**CURE TOUR**

*Please complete the following information prior to your CURE TOUR. Thank you.*

Today’s Date

How did you hear about CURE?

Applicant Information

First Name Last Name

Street Address

City State Zip Country

Home Phone Alternative Phone

Email Address

Photo Identification

☐ Driver’s License ID # State/Territory

☐ Passport ID # State/Territory

☐ Other ID # State/Territory

Other Identification

☐ Social Security Card ID # State/Territory

☐ Birth Certificate ID # State/Territory

☐ Other ID # State/Territory

Educational Background

Have you graduated from high School? If yes, please enter data below. ☐Yes ☐No

Date Name City State

If not, when do you anticipate graduating?

Have you ever attended a trade school? If yes, please enter data below. ☐Yes ☐No

Date Name City State

Have you ever attended college? If yes, please enter data below. ☐Yes ☐No

Date Name City State

What is your highest level of education?

☐ GED ☐ High School Diploma ☐ Other

☐ Associate’s Degree ☐ Bachelor’s Degree

What do you enjoy most out of school?

What do you enjoy least?

Medical Background

Do you have medical experience? ☐Yes ☐No

Are you currently working in the medical field? ☐Yes ☐No ☐N/A

Do you have regular, direct patient contact? ☐Yes ☐No ☐N/A

Have you participated in medical research? ☐Yes ☐No

Are you interested in medical research? ☐Yes ☐No ☐Not sure

Thank you for your interest in being a part of the CURE!

*I attest that the above information is true and accurate. I understand that providing false information will prevent me from being considered for entrance into CURE.*

Student Name

Student Signature Date

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

TOUR GUIDE ATTESTATION

I have provided a tour of CURE to the above individual. I have answered all questions to the best of my ability and provided factual information about the CURE program as published in the CURE Catalog.

Tour Start Time : Tour End Time :

Tour Guide Name Tour Guide A gent #

☐ The above candidate has met the minimum requirements to apply to CURE.

☐ The above candidate has NOT met the minimum requirements to apply to CURE.

☐ I recommend that the above candidate apply to CURE.

☐ I do not recommend that the above candidate apply to CURE.

☐ I have scheduled a meeting in regards to this applicant with CURE Administration.

Meeting Date Meeting Time Meeting Place

Meeting Confirmed? ☐Yes ☐No Meeting Confirmed With?

Tour Guide Signature Date