

**New York University Langone Medical Center  
Rusk Institute of Rehabilitation Medicine  
Health Career Opportunity Program**

560 First Avenue, Greenberg Hall- SC2-92

New York, New York 10016

Phone: 212-263-6496 Fax: 212-263-0750

Email: [HCOP@med.nyu.edu](mailto:HCOP@med.nyu.edu)

Website: <http://www.med.nyu.edu/rusk/educationtraining/health-career-opportunity-program>

I am pleased to learn of your interest in the Health Career Opportunity Program for the summer of 2018. This summer, the program will be held in three sessions as listed below:

**Session One: Monday, May 21 thru Friday, June 15, 2018**

**Session Two: Monday, June 18 thru Friday, July 13, 2018**

**Session Three: Monday, July 16 thru Friday, August 10, 2018**

There are two applications to fill out for the HCOP 2018 program: an online web application form and a PDF form following this letter. The PDF application must be filled out in **black ink**. When submitting the application, it is important that you clearly specify the department and session in which you wish to work. Also indicate the departments and sessions, which you would be willing to be assigned if we are unable to place you in your first choice. Finally, indicate your preference for working with inpatient or outpatient, adult or pediatric populations as this is very important in arranging placements. NYU Summer Housing will be available for all three sessions at a reduced rate for all HCOP participants.

All the PDF application materials and web form applications must be submitted by the deadline of January 2<sup>nd</sup>, 2018. Admission is highly selective and applications will be considered on a rolling basis. A completed application consists of the following in order:

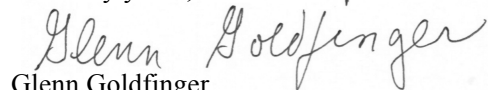
- The Application page below.
- A Personal statement explaining why you would like to be in the Health Career Opportunity Program founded by the DeWitt Wallace Reader's Digest Fund (5300 character limit).
- For applicants to Comparative Veterinary Medicine: What is comparative medicine and how does it fit into the idea of "One Health"? (200 words or fewer)
- A Resume containing volunteer and work experiences. Each experience must include dates of participation and location.
- The most recent official or unofficial copy of your transcript.
- Optional letter/s of recommendation (sealed or unsealed).
- Glue a recent 2x2 inches photograph of yourself onto your application.

Applications submitted with any missing information or applications postmarked after the deadline cannot be considered. A cumulative grade point average of 3.2 is a minimum for acceptance to the program.

**All application materials listed above must be submitted to the Pre-Health Advising Office in Hunter East 710.**

You will be notified of our decision via email in late March 2018. Please add our email address to your contact list so you will not miss this important information.

Sincerely yours,



Glenn Goldfinger

Director, Health Career Opportunity Program

**New York University Langone Medical Center  
Rusk Institute of Rehabilitation Medicine 2018 HCOP**

**Name**  
 Mr./Ms./Mrs. \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_ Last \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Mailing Address** <sup>(if different)</sup> \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Phone ( )** \_\_\_\_\_ **Phone ( )** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**For International Students only, Type of Visa:** \_\_\_\_\_

**Person to be notified in case of emergency** \_\_\_\_\_ **Phone** \_\_\_\_\_

<u>Education</u>	<u>Name and Location</u>	<u>GPA</u>	<u>Year of Graduation</u>
<b>High School</b>			

**College/University** \_\_\_\_\_

**Major Studies** \_\_\_\_\_ **Career Goals** \_\_\_\_\_

Rank your top three placements using the numbers 1, 2, and 3 (1 being your top choice). Note: placements with an asterisk (\*) indicate a placement that has **special time requirements**. Refer to placement description under "HCOP Internship Opportunities" on the program website for more information. If interested in a research program, please place the letter following your placement preference (ex. 1A for first choice, program A).

- |   |                               |
|---|-------------------------------|
| _____ Clinical Nutrition and Food Services* | _____ Physical Therapy        |
| _____ Comparative Veterinary Medicine       | _____ Physician Assistant     |
| _____ Creative Arts Therapy                 | _____ Population Health       |
| _____ Diagnostic Radiology                  | _____ Psychology              |
| _____ Emergency Medicine                    | _____ Rehabilitation Medicine |
| _____ Horticultural Therapy                 | _____ Research*               |
| _____ Nurse Practitioner/Advanced Practice  | _____ Social Work             |
| _____ Nursing                               | _____ Speech Pathology        |
| _____ Occupational Therapy                  | _____ Vocational Counseling   |
| _____ Pharmacy                              |                               |

Circle which you prefer: **In-patient/Out-patient** **Pediatrics/Adults** **No preference**

Circle the session you would like to attend: **1** **2** **3**

Will you need housing at the NYU dormitories? **Yes** **No**

(Important that you indicate housing now so that you can be placed with other HCOP students)

Have you applied to HCOP before? **Yes** **No**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please attach a recent photograph here. Mandatory for all accepted applicants