



HUTCHINSON
COMMUNITY COLLEGE

Merit Badge College 2022 **Healthcare Professions**



COSMOSPHERE
INTERNATIONAL SOLAR CENTER
SPACE MUSEUM

You need to print this form and bring it with you to Merit Badge College.

Highlighted areas are to be completed outside of class.

1. Select three of the professions from Group 1 listed below which interest you, then complete the following:
- a. Briefly describe to your counselor the roles these professionals play in the delivery of health care.
 - b. Describe to your counselor the educational and licensing requirements for the professionals you selected.

Group 1:

- (1) Allopathic physician (MD) – all specialties
- (2) Osteopathic physician (DO) – all specialties
- (3) Podiatrist (DPM)
- (4) Chiropractor (DC)
- (5) Nurse Practitioner (NP)
- (6) Psychologist (PhD or PsyD)
- (7) Optometrist (OD)
- (8) Audiologist (AudD)

2. Select three of the professions from Group 2 listed below which interest you, then complete the following:
- a. Briefly describe to your counselor the roles these professionals play in the delivery of health care.
 - b. Describe to your counselor the educational and licensing requirements for the professionals you selected.

Group 2:

- (1) Physician Assistant (PA)
- (2) Registered Nurse (RN)
- (3) Certified Nurse Midwife (CNM)
- (4) Certified Nurse Assistant (CNA)
- (5) Licensed Practical Nurse (LPN/LVN)
- (6) Nurse Anesthetist (CRNA)
- (7) Pharmacist (PharmD)
- (8) Pharmacy Technician
- (9) Emergency Medical Technician (EMT/Paramedic)

3. Select three of the professions from Group 3 listed below which interest you, then complete the following:
- a. Briefly describe to your counselor the roles these professionals play in the delivery of health care.
 - b. Describe to your counselor the educational and licensing requirements for the professionals you selected.

Group 3:

- (1) Physical Therapist (DPT)
- (2) Occupational Therapist (OT)
- (3) Orthotist/Prosthetist
- (4) Medical Appliance Technician
- (5) Respiratory Therapist
- (6) Medical Assistant
- (7) Dietician (RD)
- (8) Speech-language Pathologist (Speech Therapist)(SLP)

4. Select three of the professions from Group 4 listed below which interest you, then complete the following:
- a. Briefly describe to your counselor the roles these professionals play in the delivery of health care.
 - b. Describe to your counselor the educational and licensing requirements for the professionals you selected.

Group 4:

- (1) Biomedical Engineer (BME)
- (2) Medical Technologist
- (3) Phlebotomist
- (4) Radiology Technologist
- (5) Sonographer
- (6) Medical Records Specialist
- (7) Cytopathologist
- (8) Histotechnologist

5. **Select one career from any of the lists in Requirements 1, 2, 3, or 4 and arrange to visit that professional at their workplace.** Discuss with your counselor the following:
- a. Why did they choose their particular career?
 - b. What do they most like about their job?
 - c. What are their biggest challenges in doing their job?
 - d. Identify the tools/instruments that may be used in their jobs.
 - e. What has been the most surprising aspect of their career?
 - f. What continuing education requirements are required to maintain certification?
6. Discuss with your counselor your understanding of the meaning of the Physician's Oath.
7. Describe the role of confidentiality between a patient and the health care provider. What is HIPAA?
8. Identify a medical advancement or discovery that has been in the news recently. Discuss with your counselor how this can affect patient care.
9. **With approval of your counselor and parents/guardian, serve as a volunteer at a health-related event or facility in your community (e.g. blood drive, health fair, blood pressure screening event). Report to your counselor what you did and learned from the experience.**

Scout Name

Address

Troop Number

Counselor Signature

Unit Leader Signature

Date Completed

Counselor: Initial next to the box located to the left of the requirement completed in class. Sign the space that states Counselor Signature.

Scout: Complete the spaces above for Scout Name, Address and Troop Number. Complete all highlighted areas outside of class.

This form replaces the traditional "Blue Card".