



2020 Biomedical Career Advancement Program (BCAP) Application
Student and Parent/Guardian Signature Page

Student Printed Name _____

I understand and agree to the following commitment if accepted into the BCAP 2020:

Students **may not** take academic classes nor engage in other activities that would prevent them from attending **all** training sessions and adhering to a regular daytime schedule*. Currently the research and training schedule is: **Monday - Thursday 9am – 2pm and Fridays 9am-4pm.**

Statement of Responsibility

I will:

- Be punctual—arrive and leave on time
- Attend all sessions and activities
- Notify my supervisor if an emergency prevents me from attending a session or activity
- Adhere to the dress code
- Perform tasks assigned by my supervisor(s) and BCAP program administrators
- Treat everyone, including supervisors, support staff, custodians, patients, and fellow students, courteously and with respect
- Respect confidentiality concerns of customers/clients/patients
- Minimize cell phone usage at all times

I certify that all information contained in my submitted online application for BCAP 2020 is complete, true and accurate. I agree to abide by the policies and regulations set forth by the Biomedical Career Advancement Program and understand that any information given falsely or withheld may result in immediate dismissal. I have also reviewed the statement of responsibility and agree to this commitment, if accepted into the program.

Student Signature _____ **Date** _____

*I have reviewed the completed online application for BCAP 2020 for my student. I am aware of the program requirements and procedures involved in acceptance. I am fully aware that, if accepted, my student is responsible for transportation to their assigned research location, daily. I understand that BCAP students must consistently abide by policies and regulations set forth by program administrators. I have also reviewed the **statement of responsibility** and approve of my student's participation, if accepted into the program.*

Parent/Guardian Name _____
(please print)

Parent/Guardian Signature _____ **Date** _____

* All students are required to attend Friday training sessions from 9a-4p. The general research schedule is 9a-2p Mon-Thurs. Some research sites require different hours of operation. Students will be notified, in advance, of their assigned schedule.