

Intention of Application Form for Health Professions 2012-2013

This form is designed to begin to prepare you for your interview and your professional school applications. Please type in your answers and return it to the Center for Health Sciences Advising, 219 Jordan Hall of Science. The office hours are 8-5 Monday through Friday (closed for lunch from Noon-1). Interviews will begin in December 2012; see Carry Teshka, our Administrative Assistant to start your file. **This form and the application questionnaire must be handed in to obtain an interview.**

Medical Dental Veterinary MD/PhD Other Health Profession (Specify)

Major 1:

Minor:

Major 2:

Personal Information

Name:

Name/Nickname you prefer:

ND ID# (example 901XXXXXX):

Expected Graduation Date:

Degree(s):

Home Address:

Campus Address:

Home Phone:

E-mail:

Cell phone:

US Citizen Y or N

State of Residence (check rules):

Permanent US Resident Y or N

Visa type:

Expected year of Matriculation (entering Professional School):

Family Occupations (parents, guardian, siblings, other):

(If any relative is a health professional, give institution granting degree.)

Language and degree of fluency:

Are any of these languages at a level that you could converse with patients?

Racial/Ethnic Identity:

Some medical/dental schools want to know information about your ethnicity and race. This information is **optional**, but is used to assess your status as a member of an underrepresented minority or group.

Experience

Professional schools use knowledge of your extracurricular activities to measure motivation, long standing interest, leadership and altruism.

For each academic year and intervening summer, list all extra curricular activities (paid or unpaid), specifying those that were career related and number of hours devoted. (AMCAS allows 15 entries)

<p>AMCAS uses the following categories. Please identify each activity according to the category.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Paid employment – Non-military Research/Lab Conferences attended Publications Extracurricular/Hobbies/Avocation Community Service/Volunteers – Not medical / clinical Community Service/Volunteers – Medical / clinical Other </td> <td style="width: 50%; vertical-align: top;"> Paid employment – Military Teaching/Tutoring Presentations/Posters Honors/Awards/Recognitions Leadership - Not listed elsewhere </td> </tr> </table>		Paid employment – Non-military Research/Lab Conferences attended Publications Extracurricular/Hobbies/Avocation Community Service/Volunteers – Not medical / clinical Community Service/Volunteers – Medical / clinical Other	Paid employment – Military Teaching/Tutoring Presentations/Posters Honors/Awards/Recognitions Leadership - Not listed elsewhere
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Freshman Year 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Fresh/Soph Summer 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Sophomore Year 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Soph/Jr Summer 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Junior Year 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Jr/Sr Summer 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Senior Year 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪

Senior Year 20__-20__	Description (Hrs/week, dates, organization, contact information)
Other Category	▪

Post Grad 20__-20__	Description (Hrs/week, dates, organization, contact information)
Health Related Category	▪
Other Category	▪

Have you been employed during the school year?

Was this part of your financial aid package?

Were you ever the recipient of any institutional action for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw? What did you learn from this experience?

Standardized Test Scores

SAT	Verbal:	Math:
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MCAT, DAT, OAT, GRE, PCAT or other; please specify: Date test taken / scheduled: If completed, please list scores:
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Professional Schools

Do you currently have a strong opinion as to which professional schools you are considering? If so, list your 3 top choices.

- 1.
- 2.
- 3.

Recommenders

See recommendation instruction form for more information on asking for letters. As a general rule, do not use High School contacts, political figures, TAs or relatives. You are seeking a **total of five** recommenders.

Advisor writing cover letter:

List **at least** two Science Professors you plan on asking for a recommendation

- 1.
- 2.

Non-Science Professor(s) (one or two)

- 1.
- 2.

Up to two others (if applying to osteopathic or dental schools, include one letter from an osteopath or dentist).

- 1.
- 2.

To be completed by the applicant:

Name: _____ ID # _____

Federal law requires that this form be available for review by the applicant unless he/she waives the right to inspection. **Applicants are asked to check one of the boxes, then sign and date below.**

I do waive, or do not waive my right of access to the evaluation written by those listed above.

Signature: _____ Date: _____

This waiver applies to all of the recommenders listed above.

Disadvantaged Status

Do you wish to be considered a disadvantaged applicant by any of your designated medical schools, which may consider factors such as your social, economic, or educational background?

If yes, where did you spend the majority of your life from birth to age 18?

- Military or government installation
- Urban
- Suburban
- Rural
- Other

Do you believe this area was medically underserved?

Have you or your immediate family members ever used federal or state assistance programs?

What was the average yearly income level of your family during the majority of your life from birth to age 18? (Rounded to Nearest \$5000)

Did you ever have paid employment prior to age 18?

Were you required to contribute to the overall family income (as opposed to working for your own discretionary spending)?

How did you pay for your post-secondary education? List percentages that total 100%

- Academic Scholarship %
- Need based Scholarship %
- Student loans %
- Other loans %
- Family contribution %
- Personal Contribution %
- Other %

Do you believe you faced any hardships from birth to present that interfered with your educational pursuits? If yes, please explain.

The Fee Assistance Program (FAP) for the April/May MCAT dates is now active. Fill out the 2012 FAP application form in order to apply for fee assistance on the MCAT and fill out the 2013 FAP application for fee assistance with the AMCAS application. You must apply for this to be considered for application fee assistance.

www.aamc.org/students/applying/fap/start.htm