

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;
3. A complete accounting of my participation in extracurricular activities and experiences pertinent to my academic and professional goals; and
4. 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 *Letters of Evaluation Submission* 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 evaluated by the Health Professions Advisory Committee (HPAC) at the next available meeting date. You also recognize that:
 - a. HPAC evaluates completed files received by the stated deadline 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 evaluation has occurred to discuss your results. (*The Pre-Health Advising Center will notify you of the date of your evaluation.*)
3. After your HPAC evaluation, when you are ready to have the Pre-Health Advising Center submit your letters of evaluation, you must submit the *Letters of Evaluation Submission form* to prehealth@uh.edu. 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: _____

Section A: Applicant Information

Full Name: _____ UHID#: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*

 City *State* *ZIP Code*

Cell Phone: _____ UH Email: _____

Major: _____ Preferred Email: _____

Click to insert professional color head-shot below:

Overall BCPM

Undergraduate: _____

Post-Baccalaureate: _____

Graduate: _____

MCAT Score: Total Score Percentile Date Taken/Scheduled:

DAT Score: AA PAT

Disclaimer and Signature

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

Signature: _____ Date: _____

Section B: Source of Coursework

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

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

Section C: Required BCPM Coursework

Course Title	Course Prefix/ Number	Where Taken?	Credit Hours?	Grade?	Repeated?
Biology I					
Biology I lab					
Biology II					
Biology II lab					
Advanced Biology Elective					
Biochemistry					
Chemistry I					
Chemistry I lab					
Chemistry II					
Chemistry II lab					
Organic Chemistry I					
Organic Chemistry I lab					
Organic Chemistry II					
Organic Chemistry II lab					
Physics I					
Physics I lab					
Physics II					
Physics II lab					
Statistics					

Section D: All Other BCPM Coursework

[illegible]

Section E. Non-graded BCPM Coursework

[illegible]

Section F. Repeated BCPM Coursework

[illegible]

Section G. 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 following 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 a maximum of 5000 characters, including spaces.
- Use the provided [HPAC Personal Statement Template](#)
- Use Calibri, 9-point font to keep the statement to 1-page maximum.
- 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.
- Save the final file as: Last-name, First-name-7-digit UHID-Application-Year-Essay
 - *Example:* Smith, Joe-0123456-2022-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](#).

Section H. Activities & Experiences

Your Activities & Experiences Worksheet should highlight your educational achievements, employment history, volunteer/research/clinical experience and extracurricular activities since beginning college to the present.

- Complete your Activities & Experiences worksheet using the [provided template](#).
- Save the final file as: Last-name, First-name-7-digit PSID-Application-Year-Activities
 - Example: Smith, Joe-0123456-2022-Activities
- Email completed worksheet to prehealth@uh.edu.

Activities & Experiences Categories and Instructions:

- **Academic Recognition:** List any academic honors, awards and other recognitions received.
 - 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.
 - 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. 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, 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). 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. These may include: 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. Both paid and unpaid healthcare activities can be listed.
 - 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 – 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.
 - 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.
 - 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).

Section I. Letter Writer Information

You must have a **minimum of 3 letters** for HPAC evaluation and no more than **5 letters maximum**.

We ask that at least two of these letters come from faculty. It is highly recommended that one letter from a BCPM faculty member and one letter come from a physician or general dentist, respectively.

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.

Letter Writer I (BCPM Faculty Recommended)

Title First Name Last Name Relationship

Email Phone

Organization and Address

Rationale for selecting this letter writer

Letter Writer II (Physician or General Dentist Recommended)

Title First Name Last Name Relationship

Email Phone

Organization and Address

Rationale for selecting this letter writer

Letter Writer III (Faculty or Health Professional Recommended)

Title First Name Last Name Relationship

Email Phone

Organization and Address

Rationale for selecting this letter writer

Letter Writer IV

Title	First Name	Last Name	Relationship
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Email		Phone	
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Organization and Address

Rationale for selecting this letter writer

Letter Writer V

Title	First Name	Last Name	Relationship
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Email		Phone	
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Organization and Address

Rationale for selecting this letter writer