

Pre-Health Packet Application Year 2017 Entering Class 2018

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March 1, 2017 4:30PM EST is the **priority** deadline for submission of Prehealth Packets for first time applicants, NO exceptions.

May 9, 2017 4:30 PM EDT is the final deadline for all other submissions, NO exceptions.

Please read through the following on our website **before** filling out this form:

Filling Out the Application

- In order to save your progress, click on the "Save" button in the lower left hand corner that appears on subsequent pages. You'll be sent an email with a link for continuing later. In some cases, the message may take up to 5 to 10 minutes to be delivered, and may be caught in a spam or junk filter. Look for a message from "perfectforms@perfectforms.com" with subject "Link to your Pre-Health Packet". In addition, the field below will also display the link for continuing.

Link/URL for Continuing Form

Pending Initial Save

- We suggest you **SAVE** each page as you advance through the form and be certain that you receive an email confirmation from PerfectForms confirming your final submission of the packet once you submit the form.
- Please avoid using **comcast.net**, **rcn.net**, or **verizon.net** addresses, if possible. Those systems appear to be blocking messages from PerfectForms. Terpmail addresses tend to be the most reliable.
- To close the form, you **MUST** use the "Close Form" button in the lower right hand corner; **DO NOT** simply close your browser window. Failure to close the form properly will lock you out of your form for 10 minutes; you'll have to wait until that 10 minute period has elapsed to continue from where you last saved.
- For the personal statement and self reflection questions, you're advised to draft your answers in Microsoft Word or another similar word processor program, then copy and paste your completed answers into the application form.

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Part One - Student Information Inventory

	UMD ID #	Date of Birth
	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

What sex were you assigned at birth, on your original birth certificate? Male Female

What is your current gender identity? (Check all that apply)

Pronouns you ask that others use to refer to you by if we are writing a letter about you to a professional school.

Phone Number

Primary Email

Alternate Email

- Male
- Female
- Trans male/Trans man
- Trans female/Trans woman
- Genderqueer/Gender non-conforming
- Different identity (please state):

- she/her/hers
- he/him/his
- they/them/theirs
- other (please state):

Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: It is your responsibility to update us with your contact information (email & phone number) as needed.

Status as of March 1, 2017
(select all that apply)

- Junior
- Senior
- Alum
- Shady Grove Campus
- Science in the Evening

Major

Major (if Other)

Second Major

Second Major (if Other)

Minor

Current Track

- Pre-MED (Allopathic)
- Pre-MED (Osteopathic)
- Pre-DENT
- Pre-OPTOMETRY
- Pre-PODIATRY
- MD/PhD
- MD/MPH

Graduation Date

Note: You must release your common application to your advisor as part of the Committee Process. HPAO will not work on any committee letters without an advisor release.

If you are not accepted to the professional program of your choice, what do you plan to do?

Link/URL for Continuing Form:

Pending Initial Save

Serve as a Resource: Are you willing to serve as a resource for future applicants and have your contact information (name and email) posted on a secure, password protected page on our website? Yes No

Note: Contact information for past applicants who have successfully matriculated into medical, dental, optometry, or podiatry school is available on a password-protected page on our website. Login information will be provided via email once you have submitted your packet.

Please indicate your involvement in the following (if applicable)

- College Park Scholars
- Beyond the Classroom
- Global Communities
- Departmental Honors
- Banneker Key
- Honors College
- Civicus

Specify program (if applicable)

College Park Scholars

Honors College

Ethnicity (indicate the group(s) with which you identify)

- Black/African American
- Mainland Puerto Rican
- Native American
- White/Caucasian
- Asian American
- Latino/Hispanic
- Multi-Ethnic
- Other

Citizenship Status

State of Residency

The following groups may be considered underrepresented in the health professions nationally: Black/African American, Latino/Hispanic/Mexican American, Mainland Puerto Rican, Native American (American Indian, Alaskan Native, Native Hawaiian), LGBTQ. Please provide the group(s) with which you identify (optional).

- Black/African American
- Mainland Puerto Rican
- Latino/Hispanic/Mexican American
- Native American
- LGBTQ

AAMC / AADSAS / AACOMAS / OPTOMCAS / AACPMAS ID (if available)

Do you plan to apply as an educationally and/or economically disadvantaged candidate? Yes No

Information as to what constitutes "disadvantaged" status can be found on the professional organizations' websites:

Have you applied or are you planning to apply for Fee Assistance? Yes No

Are you the first generation from your family to attend college? Yes No

Are you affiliated with the US military? Yes No

If you answered "yes," please describe your current status.

- Active Duty
- Reserves/National Guard
- Veteran
- Dependent

Did you participate in the Summer Health Professions Education Program (formerly Summer Medical and Dental Education Program)? Yes No

If yes, which program?

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Education: List all colleges/universities and dates attended, starting with the most recent
Click the plus (+) sign below to add rows

Dates Attended	Institution	Major	Degree (if applicable)

GPA Calculation: You must calculate and enter numbers to complete the cumulative GPA line through the most recently completed semester. Include summer courses with the *next* academic year. Repeated courses must be averaged, not dropped from your GPA. Enter "0" in spaces where they are not applicable to you (i.e. if you took no sciences Freshman year). Click the "GPA Calculator" link below for instructions for completing this section.

	BSCI/CHEM/MATH/PHYS (no MATH for dental)		All Other		Total	
	GPA	Credits	GPA	Credits	GPA	Credits
Freshman	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sophomore	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Junior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Senior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Post-Bacc Undergrad. Courses (these will be calculated into your undergrad CUM as well)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Undergraduate CUM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Graduate CUM	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any of your cumulative BIOL/CHEM/MATH/PHYS GPA entries are below 3.0, please provide a compelling reason why you feel you are ready to apply at this time.

Test Scores: Include all past exam dates and anticipated dates. You must submit your test scores **to HPAO** when they become available. Click the plus (+) sign below to add rows.

MCAT: Pre-February 2015

Date	Physical Sciences	Verbal Reasoning	Writing Sample (if available)	Biological Sciences	Total

MCAT: Post-February 2015: If you have yet to take the MCAT, please enter the date you plan to do so.

Date	Chemical and Physical Foundations of Biological Systems	Critical Analysis and Reasoning Skills	Biological and Biochemical Foundations of Living Systems	Psychological, Social and Biological Foundations of Behavior	Total
	Score/Percentile	Score/Percentile	Score/Percentile	Score/Percentile	Score/Percentile

DAT/OAT

Date	Acad Avg	Perceptual Ability(DAT)/ PHYS(OAT)	QRT	Reading Comprehension	Biology	General Chemistry	Organic Chemistry	Total Science

Did you take a pre/review course? Yes No

If yes, which one?

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Part Two - Resume, Photo, Personal Statement, & Self Reflection

Resume: Consult our resume template or use your own functional resume. Ensure that you include the necessary information concerning dates of service, total time commitment per week/month and duties performed. All resumes should include the following categories (if applicable):

- Employment
- Research
- Leadership
- Clinical Experience
- Awards/Scholarships
- Community Service/Non-Medical Volunteer
- Special Skills/Other

Attach

Please attach your resume (as a PDF - 2 MB filesize limit) and format the document name as *LastName_FirstName_MiddleInitial.pdf*

Photo: For HPAO use only, to associate your face with your name. Please select a photo containing a clear image of your face.

Attach

Please attach your photo (in JPG/JPEG, GIF, or PNG formats - 1 MB limit)

Personal Statement: Priority first-time applicants: If you make significant edits to your personal statement before you receive advisor comments, please submit the updated version to preprof@umd.edu. **NOTE:** Non-priority applicant personal statements will not be reviewed; non-priority applicants should enter "N/A" below.

Enter your personal statement below. Refer to the Personal Statement Guidelines and Common Application Services (links below). Character limits include spaces. (5300 characters for AMCAS, 4500 characters for AADSAS, AACOMAS, OPTOMCAS, and AACPMAS)

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Self Reflection Questions: Answer each of these questions in paragraph form. Word count is provided as a guide. You may go over or under as needed, but make an effort to be close to the suggested limit.

1) Please provide a brief personal autobiography including: (300 words)

- Family structure
- Parent professions
- Sibling information
- Relevant personal information that has significantly affected your personal decisions, circumstances, and outcomes
- Please list any health care professionals in your immediate family

2) What are your hobbies or personal interests? Do you have any special talents or abilities? (athletics, music, art, etc.) (200 words)

3) In your opinion, do your grades accurately reflect your ability? If not, why? Explain W's, C's or lower grades and semesters with low number of credits. List any family, financial, or other obligations that may have affected your academic experience. (100 words)

4) Consider the following personal competencies: integrity and ethics; reliability and dependability; social, interpersonal, and teamwork skills; service orientation. Using specific examples from your most meaningful experiences, discuss how you've grown and developed in three of these competency areas. Please use a different example for each personal competency. (400 words)

5) How have your experiences (academic or experiential) contributed to your understanding of the psychological, social, cultural and/or socio-economic determinants of health? (400 words)

6) What, if any, do you see as weaknesses or obstacles to being admitted to professional school this year? What are you doing/have you done to address this/these weaknesses? (150 words)

7) How do you think you will contribute to the diversity of the class you will join when you enter professional school? Remember that professional schools are concerned with diversity in all of its many forms, ie. race, ethnicity, socio-economic background, first generation status (in US or in college), academic major/interests, geographic origins (remote areas of the state, country or outside of the country), etc. (250 words)

8) Describe a time when you were faced with a difficult challenge. Discuss how you overcame it. (200 words)

9) Why do you want to be a [doctor, dentist, optometrist, or podiatrist]? (250 words)

10) Describe what leadership means to you and talk about your experience(s) as a leader and the role(s) you have played in a group setting. (250 words)

11) Do you have any experience working or living with groups who are considered "medically underserved"? Explain. (250 words)

12) Describe your clinical experience and its significance (i.e. clinical observation/physician shadowing and/or clinical volunteering are the categories listed on AMCAS). Include frequency, duration, and dates of experiences. (400 words)

13) Describe your community service activities – duration and responsibilities. Discuss your most meaningful interaction with the community and what you learned about that community. (400 words)

14) Describe your research experience(s). Be sure to include a brief overview of the research topic(s), your role on the project(s), and how your research experience has influenced or expanded your understanding of clinical practice. (500 words)

15) Is there anything else you want to tell us that you have not found a way to communicate in another part of this form (consider resume items that are important to you that don't fit in these boxes). It is not necessary to have a response to this prompt but feel free to use it if you have additional information for us to consider. (200 words)

16) If applying for Osteopathic (DO) schools, explain your reasons for selecting this type of program. Note: Many schools will require that you have shadowed a DO and that you obtain a letter of recommendation from him/her.
If not applying to DO schools, please type "N/A." (400 words)

17) If applying to MD/PhD programs, please explain your reasons for selecting this type of program.
If not applying to MD/PhD, please type "N/A." (400 words)

18) Do you have any questions or concerns about the application process or your qualifications? Explain.

19) Have there been any breaks in your education (other than vacations)? If so, please explain what you did during those times.

20) Is English your first language? Explain. List any languages, other than English that you speak and list your level of proficiency (beginner, intermediate, proficient, fluent, first language).

21) Have you ever been convicted of a crime? If yes, explain.

22) The HPAO will receive a conduct report for each student requesting a Committee Letter from the Office of Student Conduct. Do you have a record (including closed or expunged cases)? If so, please provide an explanation of the action against you. To ensure that you accurately report this information to the HPAO and professional schools, review the Student Conduct Violation and Academic Performance information linked below.

23) Will you be a full-time student in the 2017-2018 academic year? If not, please provide information as to what your plans or tentative plans are for the year.

Waiver of Evaluation Packet

Confidential

I request that an evaluation of my academic and personal qualifications be prepared. In keeping with the University policy on disclosure of student records, and in compliance with the Family Education Rights and Privacy Act (Buckley Amendment), I waive my right of access to ALL of my letters of evaluation. I understand that all professional schools prefer that I make my file confidential.

Non-Confidential

I request that an evaluation of my academic and personal qualifications be prepared. In keeping with the University policy on disclosure of student records, and in compliance with the Family Education Rights and Privacy Act (Buckley Amendment), I DO NOT waive my right of access to my letters of evaluation.

Checklist

THE FOLLOWING ITEMS ARE REQUIRED TO BE ELIGIBLE FOR THE COMMITTEE LETTER. PLEASE ENSURE THAT YOU HAVE DONE OR WILL DO THE FOLLOWING:

- Completed Pre-Health Packet (this application)
- I have submitted the appropriate payment (\$70 for first-time applicants)
- I have paid the one-time \$20 fee and requested/established a veCollect account
- I have submitted to the HPAO: official transcripts (original or photocopy; we will not accept unofficial) from all colleges and universities attended, including UMD. Transcripts are used for internal purposes only and will not be forwarded to schools.
- I understand that if I have never met with an HPAO advisor one-on-one at any point, that information will be in my Committee Letter.
- I am on the HPAO listserv. Applicants are required to subscribe!
- I will release my common application to my advisor
- I understand that HPAO will not forward any letter packets that do not include science letters of recommendation.
- I have read over the Applicant Timeline, posted on the HPAO website, prior to submitting this packet.
- I have taken or am currently taking the following courses:
 - 2 BSCI Courses
 - CHEM I
 - ORGO I
 - ORGO II
 - CHEM II
 - BCHM (pre-dental, pre-OPT students excluded)
 - PHYS I (pre-dental students excluded)
 - PHYS II (pre-dental students excluded)

I certify that the information contained in my application is true and correct, to the best of my knowledge. I understand that records in other offices of the university may be consulted, including those of the Office of Student Conduct, and that information from those records will be forwarded. I also certify that I have read the 2018 applicant information and completed each of the items above:

Name

Date

Critical: You have reached the end of the Pre-Health Packet. You must click "Save as PDF" to save a copy as a backup for your application. Once you've done so, return to this page and click the "Submit" button.

You will receive a confirmation email shortly after submission. If you do not receive a confirmation email within 24 hours, contact preprof@umd.edu to confirm your application was successfully submitted.