



HEALTH CAREERS ACADEMY PARTNER  
Implementation Contract

Partner: \_\_\_\_\_ School/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Established in 1972, The South Carolina AHEC exists to help improve the health of South Carolina's citizens. One area of focus of the SC AHEC is to increase the number of students entering the health professions in South Carolina. Through the SC AHEC's Health Careers Program (HCP) and the use of nationally recognized Health Careers Academy (HCA) modules, emphasis is placed on addressing disparities within the health professions workforce and developing academically proficient and self-confident future healthcare professionals.

Agreeing to incorporate HCA modules into your curriculum or programming supports the availability of health careers exploration opportunities beyond our core HCP service area. To validate this initiative and insure quality control, the collection of data is essential. As an HCA partner, you are asked to verify your willingness to adhere to the following: (Please place your initial beside each section below.)

☐ Facilitate the HCA module, \_\_\_\_\_, within the current  
academic semester (Module Title)

☐ Work closely with your regional HCP coordinator to:

- provide an overview of the South Carolina AHEC and opportunities available through the HCP
- collect and provide the contact information of students who self-identify as being interested in receiving additional information regarding the HCA and other HCP activities

☐ Facilitate a minimum of one (1) HCA Module during the 2016-2017 academic school term.

☐ Utilize the SC AHEC web-based database to submit the following data within 15 days of each facilitation of an HCA module:

- facilitation date
- facilitation location
- number of students in the class
- average pre & post assessment scores

☐ Understand that the submission of data is required to gain access to additional HCA modules.

☐ Notify the SC AHEC HCP coordinator of a change in school/organization and/or plans to discontinue use of the HCA modules.

☐ Adhere to the SC AHEC copyrights of the HCA and HCA modules.

Partner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator's Signature: \_\_\_\_\_