



NEW YORK MEDICAL COLLEGE

A MEMBER OF THE Touro College and University System

School of Health Sciences and Practice and INSTITUTE OF PUBLIC HEALTH

APPLICATION Student Health Care Executives (StuHE)

Date: _____

Name: _____

Address: _____

Phone: (H) _____ (Cell) _____ (W) _____

NYMC Email: NYMC _____ Other _____

Degree/Program: _____

Graduation Year: _____ Full-time _____ Part-time _____

On-Campus Student _____ On-Line Student: _____

Affiliations/Club Memberships: _____

Occupation: _____

Interests: _____

How did you hear about us? _____

Want to become a StuHE officer? (y) _____ (n) _____

Are you an ACHE member? (y) _____ (n) _____

To maximize your benefits & network opportunities, consider joining [American College Health Care Executives \(ACHE\)](#)

Please return completed form to: [Student Health Care Executives E-mail address](#)

Or

[Cindy Jakubowski](#), Administrative Secretary, Dept. of Public Health