



SCOUTMASTER BUCKY

Health Care Professions Merit Badge

SCOUTS PARTICIPATING IN A SCOUTMASTER BUCKY MERIT BADGE OPPORTUNITY (ONLINE OR IN PERSON), PLEASE CONSIDER ALSO USING THE HEALTH CARE PROFESSIONS MERIT BADGE CLASS PREPARATION PAGE FOR CLARIFICATIONS, INSIGHTS, AND EXPECTATIONS.

<https://scoutmasterbucky.com/merit-badges/health-care-professions/health-care-professions-cpp.pdf>

HEALTH CARE PROFESSIONS MERIT BADGE WORKBOOK

REQUIREMENT 1: Select three of the professions from Group 1 listed below which interest you

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).

Profession #1:

Profession #2:

Profession #3:

REQUIREMENT 1a: Briefly describe to your counselor the roles these professionals play in the delivery of health care.

REQUIREMENT 1b: Describe to your counselor the educational and licensing requirements for the professionals you selected.

GROUP 1 - PROFESSION #1:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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GROUP 1 - PROFESSION #2:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:

GROUP 1 - PROFESSION #3:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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REQUIREMENT 2: Select three of the professions from Group 2 listed below which interest you

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

Profession #1:

Profession #2:

Profession #3:

REQUIREMENT 2a: Briefly describe to your counselor the roles these professionals play in the delivery of health care.

REQUIREMENT 2b: Describe to your counselor the educational and licensing requirements for the professionals you selected.

GROUP 2 - PROFESSION #1:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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GROUP 2 - PROFESSION #2:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:

GROUP 2 - PROFESSION #3:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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REQUIREMENT 3: Select three of the professions from Group 3 listed below which interest you

GROUP 3:

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

Profession #1:

Profession #2:

Profession #3:

REQUIREMENT 3a: Briefly describe to your counselor the roles these professionals play in the delivery of health care.

REQUIREMENT 3b: Describe to your counselor the educational and licensing requirements for the professionals you selected.

GROUP 3 - PROFESSION #1:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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GROUP 3 - PROFESSION #2:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:

GROUP 3 - PROFESSION #3:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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REQUIREMENT 4: Select three of the professions from Group 4 listed below which interest you

GROUP 4:

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

Profession #1:

Profession #2:

Profession #3:

REQUIREMENT 4a: Briefly describe to your counselor the roles these professionals play in the delivery of health care.

REQUIREMENT 4b: Describe to your counselor the educational and licensing requirements for the professionals you selected.

GROUP 4 - PROFESSION #1:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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GROUP 4 - PROFESSION #2:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:

GROUP 4 - PROFESSION #3:

Profession:

The role this profession plays in the delivery of health care:

The education and licensing requirements of this profession:



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REQUIREMENT 5: Select one career from any of the lists in Requirements 1, 2, 3, or 4.

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).

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

GROUP 3

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

GROUP 4

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

Selected Health Care Profession:

REQUIREMENT 5: Arrange to visit that professional at their workplace.

Health Care Professional's Name / Title:

Meeting Date, Time, and Location:

Organization:

Positive Change:

REQUIREMENT 5a: Find out during your visit, why they chose their particular career?

Notes:



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REQUIREMENT 5b: Find out during your visit, what do they most like about their job?

Notes:

REQUIREMENT 5c: Find out during your visit, what are their biggest challenges in doing their job?

Notes:



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REQUIREMENT 5d: Find out during your visit, what tools/instruments that may be used in their jobs.

Notes:

REQUIREMENT 5e: Find out during your visit, what has been the most surprising aspect of their career?

Notes:



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REQUIREMENT 5f: Find out during your visit, what continuing education requirements are required to maintain certification?

Notes:

REQUIREMENT 6: Discuss with your counselor your understanding of the meaning of the Physician's Oath.

Notes:



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REQUIREMENT 7: Describe the role of confidentiality between a patient and the health care provider.

Notes:

REQUIREMENT 7: What is HIPAA?

Notes:



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REQUIREMENT 8: Define.

Medical Advancement / Discovery:

Notes:



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REQUIREMENT 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.

Event or Facility:

Date and Location of Event or Facility Visit:

COUNSELOR APPROVAL: PERHAPS IMPLIED, THIS REQUIREMENT DOES NOT STATE THAT YOU NEED THE COUNSELOR'S APPROVAL AHEAD OF TIME TO SERVE AS A VOLUNTEER. PLEASE NOTE, AS WITH ANY REQUIREMENT, ACCEPTANCE IS AT THE DISCRETION AND SATISFACTION OF THE MERIT BADGE COUNSELOR. YOUR PARENT'S / GUARDIAN'S APPROVAL IS NEEDED **PRIOR** TO VOLUNTEERING.

Counselor's Name

Phone

Counselor's Signature

Date

approved

Parent's / Guardian's Name

Phone

Parent's / Guardian's Signature

Date

approved

Notes: