



**HME PROGRAM APPLICATION – 4 Options**

**4 Weeks:** May 18 – June 12, 2026 – Memorial

**6 Weeks:** May 18 – June 26, 2026 – Memorial & Elkhart

**8 Weeks:** May 18 – July 10, 2026 – Elkhart

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Hometown:** \_\_\_\_\_

**High School Attended:** \_\_\_\_\_

**Undergraduate School:** \_\_\_\_\_

**Medical School Campus:** \_\_\_\_\_

**Preferred Program Length:** 4 Weeks \_\_\_\_\_ 6 Weeks \_\_\_\_\_ 8 Weeks \_\_\_\_\_

**Would you like to work weekend/nights in the ER/Urgent Care?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Any Schedule /Dates of conflict during program? (weddings, vacations, etc.)**

\_\_\_\_\_

**Also, please attach a headshot of yourself!**

**Orientation is Mandatory on May 18, 2026.**

**\*\*\*PLEASE RETURN by January 9, 2026\*\*\***

**Email application to:** [bhsmededoffice@beaconhealthsystem.org](mailto:bhsmededoffice@beaconhealthsystem.org)

**Or Fax to: 574-296-6528**

**For questions please contact Jenai White**

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