



## SECTION DESCRIPTIONS

All PDF forms should be completed using [Adobe Acrobat Reader](#)

### **Section A – Applicant Information**

Include your name, contact information, academic summary (e.g., *GPA*s, *major*, *application type*), test scores/scheduled test-dates (*if applicable*), and a professional-looking color photo.

### **Section B – Source of Coursework**

List each institution in which you have received college-level credit (including dual-enrollment) as well as the associated *GPA*s for that coursework.

Calculate your overall and BCPM *GPA* for each institution using the [Pre-Health Advising \*GPA\* Calculator](#) and removing pluses/minuses from each of your grades.

BCPM (**B**iology, **C**hemistry, **P**hysics, **M**ath) is defined as coursework designated with BIOL, BCHS, CHEM, PHYS, or MATH prefixes. Coursework in non-science, engineering, health, and technology majors should not be included in these calculations. IDNS and HONS courses should also not be included. If you have a question about a course, you may contact our office at [prehealth@uh.edu](mailto:prehealth@uh.edu).

The first table summarizes academic performance by institution. The second table summarizes academic performance by degree level (undergraduate, post-baccalaureate, and graduate).

### **Section C – Required BCPM Coursework**

All medical and dental schools have basic required BCPM coursework for admission. This table serves as a checklist as well as an indication of academic performance for the BCPM pre-requisite coursework.

Only final attempts for a course should be listed here. Previous attempts (including withdrawals) should be included in Sections E or F.

### **Section D – All Other BCPM Coursework**

This table will allow you to list all non-required BCPM coursework completed. Only final attempts for a course should be listed here. Previous attempts (including withdrawals) should be included in Sections E or F. Coursework in non-science, engineering, health, kinesiology, and technology majors should not be included in these calculations unless listed on the [TMDSAS Course Work site](#). If you have a question about a course, you may contact our office at [prehealth@uh.edu](mailto:prehealth@uh.edu).

### **Section E – All Non-Graded Coursework**

BCPM coursework that resulted in credit, but no grade should be listed here. These courses would be those taken for AP/IB credit, CLEP credit, or received grades of S or CR. Because there is no grade associated, these courses are not included in BCPM calculations.



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### **Section F – Repeated BCPM Coursework**

If you have repeated a course, then list all previous attempts in this section and the number of attempts. This includes courses that you earned a grade of W, S, or NCR. Final attempts should be listed in previous sections.

Please note that all previous attempts must be included, even if you have utilized grade replacement at the University of Houston or other institution.

### **Section G – Personal Statement**

The Personal Statement is a separate document that must be submitted as one of four documents (the completed HPAC Application, HPAC Open File Request, and the Activities & Experiences Worksheet) to complete your HPAC file.

Please ensure you follow all formatting and character-limit requirements for the personal statement.

All documents must be submitted together to be accepted. The Pre-Health Advising Center will merge your Personal Statement with your completed HPAC Application to complete this section.

### **Section H – Activities & Experiences (A&E) Worksheet**

The Activities & Experiences Worksheet is a separate document that must be submitted as one of four documents (the completed HPAC Application, HPAC Open File Request, and the Activities & Experiences Worksheet) to complete your HPAC file.

Please ensure you follow all formatting and character-limit requirements for the A&E worksheet.

All documents must be submitted together to be accepted. The Pre-Health Advising Center will merge your A&E Worksheet with your completed HPAC Application to complete this section.

### **Section I – List of Letter Writers**

This section contains contact information for the letter-writers you plan to ask for Letters of Evaluation.

You must have a minimum of three letters for HPAC Review and are limited to a maximum of five.



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### SECTION A – PERSONAL INFORMATION INSTRUCTIONS

#### **All PDF forms should be completed using [Adobe Acrobat Reader](#)**

- Add your name, address, UHID#, and contact information.
- After calculating your GPAs (see Sections B-F), input your GPA (X.XX) in the provided boxes.
  - These GPAs should include credit from all institutions attended, not just UH.
  - You will need to calculate your GPA using the [GPA calculator](#).
  - All grades should be formatted to A, B, C, D, or F — with +/- removed.
  - Courses with CR, S, or W grades should be excluded from GPA calculations.
  - NCR grades should be calculated as a Failing (F) grade, per TMDSAS policy.
- Identify which type of program (Medical or Dental) in which you are applying.
- Identify your major. If you are a double major, list both majors separated by a /.
- Include a recent professional color photo by clicking on the image field and uploading a photo.
  - The photo should be passport-style (e.g., profile shot, facing the camera, shoulders and above)—imagine you would use this photo on a name-badge.
  - You do not need to pay for a professional photo. Instead, your photo should simply reflect a professional demeanor and be against a neutral background.
  - You should be wearing professional attire, well-groomed, and smiling.
  - Selfies/casual photos are discouraged.
  - If you encounter difficulty attaching uploading your image to the form, you may email it separately with your HPAC materials and our office can add it for you.
- Sign and date your file.
  - You may sign your document electronically or by uploading an image of your signature to the signature line.
  - To make an image of your signature:
    - i. Sign a blank, white piece of paper.
    - ii. Take a photo of your signature.
    - iii. Crop the image surrounding your signature.
    - iv. Save the final image as a JPG or .PNG file.



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### SECTIONS B – F: COURSEWORK & GPA CALCULATION

- Complete the tables to record BCPM (Biology, Chemistry, Physics, and Math) coursework:
  - Section B is for each institution you have attended (including dual-enrollment) and associated overall and BCPM GPA. If you did not complete a degree, simply put N/A.
  - Section C is for required BCPM coursework for medical/dental school admission.
  - Section D is for any other science/math courses you have taken.
  - Section E is for courses earned through credit without a grade (i.e., AP/IB or Satisfactory (S) credit). These courses will not be used in calculating your GPA.
  - Section F is for any repeated BCPM coursework. Please include the attempt number.
- Course Subject / Course Title
  - In Section C, the required courses are already included.
    - i. Identify any required courses that were repeated by selecting “*Repeated.*”
    - ii. If repeated, list only the grade for the final attempt in Section C.
  - In Sections D, E, and F, type the name of each BCPM course (25 character-limit).
    - i. Use an abbreviation if necessary, e.g., Human Phys.
    - ii. Identify any courses that were repeated by selecting “*Repeated.*”
    - iii. List every unique course attempted. This includes courses that you withdrew from and did not repeat.
  - In Section F, include any prior attempts for repeated courses. Be sure to include courses that you may have received a W as well.
- Course #
  - In All Sections, type the appropriate course prefix and course number (e.g., BIOL 1306)
- Where taken?
  - Use an abbreviation to identify where the designated course was taken (e.g., HCC, UH).
  - If you received credit via AP or IB credit, use AP for where taken.
- Grade
  - Use the pulldown menu to select your letter grade in Sections C, D, and F.
  - All letter-grades should be formatted to A, B, C, D, or F – removing +/-.
  - If you received credit via AP or IB credit for a course, use Section E and select CR.
  - NCR grades should be factored in as Failing (F) in the GPA calculation.
  - Remember: All attempted college courses at every institution you have attended will be included in your GPA calculations, unless they were not graded (e.g., W, CR, S, or P).
  - Be sure to include any dual-enrollment coursework.
  - Do not include coursework taken at a university outside of the US or Canada.
- Credit Hours
  - Input the number of credit hours associated with each course.
  - If you received AP credit, input the credit hours for the course you received credit for.



## SECTION G: PERSONAL STATEMENT INSTRUCTIONS

**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 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.
- Save the final file as: Last Name\_First Name\_7-digit UHID\_Application-Year\_PS
  - *Example:* Smith\_Joe\_0123456\_2023\_PS
- Email completed Personal Statement to [prehealth@uh.edu](mailto:prehealth@uh.edu).

**Need assistance with composing your Personal Statement?**

- Review Pre-Health Advising Center [recommendations](#).
- Participate in required Personal Statement Orientation and Personal Statement Workshops held by the [University of Houston Writing Center](#).
- Schedule a consultation with [University Career Services](#)



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### SECTION H: ACTIVITIES & EXPERIENCE WORKSHEET

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](#).
- Save the final file as: Last Name\_First Name\_7-digit UHID\_ApplicationYear\_Activities
  - *Example:* Smith\_Joe\_0123456\_2023\_Activities
- Email completed worksheet to [prehealth@uh.edu](mailto: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. From TMDSAS: In the absence of these roles, you may list leadership qualities you have learned from other opportunities.

- 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. Do not include lab experiences in an academic course setting (ie, Genetics Lab, GalapaGO!, etc.)

- 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.



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- 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).

***Top Meaningful Activities:*** Here you will talk about which of your previously listed activities (from each of the Activities section) were more meaningful and why.

- You are required to identify the most meaningful activity and may list up to three total (500 character limit, each entry).
- Add an identifier so the schools know what activity you are referring to. These must be completed or on-going activities; no planned activities.

***Planned Activities:*** Indicate future activities you plan on participating in between January 2023-August 2024.

- This should include any future employment as well as any future research, healthcare, community service, or extracurricular activities.
- Indicate the Activity Type, start date, planned end date, total projected hours, and a brief description of the activity (300 characters).



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### SECTION J: LETTER WRITER INSTRUCTIONS

You must have a **minimum of 3 letters** for HPAC evaluation (**5 letters maximum**).

The goal is to have the three strongest letters possible. Letters should come from evaluators who can speak highly of your qualifications for medical or dental school. Discussion of your grade or class performance alone is not sufficient, as this is evident in your transcript. Letters from faculty, healthcare professionals, job supervisors, volunteer coordinators are appropriate. Avoid letters from family members and graduate students/teaching assistants. Submitting more than 3 letters does not inherently make your application stronger.

Recommended deadline for letters is March 1. This is encouraged to ensure your HPAC evaluation can be completed in a timely manner.

You have the option to be added to the queue for HPAC evaluation once the minimum 3 letters are received, or to wait until all listed letters from your letter writers have been received (if you have listed more than 3 letter writers). Your selected option will determine what makes your file complete and eligible to be added to queue for evaluation. Please keep in mind that HPAC has a finite number of students that can be seen each week, and will assign evaluation dates based on order of file completion.

Please provide each of your evaluators a completed [Letter of Evaluation Request and Waiver](#). Please be sure both pages are included. If pre-med, you may also want to share the link to the [AAMC letter writing guides](#).

Letters and the signed Evaluation Request and Waiver should be submitted by the evaluator to [prehealth@uh.edu](mailto:prehealth@uh.edu).

HPAC requires at least one letter from a BCPM faculty member (including faculty who teach a BCPM course in another area that is approved by TMDSAS). Additionally:

- **Pre-Med Applicants:** It is strongly recommended that you obtain a letter from a physician. Many osteopathic medical schools also require a letter from an osteopathic physician.
- **Pre-Dent Applicants:** It is required that you obtain a letter from a general dentist.
- Students in BMS graduate program should include a letter from their graduate advisor.

#### For all letter writers:

- Title – Place the appropriate title or salutation for your letter writer.
- First and Last Name – Your letter writer's name.
- Email and Phone – The letter writer's contact information.
- Rationale – Explain why you chose this letter writer. How does this letter strengthen your





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application?

- Relationship – Use the pull-down menu to select how this evaluator knows you. If none of the menu items are an appropriate description, select the last item and type in your own description.
- Organization and address – List the name of the organization that your letter writer belongs to. If the letter writer is at the University of Houston, then list the Department here.



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### FINAL INSTRUCTIONS

- Double-check all the preceding sections for accuracy and completeness.
- Save each file using the following file-name: Last Name\_First Name\_7-digit UHID\_ApplicationYear\_Activities
  - *Example: Smith\_Joe\_0123456\_2023\_Application*
- Submit your completed and correctly named materials to [prehealth@uh.edu](mailto:prehealth@uh.edu). This should include:
  - *HPAC Open File Request PDF*
  - *HPAC Application PDF*
  - *Personal Statement (.docx or PDF)*
  - *Activities & Experiences Worksheet (.docx or PDF)*
- Ensure your letter-writers submit their letters to [prehealth@uh.edu](mailto:prehealth@uh.edu). Minimum 3 required.
- We recommend that you politely follow up with your letter writers to ensure that they are aware of deadlines and to determine if any other materials are needed to write your letter.
- Your file will be considered complete upon receipt of the above-listed four HPAC documents *and* your Letters of Evaluation (based on your selection of minimum 3 or all listed letters). We are not able to email you each time a letter is received, but will notify you when your file is complete and you are in queue for evaluation.
- After submission for your HPAC materials and receipt of three letters of evaluation, you will be placed in queue and assigned an evaluation date. We will notify you once your evaluation date is scheduled.
- Following your evaluation, you will receive an email from the Pre-Health Advising Center with feedback/comments on your application materials and the results of the committee evaluation.
- Once you have received your HPAC evaluation results and completed the letter-writer section of each medical school application service that you plan to utilize (TMDSAS, AMCAS, AACOMAS), you may submit the [HPAC Letter Submission Request form](#) to [prehealth@uh.edu](mailto:prehealth@uh.edu) to have your letter-packet submitted to the primary applications.
  - Please note that if you list a letter writer on your Letter Submission Request that has not submitted a letter to us, we will not be able to submit your letter-packet.