

# Pre-Health Packet Application Year 2018 Entering Class 2019 - Re-Applicant

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Submit this form by **May 9, 2018 4:30 PM EDT** (final deadline, NO exceptions).

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

## 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 (\$20 for re-applicants)
- If I have taken additional coursework since my last application:  
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 my packet will not be complete, nor will it be reviewed without them.
- 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!
- You **must** actively release your common application to your advisor as part of the Committee Process. **This does not automatically transfer from your previous application.**
- I understand that HPAO will not forward any letter packets that do not include science letters of recommendation.
- I have read over the Re-Applicant information, posted on the HPAO website, prior to submitting this packet.
- I understand that if I have previously participated in the committee process and been accepted to a U.S. medical (DO/MD) or dental school, I am not eligible for a committee letter or the committee process.

## Filling Out the Application

- In order to save your progress, click on the "Save" button in the lower left hand corner that appears on select pages. You'll be sent an email with a link for continuing later. In some cases, the message may take up 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, a field on page 2 will also display the link for continuing.
- 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. Terppmail 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

	UID #	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, 2018  
(select all that apply)

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

Graduation Date

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

**Note: You must actively release your common application to your advisor as part of the Committee Process  
\*This may not automatically transfer from your previous application.**

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

Link/URL for Continuing Form:

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**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). Please provide the group(s) with which you identify (optional).

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

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 affiliated with the US military?

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

Yes  No

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

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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 completely 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.

	BIOL/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 (entered above) 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:** 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:** If you have yet to take the DAT/OAT please enter the date you plan to do so.

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?

### Previous Committee Process

Have you previously used our committee process? If so, please check all of the steps you previously completed.

- Submitted Packet
- Completed Mock Interview - If checked, enter year of mock interview:
- Submitted Application - If checked, please indicate AMCAS, AACOMAS, AADSAS, or OTCAS:
- Received admission to a professional program

**List of Schools:** Please let us know where you plan to apply. This is just to inform our office as to where you are interested in applying. Click the plus (+) sign below to add rows

Private	Public

**Letters of Recommendation:** Students utilizing the Committee Process must request and establish a veCollect Account.

OPTOMETRY APPLICANTS: You will **not** use veCollect and should review specific instructions at the following link.

The HPAO will require a **minimum of three** letters of recommendation and accept a **maximum of six**. Two letters must be from faculty members who have taught you in the sciences. We also advise getting a non-science academic letter. Please consider those individuals who know you best. Be mindful that content is more important than quantity. Be sure to review the information and advice on letters (link below).

**List of Evaluators (tentative):** You will choose your final list of letters later. Please refer to the veCollect Instructions on our website.

Evaluator		Department and/or Institution
Science (required)		
Science (required)		
Non-Science:		
Clinical		
Other		
Other		

**Note: Letters of Recommendation are due by June 1st. All letters of recommendation received by our office will become an official part of your Pre-Health file. Letters cannot be forwarded to any non-health related programs or to prospective employers.**

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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 professional photo containing a clear image of your face.

Attach

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

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**Personal Statement:** 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)

If you make significant edits to your personal statement after submission of this Pre-Health Packet, but BEFORE you receive advisor comments, please submit your updated version to [preprof@umd.edu](mailto:preprof@umd.edu). This should not be the same personal statement that was previously submitted.

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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) When did you last apply to professional school(s)? Which health profession? Did you withdraw from a previous application cycle? If so, why? (350 words)

2) Schools Applied To (for students who went through with a previous application): List all schools where you submitted an application and complete the corresponding fields for each. Click the plus (+) sign below to add rows.

School Name	Received Secondary	Returned Secondary	Invited for Interview	Completed Interview	Result

3) What were your perceived weaknesses in your previous application(s) to medical/dental school? (350 words)

4) Explain in detail how your academic profile is more competitive this year than previous application cycles. (For example, increased Science/Overall GPA, stronger standardized test scores, or completed a post-bacc coursework or program). \*Keep in mind that this information will be used in your Committee Letter. Being insightful and elaborative is helpful. (350 words)

5) Explain in detail how your clinical experience/exposure has improved since your previous application and how this additional exposure has impacted your desire to continue pursuing medical/dental school. \*Keep in mind that this information will be used in your Committee Letter. Being insightful and elaborative is helpful. (350 words)

6) Explain in detail how the community service aspect of your applicant profile has improved. Remember, clinical experience is not community service. \*Keep in mind that this information will be used in your Committee Letter. Being insightful and elaborative is helpful. (350 words)

7) Elaborate on any recent research additions to your application since your previous application. \*Keep in mind that this information will be used in your Committee Letter. Being insightful and elaborative is helpful. (350 words)

8) Are you applying to Osteopathic (DO) Medical schools? If so, explain your DO experience. Remember, many schools require that you have shadowed a DO and have a letter of recommendation from one.  
If you are not applying to DO schools, please type "N/A."

9) Briefly discuss any additions to your application that you have not had the opportunity to mention above.

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

11) 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.

### 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.

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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 2019 applicant information:

Name

Date

**You have reached the end of the Pre-Health Packet.**

**First, you must click the "Save as PDF" button below to save a PDF copy as a backup for your application.**

Save as PDF

**Next, after a PDF of your application has been saved, click the "Submit" button below.**

**You will need to click the "Yes" button on two pop up windows to complete the submission process. A pop up indicating that "Your application has been submitted" will confirm the end of the process, and your browser will be directed to the prehealth.umd.edu website.**

**Finally, 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.**