

Fall-Spring Semesters

2013-2014

## Collaborative Healthcare Series Passport

HPSC-CMSC Joint Initiative

Health Professions Student Council Collaborative Healthcare Series



AN HPSC-CMSC JOINT PROGRAM  
***Collaborative Healthcare Series***  
 2013 - 2014 PASSPORT



Name: \_\_\_\_\_ Email: \_\_\_\_\_ Class: \_\_\_\_\_

College/Program: \_\_\_\_\_

**Summary of Required Items:**

- HPSC Collaborative Healthcare Series Events (2)
- CMSC General Leadership Series Events (2)
- HPSC Meeting (1)
- Community Service Event (1)
- College of Applied Science Event (1)
- College of Dentistry Event (1)
- College of Medicine Event (1)
- College of Nursing Event (1)
- College of Pharmacy Event (1)
- College of Public Health Event (1)

**College of Medicine Specific**

- Be on the executive board of an organization
  - o Have 2 semesters of leadership involvement
- Article: "Physician-Citizens: Public Roles and Professional Obligations" (1)
- Dialogue with Deans (1)
- Attend Leadership Retreat (1) and an additional day-long event (1)

**2013-2014 HPSC Collaborative Healthcare Series Certification Requirements**

HPSC Collaborative Healthcare Series Events (at least 2)

1. Event Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 (HPSC Exec Board Member)

2. Event Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 (HPSC Exec Board Member)

CMSC General Leadership Series Events (at least 2)

1. Event Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 (CMSC Exec Board Member)

2. Event Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Name: \_\_\_\_\_  
 (CMSC Exec Board Member)



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Attend an HPSC Meeting (at least one)

Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

Community Service Event (at least one)

3. Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

College of Applied Health Sciences Event (at least one)

Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

College of Dentistry Event (at least one)

Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

College of Medicine Event (at least one)

Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

College of Nursing Event (at least one, \*undergraduate or graduate college of nursing qualifies)

Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_



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College of Pharmacy Event (at least one)

Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

School of Public Health Event (at least one)

8. Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

**\*\*Fulfillment of the above requirements will gain a student the HPSC Collaborative Healthcare Certification\*\***

**CMSC Collaborative Healthcare Track (Leadership Certification) Requirements** *(for Medical Students wishing to achieve CMSC Leadership Certification, completion of which will be included in their MSPE. In addition to the above requirements, the student must hold a leadership position in a student organization and complete the following requirements. Please note that this track is offered in collaboration with the HPSC 'Collaborative Healthcare Series.' Only full completion of the requirements listed below will qualify a medical student for the CMSC Leadership Certification and mention in the MSPE (Dean's Letter). Additionally, as the CMSC Leadership Certification – Collaborative Healthcare Track encompasses all of the requirements for the HPSC Collaborative Healthcare Series, a student cannot be recognized for both.)*

I have read "Physician-Citizens: Public Roles and Professional Obligations" (JAMA. 2004; 291(1): 94-98).  
 Completion Date: \_\_\_\_\_ Your Signature: \_\_\_\_\_

Dialogue with the Deans Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (CMSC Exec Board Member)

Day-long Events (at least 2 – one of which MUST be the Leadership Retreat)

1. Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_

2. Event Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Name & Email: \_\_\_\_\_ Title: \_\_\_\_\_