

REACH EACH ONE



Youth Medical Mentoring Program

Documents to complete to participate in the ROEO Program:

- Application Form
- Survey and Follow Up Permission Form
- Release for Photography or Interview Form
- TB Consent Form

All forms are fillable and must be printed for signatures

About Reach One Each One

ROEO is a collaboration of Grady Health System, Morehouse School of Medicine, and Emory University School of Medicine to introduce and expose high-performing students from underrepresented backgrounds who are interested in pursuing medical careers to various specialties during an intensive 10-week course.

ROEO includes an overview of the path to medical school; comprehensive exposure to the field of healthcare; explanation of the Health Insurance Portability and Accountability Act (HIPAA); a healthcare professional career day; a financial literacy seminar compliments of Fifth Third Bank; a tour of MSM and Emory Medical School; skills lab with hands-on simulation, knot tying, and casting; and multidisciplinary clinical rotations in emergency medicine, internal medicine, neuroscience and critical care, obstetrics and gynecology, and surgery/anesthesia. The program will culminate with a graduation ceremony in December. Mentoring also continues following the program.

ROEO Contact Information:

Dr. Omar K. Danner, Director
Morehouse School of Medicine
Department of Surgery
Phone: 404-616-1415
Email: ROEO@msm.edu



REACH ONE EACH ONE APPLICATION

Date:



STUDENT INFORMATION			
FULL NAME:			
	FIRST NAME, MIDDLE INITIAL, LAST NAME		
ADDRESS:			
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
PHONE:		EMAIL:	

HIGH SCHOOL INFORMATION			
HS NAME:			
HS ADDRESS:			
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
GRADE LEVEL:	<input type="checkbox"/>	FRESHMAN - 9	<input type="checkbox"/>
		SOPHOMORE - 10	<input type="checkbox"/>
		JUNIOR - 11	<input type="checkbox"/>
		SENIOR - 12	<input type="checkbox"/>
TEACHER (S) NAME:			

PARENT / GUARDIAN NAME	
FULL NAME:	
	FIRST NAME, MIDDLE INITIAL, LAST NAME
PHONE:	
EMAIL:	

EMERGENCY CONTACTS			
CONTACT 1 FULL NAME:		CONTACT 2 FULL NAME:	
	FULL NAME		FULL NAME
ADDRESS:		ADDRESS:	
	ADDRESS		ADDRESS
PHONE:		PHONE:	

DEMOGRAPHICS							
AGE:		GENDER:	<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE	
RACE / ETHNICITY	<input type="checkbox"/>	AFRICAN AMERICAN / BLACK	<input type="checkbox"/>	CAUCASION / WHITE	<input type="checkbox"/>	NATIVE AMERICAN	<input type="checkbox"/>
	<input type="checkbox"/>	HISPANINC / LATINO / SPANISH	<input type="checkbox"/>	PACIFIC ISLANDER	<input type="checkbox"/>	ASIAN	<input type="checkbox"/>

ESSAY

* Please attach an essay describing why you would to participate in the ROEO program. Include a description of your interest in healthcare, your goals after graduation, and how this program can help you succeed.

SIGNATURE

I certify that the information above are true and complete to the best of my knowledge.

Signature: _____

DATE: _____

REACH ONE EACH ONE
SURVEY AND FOLLOW UP PERMISSION FORM



I understand that the ROEO Program, Morehouse School of Medicine, Emory University School of Medicine, Grady Health Systems, and/or Fulton-DeKalb Hospital Authority may administer, or be permitted to administer, anonymous surveys that require parental permission.

I understand that as the parent or legal guardian of this student, I may review any of the survey instruments and determine the appropriateness of the survey in relation to my student. I can remove my student from the survey administration.

In addition, I understand that this program is designed to encourage high students to attend college and pursue the career endeavors. Thus, it is important for the program administrators to understand the student participants academic and career choice after high school as well as their graduation status.

Consequently, I give the ROEO Program Administrators permission to follow up with their respective high school after the spring semester after graduation to inquire and request this information.

Printed name of student:

High School:

Printed name of parent/legal guardian:

☐

I give my approval to administer anonymous surveys to my child this during the ROEO program. I understand that I may review the survey to be given, and I may remove my child at that time if I wish. I further understand that I may revoke this permission at any time.

☐

I do not give my approval to administer any anonymous surveys to my child during the ROEO program.

Signature of parent/legal guardian:

Date:

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SURVEY AND FOLLOW UP PERMISSION FORM



Public Affairs Department – Grady Health System | 80 Jesse Hill Jr. Drive – Atlanta, Georgia 30303

A. AUTHORIZATION:

I, _____
(name of program participant)

the undersigned, consent to the public use of photography, filming or videotaping, audio taping for print, broadcasting or social media by The Morehouse School of Medicine and Grady Health System for The Reach One Each One Program.

I understand and agree that all information, documents, records or reports (oral or written) pertaining to any aspect of patient care or Health System operations shall remain confidential, privileged and private. I also understand and consent to rebroadcast and/or public display of the shoot.

I understand that by agreeing to this interview or photo session, my comments or image may be used again and in some cases may not be in the control of GHS.

I acknowledge and state that I have had an opportunity to read and discuss this release. I also acknowledge that I sign this release freely and without influence or coercion from Grady or anyone else.

B. Limitations:

This project is limited to The Morehouse School of Medicine and Grady Health System organizations.

I waive all rights that I may have to any claims for payment or royalties in connection with any exhibition, televising, publication or photographs, motion pictures or video tapes, audio tapes regardless of whether such exhibiting, televising or other showing is under philanthropic, commercial, institutional or private sponsorship and irrespective of whether a fee or film rental is charged.

I release Grady Health System physician, hospital employees and consultants from any liability in connection with the use of such materials.

Signature

Relationship to program participant

Date

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TB CONSENT FORM



Dear ROEO Parents/Guardians:

Due to requirements set forth by the Joint Commission on Accreditation of Healthcare Organizations, **all observers in a hospital environment must be tested for Tuberculosis (TB)**. The test for TB consists of a small injection of fluid under the skin on the forearm. The test is then "read" two to three days later by a nurse at Grady Health System. The test must be read within that allotted time by a RN or your child will forfeit their opportunity to participate in the ROEO Program.

If your child does test positive for TB, it is the parent/guardians' responsibility to have any follow-up completed and bring a letter from a physician outlining recommendations or treatment. Once that is done, your child may begin observing at Grady.

Grady asks your permission to administer the TB test. A Grady Employee Health Nurse will administer the TB test during the allotted walk-in hours after the interview, before volunteering begins. The TB tests are free of charge to all participating observers; any follow up needed will be the responsibility of the parent/legal guardian.

If you have any questions or concerns, contact the Medical Staff Office. Thank you for your cooperation.

To indicate your consent for the administration of the TB test to your child, sign and date below, and have your child return this signed letter to Grady with their other paperwork.

Signature

ROEO Participant Name

Parent/Guardian Signature

Date

*** Note:** This form is not necessary to sign, if the ROEO participant can provide a recent (less than one year) TB test record from a health clinic.