



Project SEARCH at Dartmouth Hitchcock Medical Center Application 2024-2025 Part 2

Applicant Name: _____

Current School: _____

Forms to Fill Out, Sign and Return, check when complete:

- ☐ Project Search Application Part 2
- ☐ IEP or ISA (most recent)
- ☐ Psychological Evaluation and any other Assessments/Evaluations

Important Note: Upon acceptance all program participants (interns) must comply with Dartmouth Hitchcock Medical Center current Employment Requirements Policy as a Person of Interest, there will be pre-employment screening activities such as criminal background check, health assessment through Occupational Medicine which requires all participants to have the following vaccines: 2 Tuberculosis tests, Measles, Mumps and Rubella (MMR), Varicella, Tetanus/Diphtheria/Pertussis (Tdap), Hepatitis B, Seasonal Influenza (flu), Covid-19 showing an up-to-date-status.

Please send completed application and supporting documentation to:

Applications can be sent electronically via email to project.search@hitchcock.org or through the US Postal Service at the address below:

Project SEARCH at Dartmouth Hitchcock Medical Center
One Medical Center Drive, Room 4-H
Lebanon, NH 03756-0001
Attn: Brynne L. MacMurtry, Project SEARCH Instructor

For additional questions please call: (603) 650-6439

For Office Use Only:

Date Received: _____

- ☐ Early Decision Application Due 2/2/24
- ☐ Regular Decision Application Due 3/1/24

PART 2: TO BE COMPLETED BY SCHOOL OR AREA AGENCY

Student Name: _____

Your Name: _____

Organization: _____

Phone: _____

Email Address: _____

Has the applicant met requirements for high school graduation? Yes No N/A

If yes, the applicant will be accepting or accepted their diploma (month/year): _____

If no, what does the applicant need to do in order to meet requirements? _____

Does the applicant still receive services from the school? Yes No

If yes, when will these services end? _____

The school district has committed to pay the tuition for the 2024-2025 for this student if they are accepted? Yes No

Number of days applicant has been
absent: _____

Current Year: _____

Last Year: _____

Comments about attendance and punctuality: _____

_____Has the applicant exhibited any behaviors that would impact his/her ability to independently maintain appropriate behavior
in a professional environment? Yes NoIf yes, please describe: _____

Has the applicant ever been suspended/excluded/removed from the school or program?

Yes No

If yes, please describe and date: _____

Other than public education, has the applicant received any additional formal employment training?

Yes No

If yes, please describe and include date(s): _____

_____Additional Comments (use an additional page if needed): _____

Signature: _____ Date: _____