



PRE-HEALTH ADVISING APPLICATION

MEDICAL

ENTERING CLASS 2023

This is for students applying in the Summer of 2022 and entering programs in the fall of 2023.

PLEASE PRINT CLEARLY!!

Please include your name on all pages!

DEADLINE: MONDAY, JANUARY 31, 2022

Along with this application, please submit:

PHOTO (jpeg)--This photo is for internal use and not sent to medical schools.

CURRENT COPY OF YOUR UNOFFICIAL YU TRANSCRIPT (FROM BANNER, NOT MY YU)

Navigating InsideTrack and Banner Self-Service: ·

* Go to

<http://insidetrack.yu.edu> <<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Finsidetrack.yu.edu%2F&data=04%7C01%7Cbeaudrea%40yu.edu%7C4d3d13d2e26e482a0d7d08d91635cd62%7C04c70eb48f2648079934e02e89266ad0%7C1%7C0%7C637565242611921096%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLlCIBTI6IklhaWwiLlCIXVCI6Mn0%3D%7C1000&sdata=3ISY%2BsDn7Gbkee5EIMlYrk7nvghBIMT7CvKaQVb9Lcs%3D&reserved=0>> <<http://insidetrack.yu.edu> <<https://nam02.safelinks.protection.outlook.com/?url=http%3A%2F%2Finsidetrack.yu.edu%2F&data=04%7C01%7Cbeaudrea%40yu.edu%7C4d3d13d2e26e482a0d7d08d91635cd62%7C04c70eb48f2648079934e02e89266ad0%7C1%7C0%7C637565242611921096%7CUnknown%7CTWFpbGZsb3d8eyJWljojMC4wLjAwMDAiLCJQIjoiV2luMzliLlCIBTI6IklhaWwiLlCIXVCI6Mn0%3D%7C1000&sdata=t6q0dmzOT39ptLl5jbx86k5zmZlpnmHjDLnAl1wzU6g%3D&reserved=0>>>

* Log in using YUAD credentials

* Navigate to the Students menu on the left side of the page

* Select your level of study: Undergraduate, Graduate, or Cardozo

* Select Banner Self-Service

* In Banner Self-Service:

Select Student and Financial Aid

Select Student Records

Select Request Emailed Transcript

NAME: _____

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.

CELL PHONE: _____

APPLICANT STATUS

Please CHECK all that apply.

___ First-Time Applicant

___ Repeat Applicant

___ Delayed for a Year*

*If delayed, explain: _____

Please check **all** 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)

NAME: _____

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

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

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): _____

NAME: _____

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)

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:

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

NAME: _____

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, AADSAS, and 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 Career Services. They are very good at elaborating on experiences—or aspects thereof—you might not realize are important. It is also helpful to review and confirm necessary dates now in preparation for the online application.

These essays should be no more than 5,000 characters (about a page single spaced.)

ESSAY #1: CANDIDATE INTRODUCTION

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 an essay which answers this question, “Why am I **ready** to become a doctor?”

NOTE: Not “why do I **want** to be a doctor?”

NAME: _____

ESSAY #3: ACADEMIC ACCOMPLISHMENTS

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.

ESSAY #4: CO-VID 19:

Please answer the following questions in full sentences (but doesn't have to be long):

How did Co-V-19 affect you personally? Discuss family life, who had the disease in your immediate family, how long you and your family were affected and in which ways were you all affected (health, job loss, living in close quarters, etc) What did you do during the pandemic to help others? You should discuss any volunteering you did outside the home (EX: Crisis Text Line, Schleppers, EMT work, etc.).

If you did nothing outside of what you did with your own family during this time, please explain **thoroughly**.

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.

NOTE: Online applications require a verifiable contact name and email/phone number for each experience.

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

NAME: _____

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 _____

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.

NAME: _____

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 ½ page)

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

NAME: _____

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.

MATRICULATION INFORMATION

Each year departments within YU will ask for graduate school matriculation information for their records. By signing below, you give the Pre-Health Department permission to release this information to other offices, such as Communications and the Alumni Association. These offices may wish to use your name and the medical/dental school you are attending for publicity purposes—ad campaigns, etc.

Should you have any additional questions on this subject, please contact our office at 646.592.4426.

_____ I HEREBY ALLOW the YU Pre-health Department to provide my matriculation information to other YU departments without my express consent.

_____ I DO NOT ALLOW the YU Pre-health Department to provide my matriculation information to other YU departments without my express consent.

PLEASE INITIAL HERE: _____

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: October 20, 2021