer to the 2019 U.S. Tax Form 1040

1. Were you and/or your family required to file 2019 taxes? □ Yes □ No (If your answer is no, continue to education/academic eligibility section)

2. What was your family’s adjusted gross income for 2019? (line 7) $__________________

3. What was the family size for 2019? (tax form, page 1) __________________________________________________________________

EDUCATION ELIGIBILITY INFORMATION (REQUIRED)

High School Graduated from: ________________________________

Year Graduated from High School: ___________________________

Do either of your natural/adoptive parents or legal guardians have a four-year college degree? □ Yes □ No

All participants must have an interest in a health career (non-nursing) field. Indicate which health science majors you have interest in at this time (may select more than one).

□ Biology □ Dental Assisting/Hygiene □ Medical Assisting □ Physical Therapist Assistant

□ Exercise & Sports Science □ Medical Laboratory Technology □ Paramedic Technology □ Radiology Technology

□ Interdisciplinary Studies Health (IDSH) □ Pharmacy □ Substance Abuse Counseling □ Veterinary Technology
APPLICANT INTERVIEW QUESTIONNAIRE (REQUIRED)

Please answer the following questions thoroughly; providing evidence of your motivation and potential to seek an allied health degree.

What do you know about the Health Career Opportunity Program?

What makes the Health Career Opportunity Program the right program for you?

What will motivate you to complete this program?

Talk about your current long-term goals. What is the highest level of education you hope to achieve?

Have you experienced obstacles in the way of your educational success? If so, please explain.

What kinds of support have you found helpful?

Is there anything else about you that we have not already discussed that you would like to share in support of your application?
I CERTIFY THAT ALL INFORMATION STATED ON THIS APPLICATION IS ACCURATE AND COMPLETE. Concealment of facts or false statements that may impact my eligibility may result in my dismissal from the program, as well as requiring me to refund any and all program expenses paid by the grant. My signature confirms that I have read, understand and agree to the following program information and policies:

- Special Program Requirements (Catalyst Immersion Participants Only)
- Program Costs
- Program Acceptance
- Advisement, Registration & Participation
- Scholarship/Stipend Award
- Withdrawal

I am aware that I will be required to complete periodic HCOP surveys during the course of my time in the program as well as after I have completed the program to assist HCOP staff in program planning and outcomes assessment. I give HCOP staff permission to access information relating to my academic progress. In the event I withdraw from any college courses financially covered by HCOP, I will be required to reimburse the Health Career Opportunity Program for said courses.

I further give permission for the Health Career Opportunity Program to use pictures, videotapes or audio recordings for all program related purposes, including for publication in newspapers and other media. If I do not wish for the Health Career Opportunity Program to use pictures, video tapes or audio recordings, I will submit written notification to the program and attach to this application. This consent will remain in effect until its written revocation is received by the Health Career Opportunity Program at MWCC, 444 Green Street, Gardner, MA 01440.

I understand and consent to the information provided on this completed form being used to contact me by (check all that apply):

- automated telephone
- text messaging

For questions or concerns, please contact: Lisa Stejskal, Director of the Health Career Opportunity Program at 978-630-9307 or email her at lstejskal@mwcc.mass.edu
Application processing completed by: ____________________________ Date: ________________

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<tr>
<th>U.S. Citizen or Permanent Resident</th>
<th>☐ Yes</th>
<th>☐ No</th>
<th>☐ NA/Unknown</th>
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**Economic Eligibility:**
- Tax Year: ______________
  - ☐ Yes
  - ☐ No
  - ☐ NA/Unknown
- Low/No Tax AGI Income Eligibility
  - ☐ Yes
  - ☐ No
  - ☐ NA/Unknown
- Free/Reduced HS Lunch Eligibility
  - ☐ Yes
  - ☐ No
  - ☐ NA/Unknown

**Educational Eligibility:**
- HS Name: ______________
  - ☐ Yes
  - ☐ No
  - ☐ NA/Unknown
- Low HS Graduation or College Placement Rate
  - ☐ Yes
  - ☐ No
  - ☐ NA/Unknown
- First Generation to College
  - ☐ Yes
  - ☐ No
  - ☐ NA/Unknown

**HCOP Status:**
- ☐ Eligible
- ☐ Ineligible

**Cohort Year:**
- ☐ HCOP 2019/2020
- ☐ HCOP 2020/2021
- ☐ HCOP 2021/2022
- ☐ HCOP 2022/2023

- ☐ Student notified by MWCC email about status of eligibility to HCOP
- ☐ Documentation of HCOP status/email to student on MWCC Advisor Link

**Comments:** ________________________________________________________________________________________
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