

# APPLICATION FOR A PRE-HEALTH PROFESSIONS ADVISORY COMMITTEE INTERVIEW

*(To be completed the semester before you intend to apply to professional school)*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Bengal Card Number: \_\_\_\_\_

*(so we can provide your unofficial transcripts to interviewers)*

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Please inform us of what address you will be using for your professional school applications)*

Local Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

State of Residency: \_\_\_\_\_

Health Profession in which you are interested: \_\_\_\_\_

When do you plan to apply to professional school: \_\_\_\_\_

**DUE TO PREHEALTH  
OFFICE BY February 12<sup>th</sup>.**

## PERSONAL INFORMATION

*Please type your answers to the following questions on a separate sheet of paper.*

### **PART 1: (Resume Format)**

- I. CV
  - A. Education
    1. Dates
    2. Places
    3. Awards
  - B. Research
    1. With Whom
    2. Duties
    3. Any publications you were involved with
  - C. Jobs
    1. Dates
    2. Places
    3. Describe your duties
  - D. Health Profession Experience and Goals  
Shadowing and Volunteer Work
    1. Describe what you did for each experience
    2. When, where, with whom, how much time
  - E. How have you been involved in the community to this point? i.e community service volunteering, non-profit agencies, ect.
  - F. Hobbies and Other Activities
    1. Descriptions of activities
    2. Leadership roles

### **PART 2: Personal Statement-Use the following questions as a guide. Statement should not be more than 1 ½ pages in length.**

- II. Your Decision-making Process
  - A. Who influenced your career choice?
    1. Explain how
  - B. How did you decide on a particular health profession?
  - C. Why did you choose this health profession? What excites you about this field?
  - D. What kind of practice would you establish?
    1. Why?
  - E. How would you like to be involved in your community when you become a health professional?

### **PART 3: Your Application-Separate from Part 2, no longer than 1 page.**

- F. Describe the strongest aspect of your application
- G. Describe the weakest aspect of your application
  1. Explain why this aspect is weak
  2. What are you doing to correct this weakness?
- H. Describe a unique characteristic of yourself that supports your application

# INDIVIDUAL LETTERS OF RECOMMENDATION

## Why we need them:

Most professional schools require individual letters of recommendation from people who know you well in addition to, and sometimes in place of, the Pre-health Professions Advisory Committee letter. These letters can come from professors, health professionals, volunteer coordinators, employers, club advisors, or other individuals who can evaluate your potential as a health professional. As a minimum, you need letters from two science professors, and one health professional. Many schools require letters from individuals who can address specific aspects of your application, such as an employer. Please check the specific letter requirements for the schools to which you plan to apply so that you can request letters from the appropriate individuals.

## How to solicit letters of recommendation:

Pick up several Letter of Recommendation Forms from the Pre-health Professions Advising Office, and fill out the applicant sections. Request letters from individuals who you expect will write letters supportive of your application. Give your recommenders a Letter of Recommendation Form, and remind them to return the form with their letter to the Pre-health Professions Advising Office. Give your recommenders a deadline date for returning the letters. For those programs that have summer application deadlines, such as MD, DO, and dental schools, June 1 is a good deadline for receipt of letters of recommendation.

## Your responsibilities:

- Solicit letters of recommendation from the appropriate individuals.
- Gently remind your recommenders to send their letters to the Pre-health Professions Advising Office.
- Notify the Pre-health Professions Advisor in writing (email is best) which letters should be included in your evaluation packet that we send to the schools.

## Your Permission:

I hereby give my permission to the members of the Pre-health Professions Advisory Committee at Idaho State University to solicit evaluating comments concerning my suitability as an applicant for \_\_\_\_\_ school from any or all of the persons who return a Letter of Recommendation. I understand that the information and opinions collected by the Pre-health Professions Advisory Committee will be used solely for the purpose of inclusion in an evaluation packet.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

# THE PRE-HEALTH PROFESSIONS ADVISORY COMMITTEE INTERVIEW

***Please Note: To accommodate all applicants, we need your file completed and submitted to the office by February 25<sup>th</sup>.***

## Scheduling the interview:

Please mark the attached weekly schedule indicating the times each week during the spring semester when you are **NOT** available for a Pre-health Professions Advisory Committee interview.

You may request one Pre-health Professions Advisory Committee member to participate in your interview. We will do our best to accommodate your request when scheduling your interview. If you do not request a committee member to participate in your interview, we will invite the committee member(s) who are available at the same times you are to participate.

It is helpful to us if you indicate preferred dates and times on the attached weekly schedule. We will notify you of the final date, time, and location of your interview. Your completed packet is due in the prehealth office by February 12<sup>th</sup>. You will then be notified through email by March 5<sup>th</sup> of your assigned interview appointment.

As a general rule, the Pre-health Professions Advisory Committee interviews professional school applicants in the spring semester only. If you need an exception to this rule, please discuss your needs with the Pre-health Professions Advisor as soon as possible. It is very difficult to schedule interviews during the summer months because many of the committee members are not available at that time.

## Interview format:

Two to three members of the Pre-health Professions Advisory Committee, including the Pre-health Professions Advisor, will participate in the interview. The applicant will take a few minutes to give a brief autobiography that includes how his/her interest in a particular health profession developed. The committee members will then ask questions. The Pre-health Professions Advisor provides the participating committee members with the answers you provide and your unofficial transcript, which the committee members use as a basis for questions. Interviews last about 40 minutes. Please dress professionally.

# WEEKLY SCHEDULE FOR SPRING SEMESTER

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8:00 am					
9:00 am					
10:00 am					
11:00 am					
12:00					
1:00 pm					
2:00 pm					
3:00 pm					
4:00 pm					
5:00 pm					

## HOW TO DECIDE IF YOUR FILE SHOULD BE CLOSED (CONFIDENTIAL) OR OPEN (NOT CONFIDENTIAL)

### Your rights to view your pre-health professions file:

The Family Educational Rights and Privacy Act of 1974 (Public Law 93-280, #513, also known as the Buckley Amendment) grants a student free access to files that are accumulated at educational institutions in his or her name. We believe that this law applies to the pre-health professions files that we develop for professional school applicants. This means that, unless you state otherwise and in writing, your files are open or not confidential, and you can view the contents at any time. However, we give you the opportunity to waive your right to see your pre-health professions file. If you choose this option, your file will be considered closed or confidential, and you will not be able to view its contents. Additionally, your individual recommenders must be made aware of the status of your file. When you deliver the Letter of Recommendation Form to your individual recommenders, you must indicate on the form whether your file is confidential or not confidential.

### Why would you choose to waive your right to see your pre-health professions file?

- Your recommenders may be more likely to write candid, informative letters if they know that you will not read what they have said.
- There is some indication that non-confidential letters of recommendation or pre-health professions committee letters have less influence in admissions decisions than confidential ones. This is especially true of medical school admissions committees, who indicate that non-confidential letters are almost always positive, and, therefore, of limited value to them.
- The Pre-health Professions Advisory Committee staff treats all pre-health professions files as confidential with regards to access by individuals other than the student or the Pre-health Professions Advisory Committee and staff

### If you waive your right to see your pre-health professions file, how will you know if your recommendation is a good one?

The Pre-health Professions Advisory Committee policy allows the Pre-health Advisor to communicate verbally to the applicant the general tone of the evaluation packet that is sent to the professional schools. In addition, the Pre-health Professions Advisor will show the applicant the committee interview summary that is included in the evaluation packet, and allow the applicant to comment on the summary.

For individual letters of recommendation, it is in your best interest to solicit letters of recommendation from those individuals that you are confident will write letters supportive of your application.

# WAIVER AND CONSENT FORM

According to the provisions of the Family Educational Rights and Privacy Act of 1974, you have the option of selecting either a confidential (closed) or not confidential (open) pre-health professions file. This form is the means by which you indicate to us your decision. You must select either confidential or not confidential before we can begin to develop a pre-health professions file for you.

- *Sign section A if you wish your pre-health professions file to be confidential (closed).*
- *Sign section B if you wish your pre-health professions file to be not confidential (open).*

## Section A

I, \_\_\_\_\_, hereby waive my right to access statements and letters of recommendation contained in my pre-health professions file, and used by the Idaho State University Pre-health Professions Advisory Committee to construct evaluation packets on my behalf. I understand that the Pre-health Advisory Committee evaluation packets will be sent only to those schools requested by me in writing. This waiver, which I understand that I am not obligated to sign, can only be revoked in writing.

SIGN HERE to request a confidential (closed) pre-health professions file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Section B

I, \_\_\_\_\_, hereby retain my right to access statements and letters of recommendation contained in my pre-health professions file, and used by the Idaho State University Pre-health Professions Advisory Committee to construct evaluation packets on my behalf. I understand that the Pre-health Advisory Committee evaluation packets will be sent only to those schools requested by me in writing.

SIGN HERE to request a not confidential (open) pre-health professions file.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date