



PRE-HEALTH ADVISING APPLICATION

MEDICAL

ENTERING CLASS 2021

PLEASE PRINT CLEARLY!!

Please include your name on all pages!

DEADLINE: MONDAY, JANUARY 27, 2020

Along with this application, please submit:

- ✓ A PHOTO (jpeg)*
- ✓ CURRENT COPY OF YOUR UNOFFICIAL YU TRANSCRIPT (FROM BANNER, NOT MY YU)

* This photo is for internal use and not sent to medical schools.

APPLICANT DATA

FIRST NAME: _____

LAST NAME: _____

NICKNAME: _____

YU ID #: _____

EMAIL ADDRESS:* _____

*This is the email address you use most frequently. It does NOT have to be your YU email account.

NAME: _____

CELL PHONE: _____

APPLICANT STATUS

Please CHECK all that apply.

___ First-Time Applicant

___ Repeat Applicant

___ Delayed for a Year*

*If delayed, explain:

Please check the type(s) of schools/programs to which you are applying.

___ Allopathic Medicine (MD)

___ Medicine/Doctorate (MD/PhD)

___ Osteopathic Medicine (DO)

___ Podiatric Medicine (DPM)

___ Other (specify): _____

PERSONAL BACKGROUND—REQUIRED

Parents: Please provide their country of origin, education levels and current occupations (grandparents also if they were a significant part of your life growing up)

FATHER:

NAME: _____

PROFESSION: _____

EDUCATION LEVEL: _____

(ie., high school, some college, college graduate, advanced degree)

MOTHER:

NAME: _____

PROFESSION: _____

EDUCATION LEVEL: _____

(ie., high school, some college, college graduate, advanced degree)

SIBLINGS: Please give ages and careers and where you fall (oldest, youngest, etc.)

NAME: _____

MARITAL STATUS: _____

(single, married, engaged)

SELF IDENTIFICATION

Which do you consider yourself:

_____ White _____ Hispanic _____ Other (Explain: _____)

LANGUAGE PROFICIENCY:

Let us know if you grew up speaking a language other than English, or have studied other languages, and the extent of your language ability in other languages (e.g., fluent, proficient, basic).

LANGUAGE: _____

LEVEL (CIRCLE): Fluent Conversational Basic

LEGAL RESIDENCE

Which state do you claim legal residence? This is an important consideration when choosing state programs who have restrictive guidelines for out-of-state applicants.

If you have any concerns, please discuss this with the Pre-Health Advisor BEFORE you submit your application.

STATE: _____

INSTITUTIONAL ACTION:

Were you ever the recipient of any institutional action (e.g., probation, suspension, dismissal) by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw?

Yes No

Do you have a criminal record of any kind?

Yes No

NAME: _____

ACADEMIC BACKGROUND—REQUIRED

You must attach a CURRENT UNOFFICIAL transcript for each undergraduate or graduate institution in which you enrolled and completed coursework. (NOT MY YU!)

UNDERGRADUATE EDUCATION:

Please indicate information regarding your undergraduate education:

School: _____ YC _____ SYMS

MAJOR AND CURRENT GPA (do not estimate—use the GPA calculator)

Major: _____ and Dual Major (if applicable): _____

Minor: (if applicable): _____

Overall GPA: _____

Science (BCPM) GPA: _____

BCPM calculator located at <http://www.nyu.edu/cas/prehealth/calculator.html>

Date Rec'd/Expected Graduation: _____

If you feel that there were extenuating circumstances (e.g., illness, personal situations) that negatively affected your academic performance, please describe them here. We will not include this information in your committee letter without prior discussion with you, but this information will help us contextualize your metrics:

GRADUATE EDUCATION (IF APPLICABLE) Online GPA calculator:

Regardless of where you attended or are currently attending an institution for your graduate degree or post-baccalaureate program, please complete the information below:

Degree/Certificate: _____ Date Rec'd/Expected: _____

Major: (EXPLAIN IN DETAIL) : _____

Why this major?

Are you currently attending or did you attend a graduate degree or post-baccalaureate program following your undergraduate education? YES/NO

If you attended or are currently attending a graduate degree or post-baccalaureate program please indicate the name of that institution below:

NAME: _____

Graduate/Post-Baccalaureate Institution:

Test Date Taken Scores

SAT/ACT _____

MCAT

Date Taken (Repeat if necessary)

MCAT #1

____ CHEM/PHYS

____ CARS

____ BIO/BIOCHEM

____ PSYCH/SOC

MCAT #2

____ CHEM/PHYS

____ CARS

____ BIO/BIOCHEM

____ PSYCH/SOC

(Please speak with your advisor before attempting the MCAT a third time!)

Are you scheduled to take an MCAT in the coming months? YES/No

If yes, in what month are you planning? _____

ESSAYS

As part of this application you are required to write several brief essays on various topics, including your background and experiences. This is the same information required on the online applications (AMCAS, ACOMAS), so focusing on these issues NOW alleviates work you will have to do when the applications open in the spring.

Before you attempt these essays, you should compile a professional resume and review it with the Career Center. They are very good at elaborating on experiences—or aspects thereof—you might not realize are important.

NAME: _____

ESSAY #1: CANDIDATE INTRODUCTION

Please compose two brief essays for these questions. They should be no more than 5,000 characters (about a page single spaced.)

Please attach a brief overview of the formative experiences in shaping who you are today as well as influences that impacted your decision to pursue a career in healthcare.

Be sure to include (a) where you were born and raised, (b) your parents' or guardians' backgrounds and influences, (c) siblings, (d) experiences leading up to college that shaped your values, aspirations, and motivations concerning your future. Repeat applicants do not need to complete this section.

ESSAY #2: MOTIVATIONS AND INSPIRATIONS

Please attach a second essay which answers this question, “Why am I **ready** to become a doctor?” Not “why do I **want** to be a doctor?”

ESSAY #3: ACADEMIC ACCOMPLISHMENTS

This essay should be no more than 5,000 characters. (About 1 page single-spaced)

Please provide a general summary of your academic accomplishments and intellectual pursuits. This may include why you selected a particular major, your experience in a class or set of classes, how you diversified and pursued varied academic interests, and/or a statement to summarize your academic experience at YU. Include any scholarships and other academic awards you have received while in college.

RELEVANT EXPERIENCES:

MEDICALLY RELATED EXPERIENCE

Write a brief narrative for each medically-related experience since high school. AMCAS allows for up to 15, including 3 Most Meaningful. Be sure to include both the details (dates, contact information) of the experience and what YOU gained from the experience.

Most Meaningful Experience Remarks—LENGTH: 1,325 characters

Other Experiences—LENGTH: 700 characters

Be sure to include specific start/end dates, supervisor name, and contact information which will be required on the online applications.

NAME: _____

SAMPLE: After a semester abroad in Arica, Chile, I chose to do an Independent Study Project in the rural valleys outside of the city. I learned that effective communication requires much more than the ability to speak the official language. I was conversational in Spanish, but when I began pilot interviews to test my questionnaire, the complexities of working with a rural population emerged. I vividly remember referring to pesticides with the Spanish term "plaguicidas" and my chagrin when my interviewee asked if I meant "SIDA", the phonetically similar term for AIDS. When I defined the term as "poisons that are used to protect crops", her face lit up with understanding. This experience prompted me to adapt my questionnaire to the rural vernacular.

RESEARCH EXPERIENCE

Experience Name: _____

Dates (from): _____

Contact Info: _____

PRINCIPAL INVESTIGATOR (OR IMMEDIATE SUPERVISOR and contact info):

BRIEFLY DESCRIBE RESEARCH, INCLUDING EXPECTED RESULTS AND WHETHER THEY WERE MET OR NOT.

SAMPLE: I conducted field research to understand the risk of pesticide exposure among children in agricultural communities in northern Chile. I developed and administered a survey to mothers during their children's checkups at three rural health posts. Most were Bolivian or Peruvian migrant farm workers. I assessed perceptions, behaviors, and practices related to their children's risk of exposure, as well as past exposures and symptoms. This experience taught me about cultural differences related to language and enabled me to experience rural health care while working among nurses, paramedics, and midwives. I also became interested in the unique challenges facing migrant populations.

COMMUNITY AND PUBLIC SERVICE

(List all experiences post high school)

Experience Name: _____

Dates: _____

Organization Name: _____

Average Hours Per Week _____

Contact Name and Title: _____ City/State/Country _____

NAME: _____

Experience Description: (700 characters)

SAMPLE: Jail Tutorial works to reduce incarceration recidivism rates by addressing underlying factors that lead people toward crime. My fellow volunteers and I build relationships with inmates to support their rehabilitation through academic support and positive encouragement. I tutor inmates at the Baltimore City Women's Detention Center as they work toward their GEDs.

EXTRACURRICULAR/HOBBIES/AVOCATIONS

Experience Name: _____

Dates (from): _____ (to) _____

Organization Name: _____

Average Number of Hours _____

Contact: Name/Title/Phone: _____

(If it is yourself, as with a hobby, list yourself)

Experience Description: (700 characters)

SAMPLE: I ran the 2011 Baltimore Half-Marathon as part of the 4K for Cancer charity team. 4K for Cancer is a division of the Ullman Cancer Fund, which supports cancer-affected young adults through peer mentoring, support groups, college scholarships, and patient navigation services. To run with the team, I fundraised \$300 to support the charity's work. Joining the 4K team was a great way for me to participate in an enjoyable and healthy activity while benefiting a good cause. My long training runs introduced me to parts of Baltimore that I was previously unfamiliar with and strengthened my connection to the community.

ADDITIONAL INFORMATION

Please use the space below to share information about your experiences not touched upon above. Completing this section will help you with secondary application questions! (please limit each response to 1/2 page)

- ✓ Challenges you have faced—personally or academically
- ✓ How will you bring diversity to your medical school class?
- ✓ Explain poor grades (if applicable)
- ✓ Provide information about gap year plans (if you have definite plans) (if applicable)

NAME: _____

- ✓ Explain why you took the MCAT more than once (if applicable)
- ✓ Time off from school (your year(s) in Israel or other semester/s off)

OSTEOPATHIC APPLICANTS ONLY

FAMILIARITY WITH PRINCIPLES OF OSTEOPATHIC MEDICINE

It is strongly recommended that applicants to osteopathic medical school demonstrate familiarity with principles of osteopathic medicine. This space should be used to discuss how your background, experiences and values support your interest in osteopathic medicine. (Example: commenting on experience with Health Leads).

SAMPLE: I am interested in applying to both osteopathic and allopathic medical schools. After researching osteopathic medicine and having shadowed a D.O. in my hometown this past summer, I am drawn to the philosophy underlying the profession and emphasis on primary care. More specifically, I appreciate the emphasis on the inter-relatedness of the human body and how osteopathic medicine teaches us to search for the cause of the disease and treat the underlying problem, not just the resulting symptoms. Also, I am curious to learn more about osteopathic manipulative medicine (OMM), realizing that a physician can do simple procedures during an office visit that may offer their patients immediate relief or use OMM as an alternative to many invasive procedures, such as surgery. I plan to apply to a number of osteopathic medical schools.

VERIFICATION OF COMMITTEE LETTER ELIGIBILITY

Please acknowledge that you meet the HPA eligibility criteria for a committee letter by verifying that each of the following statements is true:

- I have taken at least half of the premedical prerequisite science courses.
- I will secure at least three letters of recommendation from someone who has taught me in a science course.
- I have not been accepted to a medical school via the regular application process in the past.
- I will participate in a pre-application interview.
- I will adhere to deadlines for pre-application materials, interview scheduling, and application submission.

Updated: November 4, 2019