Office of Student Outreach Programs

VCU School of Medicine
Office of Student Outreach Programs
1101 E. Marshall St. Rm. 1-021
PO Box 980565
Richmond, VA 23298

Academic and Clinical Skills Symposium

Virginia Commonwealth University is an equal opportunity / affirmative action institution providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability.
**Academic and Clinical Skills Symposium**

The Academic and Clinical Skills Symposium is designed to give beneficial information to students interested in health careers in hopes that they will become competitive professional school applicants.

The Symposium will also provide additional insight to the clinical side of health careers by exposing students to basic clinical skills through hands-on demonstrations. Students will be able to choose three clinical sessions from six sessions offered during the afternoon portion of the symposium.

Our first symposium was held in February 2004 and was a great success due to the wonderful participation of area pre-health students. We have since expanded the symposium to include academic skills sessions. We hope that you will find this event beneficial and we look forward to meeting you there!

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45</td>
<td>Welcome</td>
</tr>
<tr>
<td>9:00</td>
<td>Academic Session I</td>
</tr>
<tr>
<td>10:00</td>
<td>Academic Session II</td>
</tr>
<tr>
<td>11:00</td>
<td>Academic Session III</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:45</td>
<td>Mini-Tour</td>
</tr>
<tr>
<td>1:00</td>
<td>Clinical Skills Session I*</td>
</tr>
<tr>
<td>1:45</td>
<td>Clinical Skills Session II*</td>
</tr>
<tr>
<td>2:30</td>
<td>Clinical Skills Session III*</td>
</tr>
<tr>
<td>3:15</td>
<td>Wrap-up and Departure</td>
</tr>
</tbody>
</table>

*Students will be able to choose from six Clinical Skills Sessions offered*

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**Registration Form**

- **Name:** ______________________
- **Address:** ____________________
- **Telephone:** ___________________
- **Email:** ______________________
- **Major:** ______________________
- **Classification:** Freshman
  Sophomore
  Junior
  Senior
  Post Bac
  Other: ______________________

To help us prepare, please return registration form **no later than October 16, 2006.**

Office of Student Outreach Programs  
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