

Terms

I authorize the **University of Houston's Health Professions Advisory Committee (HPAC)** and its representatives, agents, and designees to prepare and release a letter of evaluation following a review by the committee of my pre-medical or pre-dental application materials.

I consent to the inspection of and discussion about information by members of the HPAC who may be responsible for the evaluation of my progress, qualifications, judgment, and competency regarding the practice of medicine or dentistry.

I have been informed that my file will include the following:

1. A personal statement written by me in which I detail my desire to practice medicine or dentistry and aspects of my background that make me a suitable candidate;
2. Three to five confidential letters of **evaluation** written on my behalf, two of which must be from full-time science professors at the University of Houston; and
3. A complete and up-to-date list of courses taken by me detailing grades received in those courses, including my math and science (BCPM) grade point average and cumulative grade point average.

I understand that HPAC may also consider other circumstances, opinions, and assessments relevant to my case including, but not limited to:

1. My ability to communicate and to work effectively with others;
2. Any corrective or disciplinary action concerning me during the time I have been enrolled at the University;
3. My physical and emotional status as they relate to my competence to practice medicine or dentistry;
4. Any problem I have experienced with alcohol or substance abuse while I have been enrolled at the University;
5. My judgment, character, and ethical qualifications; and
6. Any other matters the HPAC member feel are or may be relevant to my fitness to practice medicine or dentistry.

I give my express permission for letters of **evaluation** to be released in accordance with my completion of a *Request for Mailing Letters of Evaluation* form. I also authorize the release of information that supplements, updates, or supersedes information contained in any letters of **evaluation**, whether this updated information is released as a result of my request or by initiative of HPAC or the University of Houston.

To the extent permitted by law, I waive all provisions of law, including provisions of the Family Educational Rights and Privacy Act (FERPA) that do or may relate to the disclosure of this information. I further release and hold harmless HPAC and its members and agents, the University of Houston, the University of Houston's Board of Regents, faculty, employees, agents, and personnel from and against any liability that might otherwise arise from release of this information.

Signature

I agree to the conditions outlined in the terms above and hereby authorize HPAC to evaluate my credentials.

Signature: _____ Date: _____

Applicant Information

Last Name

First Name

M.I.

PSID #

Preferred Email

Instructions

1. By submitting this form you are requesting to be reviewed by the Health Professions Advisory Committee (HPAC) at the next available meeting date. **You also recognize that:**
 - a. HPAC reviews completed files only;
 - b. **Neither HPAC nor the Pre-Health Advising Center** is responsible for contacting you if your file is incomplete;
 - c. That completed files are reviewed on a rolling basis;
 - d. That the review period is limited (*see posted dates for the current application cycle*); and
 - e. There are no extensions of the review period.
2. You are responsible for contacting **the Pre-Health Advising Center** after the HPAC review has occurred to discuss your results. (*The Pre-Health Advising Center will notify you of the date of your review.*)
3. After your HPAC review, when you are ready to have the Pre-Health Advising Center submit your letters of evaluation, you must make the request in writing using the ***Request for Letters of Evaluation Submission form***. The Pre-Health Advising Center **does not store letters of evaluation indefinitely** and will only **submit** letter packets for the current application cycle.

Signature

I agree to the conditions outlined above and am requesting a review by HPAC.

Signature: _____ Date: _____

A. Applicant Information

Full Name: _____ PSID#: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Cell Phone: _____ UH Email: _____

Preferred Email: _____

Application to: _____ Cumulative GPA: _____ BCPM GPA: _____

Major: _____ Are you a post-Baccalaurate? _____
Insert professional color headshot below (<150 kb)

Are you using Fresh Start?

MCAT Score
Total Score Percentile Date Taken:

DAT Score
AA PAT Date Taken:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

B. Source of Coursework

Colleges/Universities Attended (chronological)	BCPM GPA	Degree Earned	Dates Attended	Credit Hours	Cumulative GPA

	BCPM GPA	BCPM Hours	Cumulative GPA	Cumulative Hours
Undergraduate				
Post-baccalaureate				
All Pre-graduate (UG + PB)				
Graduate				

C. Required BCPM Coursework

Course Subject	Course #	Where Taken	Credit Hours	Grade	Point Value	Grade Value (Point value x Credit)	Click if Repeated
Biology I							
Biology I lab							
Biology II							
Biology II lab							
Biology Elective							
Biochemistry							
Chemistry I							
Chemistry I lab							
Chemistry II							
Chemistry II lab							
Org Chemistry I							
Org Chemistry I lab							
Org Chemistry II							
Org Chemistry II lab							
Physics I							
Physics I lab							
Physics II							
Physics II lab							
Statistics							

H. Personal Statement

The Personal Statement is one of three documents that you must submit to complete your HPAC File.

Your Personal Statement should address the prompt:

Explain your motivation to seek a career in medicine/ dentistry. Be sure to include the value of your experiences that prepare you to be a physician/dentist.

Personal Statement Guidelines:

- Your personal statement is limited to 5000 characters, including spaces.
- Use the provided HPAC Personal Statement Template
- Use Calibri, 9-point font
- If the essay falls to 2-pages, please ensure that the appropriate font has been used and that the character count including spaces is no more than 5000 characters.
- Name the final file as: Last-name, First-name 7-digit PSID_Application-Year_Essay
 - *Example:* Smith ,Joe 0123456_2021_Essay
- Email completed Personal Statement to prehealth@uh.edu.

Need assistance with composing your Personal Statement?

- Review Pre-Health Advising Center [recommendations](#).
- Participate in writing workshops held by the [University of Houston Writing Center](#).
- Schedule a consultation with [University Career Services](#).

I. Activities & Experiences

Your Activities & Experiences Worksheet should highlight your educational achievements, employment history, volunteer experience and extracurricular activities since graduating high school.

- Complete your Activities & Experiences worksheet using the provided template.
- Name the final file as: Last-name, First-name 7-digit PSID_Application-Year_Activities
 - *Example:* Smith ,Joe 0123456_2021_Activities
- Email completed Personal Statement to prehealth@uh.edu.

Activities & Experiences Categories and Instructions:

- **Academic Recognition:** List any academic honors, awards and other recognitions received since beginning college to the present.
 - Indicate the Award Title, date received, and a brief description of the award (300 characters).
- **Non-Academic Recognition:** List non-academic honors, awards and other recognitions received since beginning college to the present.
 - Indicate the Award Title, date received, and a brief description of the award (300 characters).
- **Leadership:** List any leadership roles or positions of responsibility held since beginning college to the present. Examples may include leadership roles in clubs/organizations, supervisory roles, etc.
 - Indicate the Role Title, start date, end date, and a brief description of the position (300 characters).
- **Employment:** List all jobs (paid work experience) held since graduating from high school to the present, including military service. Paid healthcare activities may be listed here in addition to the healthcare activities section.
 - Indicate the employer, job title, when the job was held, start date, end date, hours worked per week, and a brief description of the job (300 characters).
- **Research Activities:** List any significant research activities (paid or volunteer) you have participated in since graduating high school to the present. Include any publications (submitted as well as published), abstracts, presentations, and posters.
 - Indicate the Research Activity Name, start date, end date, approximate hours worked per week, total cumulative hours, and a brief description of the research. (500 characters)
- **Healthcare Activities:** List all direct healthcare related activities you have participated in since graduating high school. These may include, for example: shadowing, scribing, clinical research, serving or working as a patient care tech, a nurse, and any direct observation or participation in patient care in a clinic, hospital, or with a physician, or dentist. Reminder: both paid and unpaid healthcare activities can be listed here.
 - Indicate the Activity Name, start date, end date, hours worked per week, total cumulative hours, and a brief description of the activity (300 characters).
 - Multiple doctors, same location? Do not create multiple entries – instead, create ONE entry per location and list each doctor in the description. If each doctor you shadowed had a different specialty, you may make a separate entry per specialty.
- **Community Service:** List any non-healthcare related community service or volunteer activities you have participated in since beginning college to the present.
 - Indicate the Activity Name, start date, end date, approximate hours per week, total cumulative hours, and a brief description of the activity (300 characters).
- **Extracurricular and Leisure Activities:** List any significant extracurricular, leisure activities or hobbies you have participated in since beginning college to the present.
 - Indicate the Type of Activity, start date, end date, approximate hours per month, total cumulative hours, and a brief description of the activity (300 characters).

J. Letter Writer Information

You must have a **minimum of 3 letter writers** for review and a **maximum of 5 letter writers**.

Two of these letters must come from BCPM professors at the University of Houston. Please list the individuals who have agreed to write a letter in support of your application to medical or dental school below. For each letter writer, please include their contact information and your rationale for selecting this individual as a letter writer.

BCPM Professor I (University of Houston)

<i>Title</i>	<i>First name</i>	<i>Last Name</i>	<i>Department</i>
<i>Email</i>		<i>Phone</i>	

Rationale for selecting this letter writer.

BCPM Professor II (University of Houston)

<i>Title</i>	<i>First name</i>	<i>Last Name</i>	<i>Department</i>
<i>Email</i>		<i>Phone</i>	

Rationale for selecting this letter writer.

Wildcard Letter Writer I

<i>Title</i>	<i>First Name</i>	<i>Last name</i>	<i>Relationship</i>

Organization (and address)

<i>Email</i>		<i>Phone</i>	

Rationale for selecting this letter writer.

Wildcard Letter Writer II

<i>Title</i>	<i>First Name</i>	<i>Last name</i>	<i>Relationship</i>

Organization (and address)

<i>Email</i>	<i>Phone</i>

Rationale for selecting this letter writer.

Wildcard Letter Writer III

<i>Title</i>	<i>First Name</i>	<i>Last name</i>	<i>Relationship</i>

Organization (and address)

<i>Email</i>	<i>Phone</i>

Rationale for selecting this letter writer.