

MedAdvance



advancing the standards of tomorrow's medical professionals

Application

Full Name

Date of Birth

Gender

Mailing Address

Home Phone

Cell (required)

Email Address (required)

Ethnicity (Check all that apply)

Hispanic

Caucasian

Asian

Native American or Alaska Native

African American

Native Hawaiian or Pacific Islander

Citizenship

U.S. Citizen

Permanent Resident (Immigrant)

Criminal Record

- Please include any pending or previous criminal charges. Please include any official disciplinary actions that have been taken against you in a post secondary institution.

Emergency Contact Information

Relationship:

Mother

Father

Guardian

Partner

Friend

Name

Address

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Secondary Education Information

Previous College or University Attended

Dates attended

Major(s) and Degree(s) Obtained

Cumulative GPA

Current College or University

Dates attended

Major(s) and Degree(s) Obtained

Year in School

Anticipated Graduation Date

Cumulative GPA

Post Secondary Education Information

Career Interest(s): *Check all those that apply*

- Medicine Dental Medicine Pharmacy Physician Assistant
 Physical Therapist Nursing Public Health/Global Health Other

- If other please specify: _____

Briefly state your plans for the next year (Entrance exam studying, research, traveling, etc.)

What have you done to prepare for pursuing the above career (List any clinical, volunteer, research experience, along with any certifications, extra classes, etc.)

If you took time off between your undergraduate degree and now please specify why and what you did during that time off:

Ancillary Experience: Community Service and Philanthropic activities

Community Service Experience 1

Weekly time commitment

Contact Name and Information

Description:

Community Service Experience 2

Weekly time commitment

Contact Name and Information

Description:

Community Service Experience 3

Weekly time commitment

Contact Name and Information

Description:

Community Service Experience 4

Weekly time commitment

Contact Name and Information

Description:

Ancillary Experience: Employment and paid/unpaid Internships

Employer/Organization 1

Weekly time commitment

Contact Name and Information

Description: _____

Employer/Organization 2

Weekly time commitment

Contact Name and Information

Description: _____

Employer/Organization 3

Weekly time commitment

Contact Name and Information

Description: _____

Employer/Organization 4

Weekly time commitment

Contact Name and Information

Description: _____

Ancillary Experience: Research, Science related, and clinical activities
(these could include, but are not limited to, bench-side research, clinical research, volunteering at a hospital, being a TA or LA for a class, etc.)

Activity 1

Weekly time commitment

Contact Name and Information

Description:

Activity 2

Weekly time commitment

Contact Name and Information

Description:

Activity 3

Weekly time commitment

Contact Name and Information

Description:

Activity 4

Weekly time commitment

Contact Name and Information

Description:

Discussion Questions:

Please answer each in 200 words or less. All prompts must be address to constitute a completed application. Feel free to attach a separate paper with your typed responses

Please describe you future goals – these could be professional, personal, career, experience related, etc. Describe how these goals would be accomplished using this program. Use specific examples not general statements.

Based on your future goals and the career path you wish to pursue what resources and opportunities do you need to be successful?

Think of instances over the past 5 years in which you have been in a group based activity or event. What role do you assume within a group? How do you contribute or show your worth within the group? Does this change based on the other members of your group? Ideally how a group does based activity function?