

Mayo Clinic Career Awareness Virtual Career Tour Application

Educator Name _____ Email _____

School Name _____ School Phone (____)_____

School Address _____ City _____ State _____

Class Name _____ Total number of students viewing _____

I am a high school educator: Yes No If no, describe:

IMPORTANT: Minimum 2 weeks lead time for video access, or minimum 6 weeks lead time for access with LIVE call with professional.

1. Requested viewing Start Date _____ End Date _____ (videos expire in 1 calendar week)
2. Select a Virtual tour. Do you want a 15 minute LIVE in-class call with a career professional (subject to staff availability)? Select Yes or No.

Select Virtual Tour

LIVE Call?

Histology Technician	Yes	No
Lab Assistant	Yes	No
Licensed Practical Nurse	Yes	No
Phlebotomy Technician	Yes	No
Physical Therapist/ Occupational Therapist	Yes	No
Radiologic Technologist	Yes	No
Surgical 1st Assistant	Yes	No

3. I agree videos are ONLY to be used for this class and not saved or shared by anyone as they are Mayo Clinic Property and the sustainability of this program relies on us to track their usage in classrooms through our formal application process. **YES** **NO**
4. How does this program support your class curriculum?

5. Student Assessment: Please include each viewing student's information below.

First Name	Last Name	Grade	Career Interest
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Student Assessment continued

First Name	Last Name	Grade	Career Interest
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