



## Collegiate Double T Health Professions Honor Society

Texas Tech University Health Science Center

Paul L. Foster School of Medicine

email: [collegiatedoublet@gmail.com](mailto:collegiatedoublet@gmail.com)



**Dear Student,**

We are pleased to announce the beginning of the 2024 Fall Double T semester. It is with great pleasure that the **Collegiate Double T Health Professions Honor Society** invites you to apply to our thriving society, as it grants you many experiences and benefits. The “Collegiate Double T” is an academic honor society founded to enhance the pre-health professional student’s journey to the healthcare field. Our society’s main objectives for its membership are to: encourage scholastic success; provide exposure to health careers and graduate school curricula; serve and provide aid to the community; and strengthen professional skills. Such objectives have been previously fulfilled by: receiving lecture-based presentations from professors at the Paul L. Foster School of Medicine; volunteering at health fairs, the RotaCare Clinic, La Clinica refugee clinic, and other community service events; participating in interview and suturing workshops; competing in West Texas’ most decorated post-secondary HOSA chapter; and being certified to perform CPR! In all, whether you aspire to pursue a career in medicine, physician assistant, pharmacy, nursing, physical/occupational therapy, etc., the Collegiate Double T is more than a great opportunity for you. It is a sharpening tool that will not only better you as a graduate school applicant, but also prepare you to become a stronger graduate school student. We hope you submit an application!

An application for membership has been attached. **Along with your application, please attach your most current unofficial transcript. If you are an incoming freshman, no transcript is required.** The deadline to submit applications and required documents is: **August 24th at 11:59 PM. All documents must be sent to our email, which is listed at the top of this page in PDF format.** You will be notified via email of the Executive Cabinet’s decision on membership in the following week of the deadline. Membership is granted if the student has a **minimum 3.00 college GPA** (first semester students are exempt). If you are accepted, **\$40 annual dues** must be paid at the first meeting. Lastly, we encourage you to forward this invitation to anyone else you may know who may be interested in joining. If you have any questions or concerns, feel free to email us at [collegiatedoublet@gmail.com](mailto:collegiatedoublet@gmail.com), or text me at (915) 637-0596.

**Sincerely,**

**Madison Quintana**

*President*

**Collegiate Double T Health Professions Honor Society**



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NEW MEMBER APPLICATION



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

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender:            M                    F                    Other                    Prefer not to answer

Address: \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail: \_\_\_\_\_

**Languages spoken:**

English

Spanish

French

Other (please list) \_\_\_\_\_

Are you currently enrolled in college classes?            Y                    N  
(If no, please put N/A for this section)

School: \_\_\_\_\_ School ID #: \_\_\_\_\_

Classification : \_\_\_\_\_

Expected Graduation Semester and Year \_\_\_\_\_

Major/Minor: \_\_\_\_\_

GPA: \_\_\_\_\_

Officers Use Only

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues Paid/ Receipt Made : \_\_\_\_\_

Input Person: \_\_\_\_\_

GPA: \_\_\_\_\_

Have you received a degree or professional certification?      Y                      N

Institution: \_\_\_\_\_

Graduation Semester and Year \_\_\_\_\_

Degree/ Certification Awarded: \_\_\_\_\_

Graduating GPA: \_\_\_\_\_

Professional interest: \_\_\_\_\_

Interested in HOSA (more info at <https://hosa.org/what-is-hosa/>):      Y                      N

T-Shirt Size:              S                      M                      L                      XL                      XXL

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Healthcare Activities** (*Shadowing, UMC Volunteering, hospice, scribing, etc. (Optional)*)

Officers Use Only

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues Paid/ Receipt Made : \_\_\_\_\_

Input Person: \_\_\_\_\_

GPA: \_\_\_\_\_

**Medical Organization Affiliations:**

- Medical Professions Organization at UTEP (MPO)**
- Minority Association Physician-Students at UTEP (MAPS)**
- Institute of Cardiology at El Paso - UTEP (ICEP)**
- American Medical Student Organization at UTEP (AMSA)**
- Others (please list):** \_\_\_\_\_

**Are you an officer in any of the listed organizations?**                      **Y**                      **N**

**Short Answers**

The short answers will be used to select the new members from the pool of applicants.

**Why do you want to join Collegiate Double T?**

**What ways do you plan to contribute to Collegiate Double T and/or the El Paso Community through our honor society?**

Officers Use Only

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues Paid/ Receipt Made : \_\_\_\_\_

Input Person: \_\_\_\_\_

GPA: \_\_\_\_\_

**What is your opinion on community service?**

**What is the career you intend to pursue and why?**

Officers Use Only

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues Paid/ Receipt Made : \_\_\_\_\_

Input Person: \_\_\_\_\_

GPA: \_\_\_\_\_

Please list **two people** who can serve as references. Include their contact information (phone) and how they know you.

**Reference 1:**

Name:

Affiliation:

Cell: \_\_\_\_\_

**Reference 2:**

Name:

Affiliation:

Cell: \_\_\_\_\_

Please list community service activities with dates you have done in the past year.

Officers Use Only

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues Paid/ Receipt Made : \_\_\_\_\_

Input Person: \_\_\_\_\_

GPA: \_\_\_\_\_

Please download this file as a **pdf**, edit, and send to **collegiatedoublet@gmail.com**

Subject Field: Last Name, First Name New Applicant

Please save file and submit as: **last-name first-name new application**

Admissions are on a rolling basis, you will receive an admissions letter via the provided email.

Please allow 1 - 2 weeks for processing during the summer.

All applications are due August 24th, no exceptions.

Please contact us if you have questions

Good luck applicants!

**President**

**Madison Quintana**

915.637.0596

maddiequintana@gmail.com

**Vice President**

**Cameron Granados**

915.780.9100

camerongranados.com@gmail.com

**Secretary**

**Joshua Cayme**

915.801.5037

jjcayme2@gmail.com

Officers Use Only

Date Input: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues Paid/ Receipt Made : \_\_\_\_\_

Input Person: \_\_\_\_\_

GPA: \_\_\_\_\_