





Scouts participating in a Scoutmaster Bucky merit badge opportunity, whether online or in person, should consider using the Health Care Professions merit badge pamphlet for discovery and knowledge, along with the class preparation pages for clarifications, insights, and expectations.

https://scoutmasterbucky.com/merit-badges/health-care-professions/health-care-professions-pamphlet.pdf

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

REQUIREMENT 9 REQUIRES COUNSELOR APPROVAL.

REQUIREMENT 9 REQUIRES PARENT / GUARDIAN APPROVAL.				
REQUIREMENT 1:	Select three of the professions from Group 1 listed below which interest you			
	GROUP 1:	Profession #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 #2: Profession #3:		
REQUIREMENT 1a:	Briefly describe to your counselor the health care.	roles these professionals play in the delivery of		
REQUIREMENT 1b:	Describe to your counselor the educational and licensing requirements for the professionals you selected.			
GROUP 1 - PROFESSI	ON #1:			
Profession:				
The role this profession plays in the delivery of health care:				
The educational and li	censing requirements of this profession	:		





GROUP 1 – PROFESSION #2:
Profession:
The role this profession plays in the delivery of health care:
The educational and licensing requirements of this profession:
GROUP 1 – PROFESSION #3:
Profession:
The role this profession plays in the delivery of health care:
The educational and licensing requirements of this profession:







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)	Profession #1: Profession #2:		
	(4) Certified Nurse Assistant (CNA)(5) Licensed Practical Nurse (LPN/LVN)			
	(6) Nurse Anesthetist (CRNA)(7) Pharmacist (PharmD)(8) Pharmacy Technician	Profession #3:		
	(9) Emergency Medical Technician (EMT)/Par	amedic		
REQUIREMENT 2a:	Briefly describe to your counselor the health care.	roles these professionals play in the delivery of		
REQUIREMENT 2b:	Describe to your counselor the eduprofessionals you selected.	icational and licensing requirements for the		
GROUP 2 – PROFESSION	ON #1:			
Profession:				
	n plays in the delivery of health care: censing requirements of this profession:			
me educational and li	censing requirements of this profession:			





GROUP 2 – PROFESSION #2:
Profession:
The role this profession plays in the delivery of health care:
The educational and licensing requirements of this profession:
GROUP 2 – PROFESSION #3:
Profession:
The role this profession plays in the delivery of health care:
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The role this profession plays in the delivery of health care:
The role this profession plays in the delivery of health care: The educational and licensing requirements of this profession:







REQUIREMENT 3:	Select three of the professions from Group 3 listed below which interest you			
	GROUP 3:	Profession #1:		
	 (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 The 	Profession #2: Profession #3: erapist) (SLP)		
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	ON #1:			
Profession:				
	n plays in the delivery of health care:			
The educational and lie	censing requirements of this profession:			





GROUP 3 – PROFESSION #2:
Profession:
The role this profession plays in the delivery of health care:
The educational and licensing requirements of this profession:
GROUP 3 – PROFESSION #3:
Profession:
The role this profession plays in the delivery of health care:
The fole this profession plays in the delivery of health care.
The advectional and licensing requirements of this professions
The educational and licensing requirements of this profession:







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	Profession #1: Profession #2: Profession #3:		
	(8) Histotechnologist			
REQUIREMENT 4a:	Briefly describe to your counselor the health care.	roles these professionals play in the delivery of		
REQUIREMENT 4b:	Describe to your counselor the edu professionals you selected.	ucational and licensing requirements for the		
GROUP 4 - PROFESSION	ON #1:			
Profession:				
	on plays in the delivery of health care:			
The educational and li	censing requirements of this profession			





GROUP 4 – PROFESSION #2:
Profession:
The role this profession plays in the delivery of health care:
The educational and licensing requirements of this profession:
GROUP 4 – PROFESSION #3:
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Profession:
Profession:
Profession: The role this profession plays in the delivery of health care:
Profession:
Profession: The role this profession plays in the delivery of health care:
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GROUP 1	GROUP 2
 (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). 	 (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	GROUP 4
(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) relected Health Care Profession:	 (1) Biomedical Engineer (BME) (2) Medical Technologist (3) Phlebotomist (4) Radiology Technologist (5) Sonographer (6) Medical Records Specialist (7) Cytopathologist (8) Histotechnologist
•	ofessional at their workplace.
3	ofessional at their workplace.
Health Care Professional's Name / Title:	ofessional at their workplace.
REQUIREMENT 5: Arrange to visit that selected predeath Care Professional's Name / Title: Meeting Date, Time, and Location: Organization:	ofessional at their workplace.
Health Care Professional's Name / Title: Meeting Date, Time, and Location: Organization:	
Health Care Professional's Name / Title: Meeting Date, Time, and Location: Organization:	
Health Care Professional's Name / Title: Meeting Date, Time, and Location: Drganization: REQUIREMENT 5a: Why did they choose their parti	







REQUIREMENT 5b:	What do they most like about their job?
Notes:	
REQUIREMENT 5c:	What are their biggest challenges in doing their job?
Notes:	
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REQUIREMENT 5d:	identify the tools/instruments that may be used in their jobs.
Notes:	Identify the tools/instruments that may be used in their jobs.
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	Identify the tools/instruments that may be used in their jobs.
	What has been the most surprising aspect of their career?
Notes:	
Notes: REQUIREMENT 5e:	







REQUIREMENT 5f:	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:	
REQUIREMENT 7:	Describe the role of confidentiality between a patient and the health care provider. What is HIPAA?
REQUIREMENT 7: Notes:	
Notes:	is HIPAA?
Notes:	Identify a medical advancement or discovery that has been in the news recently.
Notes: REQUIREMENT 8:	Identify a medical advancement or discovery that has been in the news recently.
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REQUIREMENT 9:	with your parent or guardian health related event or facility	in your communi	r's approval, s ity (e.g., blood drive, h	serve as a volunteer at a health fair, blood pressure screening event).
Event or Facility:				
Date, Time and Location	on of Volunteerism:			
PARENT/GUARDIAN APP	ROVAL: IS REQUIRED.			
Parent's / Guardian's Name		<u> </u>	Phone or Email	
Parent's / Guardian's Signatu	ire		Date	approved
COUNSELOR APPROVAL	: IS REQUIRED.			
Counselor's Name			Phone or Email	
Counselor's Signature			Date	approved
REQUIREMENT 9:	Report to your counselor wha	t you did and lear	rned from the	experience.
Notes:				