



RECOMMENDATION COMMITTEE

FORMS PACKET

2024-2025

This application form booklet is for use by the following pre-health professional programs:
Medicine, Dentistry, Optometry, Pharmacy, and Veterinary Medicine.

Please fill out Forms Packet using Adobe Acrobat or an extension. We will not accept hand written physical packets.

It is recommended to start application before the start of Winter quarter to ensure you have enough time to complete and turn in by posted deadline.

Submission Instructions found in Manual.

FEE SCHEDULE

DEADLINES	TOTAL DUE
MARCH 8, 2024	\$100
JUNE 7, 2024	\$120
SEPTEMBER 6 2024	\$150
SEPTEMBER 13, 2024	\$200

DEADLINE: MARCH 8, 2024

Updated November 2023

FORM A: DEMOGRAPHICS

RECOMMENDATION PACKET - ENTERING CLASS: 2025

(Note: This is an application for a Recommendation Committee letter to be written on your behalf. It is not an application to a professional school.)

Full Legal Name: _____ UNIVERSITY ID#: _____ M: F: Other: _____

Pre-MED: _____ Pre-DENT: _____ Pre-PHARM: _____ OTHER: (Specify) Pre- _____

GPA: Overall GPA: _____ Transfer GPA: _____ BCPM GPA: _____ (See FORM Db.)

Address (House Number and Street): _____

Address (City, State): _____ Zip: _____

Cell Phone #: _____ E-Mail # 1: _____ E-Mail # 2: _____

Date of Birth: _____ Marital Status (optional): _____ Ethnicity: _____

Undergraduate Major: _____ Current Advisor: _____

Previous School (For Post-Bac and Transfer Students): _____ Graduation Date: _____

Please provide the name and telephone number of the pastor, priest, rabbi, or other spiritual leader from your regular place of worship who knows you well and can attest to your commitment to LLU values and expectations.

Pastor's Name: _____ Telephone/E-mail: _____

Your Religious Affiliation: _____

I have read the policy requirements of the La Sierra University Pre-Health Professions Recommendation Committee. I understand that these minimum requirements are necessary for the committee to review my materials and prepare a letter on my behalf.

Signature: _____ **Date:** _____

FORM B (a-c): PERSONAL STATEMENT, COMMITTEE QUESTIONS & RESUME

Name: _____ ID#: _____ Pre: _____

These forms should be submitted separately from this packet and should be titled according to Form # with ID.

I. Form B(a) -PERSONAL STATEMENT

Submit a copy of your personal statement. Please note that this does not have to be the same one that you submit to the application service (AADSAS, AMCAS, PharmCAS, etc.). Please limit your statement to **two (2) pages**.

II. Form B (b)-COMMITTEE QUESTIONS

Provide answers to the following questions. Respond fully to each question and be prepared to discuss the questions and answers with the RC member who will interview you.

- 1) **What** have you done to demonstrate your passion for your chosen field (medicine, dentistry, pharmacy, veterinary medicine, etc.)? Give specific examples. How have you chosen to use your time outside of the classroom?
- 2) **What** do you foresee as your biggest challenge during your professional school years? Why?
- 3) **What** significance do you assign to your religious beliefs and how do they impact your preparation for your chosen career?
- 4) **How** has your academic program prepared you for your chosen profession? What specific classes do you think have been most helpful to get you ready for professional school?

III. Form B(c)-RESUME

Categories

- Required Areas:
 - Your name and address
 - **Education**— Include all undergraduate and graduate programs, as well as professional certificate programs, training certificates, etc.
 - **Professional Experience**—Make separate sub-categories, as they apply. Include shadowing experiences.
 - **Volunteering**— This covers community service, charitable work and other humanitarian endeavors. Wherever possible, include # of hours, dates, etc. If you have done service learning, please list this in a separate category as “Service Learning.”
- If applicable
 - **Work Experience**—This covers all positions, including campus employment
 - **Leadership/Extracurricular activities**—Include leadership positions held, dates, projects worked on, etc.
 - **Research**—Please include a brief explanation of your research project
 - Award(s) and Achievement(s) — This includes merit scholarships, the Dean’s list, etc.

I declare that I will submit, as separate documents, copies of my Personal Statement, Answers to Committee-Specific questions, and my Resume.

Signature: _____ Date: _____

FORM C(a) & C(b): COURSEWORK, TRANSCRIPT & BCPM CALCULATOR

Name: _____ ID#: _____ Pre: _____

FORM C(a): Coursework and Transcript Printout

1. **Transfer information:** Please include the information from previous schools that you have attended even if you did not complete a degree.

School: _____ Degree? _____

Courses Completed: _____

2. **Required Courses and Grades Received. List each time course was taken.**

If you have not completed a course, please indicate the quarter you plan on taking the course(s) under Professor.

	1 st Quarter (times taken)			2 nd Quarter (times taken)			3 rd Quarter (times taken)			Professor(s)
	1 st	2 nd	3 rd	1 st	2 nd	3 rd	1 st	2 nd	3 rd	
Grades / repeats										
General Biology										
General Chemistry										
Organic Chemistry										
General Physics										
Biochemistry										

ADDITIONAL COURSES

List other courses taken (including grades) that you would like the committee to make note of. This part will be of particular interest to those who are not science majors.

Please submit copy of unofficial transcript titled, Form C(a), ID #.

FORM C(b): BCPM CALCULATOR

- Calculate your Biology, Chemistry, Physics, Math (BCPM) GPA. To calculate BCPM, do a Google search of “calculate BCPM GPA”, and make a selection. You must include all retakes of science courses in the calculations.
- Submit a copy of the printout.

I declare that I will submit, as a separate document, a copy of my BCPM printout and transcript.

Signature: _____ Date: _____

FORM D: PROFESSIONAL SCHOOLS AND RECOMMENDATION REFERENCE LIST

Name: _____ ID#: _____ Pre: _____

- List the names and deadlines of professional schools you are applying to.

School Name	Deadline/ Early decision?

RECOMMENDATION REFERENCE LIST

Remind recommenders to submit letters by posted deadline.

Recommender	Date Request Form Given to Recommender	Affiliation
		Science Professor (BIO, CHEM, PHYS, MATH)
		Science Professor (BIO, CHEM, PHYS, MATH)
		Religious Leader/Spiritual Advisor
		Work/Volunteer supervisor
		Other
		Licensed pharmacist (required for pharmacy)

FORM E: CONFIDENTIALITY STATEMENT & FERPA RELEASE FORM

Right to Review Letters of Recommendation

Name: _____ ID#: _____ Pre: _____

In accordance with the Family Educational Rights and Privacy Act of 1947 (PL 93-380), La Sierra University Pre-Health Professions Recommendation Committee (RC) gives each student the option of having a *confidential (closed)* or *non-confidential (open)* file prepared. This waiver consent form allows or prevents/denies students the ability to examine their completed packet.

Confidential (Closed): Signing this section indicates that you have waived your right to review your letters of recommendation, including the committee letter.

- **SIGN HERE** to request a confidential (closed) RC file.

Signature: _____ Date: _____

Non-Confidential (Open): Signing this section indicates that you have retained your right to review all letters of recommendation contained in your file.

- **SIGN HERE** to request a non-confidential (open) RC file.

Signature: _____ Date: _____

FERPA STUDENT RELEASE Right to Release Information to Professional Schools

Name: _____ ID#: _____ Pre: _____

I authorize La Sierra University Office of Pre-Health Professions, the Pre-Health Professions Recommendation Committee (PPRC), and its representatives to release any information in my educational record or in the official files of the PPRC to the educational program of my choice. This information may include but is not limited to my GPA, grades in individual courses, test scores, academic integrity violation summary records (since March 2009), and information gleaned during the personal interview with a member of the committee. I acknowledge that this recommendation packet was submitted voluntarily and that the information in the packet or acquired from an interview is to be used to assist in my application to the professional program(s) of my choice. I understand that I can revoke my consent to this release form but it must be in writing and a signed letter must be sent to Pre-Health Professions. I understand that if I revoke my consent to this release, it is not retroactive and does not affect information that was previously released under my former consent. This release is valid for two years after the date above.

IF I MAKE ANY MAJOR ADJUSTMENT TO MY FILE, I MUST SIGN A NEW RELEASE FORM.

Signature: _____ Date: _____

FORM F (a-b): ACADEMIC INTEGRITY & CITIZENSHIP REPORT

Name: _____ ID#: _____ Pre-Health Program: _____

This form allows access to Academic Integrity files

This form allows access to Academic Integrity files maintained by each of the schools: College of Arts and Sciences, Tom and Vi Zapara School of Business, School of Education, H.M.S. Richards School of Divinity, and the Academic Integrity Committee (AIC).

I agree to allow any/ each of the aforementioned schools and committee provide information related to academic integrity issues to the Pre-Health Professions Recommendation Committee as a part of my file to be reviewed in preparation for writing the committee letter to the professional school(s) of my choice.

I understand that I will not have further access to this form, and that my file will not be considered complete until this form is submitted to the Office of Pre-Health Professions.

Signature: _____ Date: _____

This form allows access to the citizenship record of the student.

I agree to have the *Office of Student Life* provide information regarding my citizenship as a La Sierra University student and submit it to the Pre-Health Professions Recommendation Committee as a part of my file to be reviewed in preparation for writing the committee letter to the professional school(s) of my choice.

I understand that I will not have further access to this form, and that my file will not be considered complete until this form is submitted to the Office of Pre-Health Professions.

Signature: _____ Date: _____

FORM G: ADMISSION TEST SCORES

Name: _____ ID#: _____ Pre: _____

My signature below attests that I will present my admission test scores to the Office of Pre- Health Professions when they become available and must present all scores to the RC. These scores may be used in the assessment of my suitability for professional school. It is not required to have test scores prior to the Recommendation Committee process.

Please fill in the table and provide our office a copy of your test scores. If the exam has been taken more than one time, please fill it in accordingly. (Test date refers to taken or scheduled test date.)

Dental Admission Test (DAT)

Test Date	AC AVG	Perceptual Ability (PAT)	Quantitative Reasoning (QRT)	Reading Comprehension (RCT)	Biology	General Chemistry	Organic Chemistry	Total Science

Medical College Admission Test (MCAT)

Test Date	Biological & Biochemical Foundations	Chemical and Physical Foundations	Psychological, Social and Biological Foundations	Critical Analysis & Reasoning Skills	Total Score

It is recommended to spend an average of 3-8 months of studying for these tests including completing multiple practice exams. If you have not taken the test, but plan on doing so in the future, please describe what methods and how long you plan on studying.

Signature: _____ Date: _____

FORM H(a): RECOMMENDATION COMMITTEE LETTER REQUEST FOR PROFESSORS

Dear Recommender: Your candid evaluation of applicant named below is critical to the professional health school admissions process. **Professional health schools require all letters of recommendation be on letterhead stationery, typed, dated, and signed.** If you do not have access to letterhead, please include your name, address, phone or email on the letter. Letter writers should be able to speak to an applicant's abilities and have a good sense of his/her suitability for a doctoral level health career. On behalf of the applicant, thank you for taking the time to prepare a thoughtful evaluation for our students.

Most helpful:

- Relationship between you the applicant, including which classes they took from you and when.
- Data about class performance beyond what is reflected by the grade in the transcript. What was their overall class rank? What kinds of assignments did they excel on, or did they struggle with? How did they perform in the laboratory, if relevant? Did their overall grade match their potential? Did they demonstrate good problem-solving ability and intellectual curiosity?
- Personal characteristics such as reliability, determination, academic integrity, motivation, along with specific examples of how these attributes were demonstrated to you personally.
- Leadership abilities such as ability to inspire and work with others, organizational skills, again with specific examples you observed.
- Social and interpersonal skills you observed in their interactions with peers, teaching assistants, and with yourself.

Least helpful:

- Repetition of information from the application or transcript. Please do not write about things you have no personal knowledge of but are taking only from material given to you by the applicant.
- Unsubstantiated superlatives, vague generalities or lack of specific examples
- Please do not include personal information about the applicant, including but not limited to: relationship and or parental status, sexual orientation, health status, etc. Contact us if you have questions about what is appropriate to include.

Recommender's Name (Please Print)

Signature

Date

Note: No letter is altered in any way by this office. If you have questions or comments regarding the letter of recommendation process, please direct them to Pre-Health Professions at prehealth@lasierra.edu or (951) 785-2535.

SUBMISSION OPTIONS:

- 1. ONLINE:** Submit letter of recommendation along with this form here: <https://forms.gle/Fspf14zYMLdLWJ6Q9>
- 2. MAIL:** Send letter to La Sierra University, Pre-Health Professions Recommendation Committee, Sierra Vista Hall, 4500 Riverwalk Pkwy., Riverside, CA 92515 (please allow 2-3 weeks for processing)

TO BE COMPLETED BY THE STUDENT APPLICANT: Pre-: *Medicine* ____ *Dentistry* ____ *Pharmacy*: ____

Allow a minimum of two (2) weeks for the letter of recommendation to be presented to the Recommendation Committee.

Under provisions of the Family Educational Rights and Privacy Act of 1974, it is necessary that you check the appropriate space and indicate whether you waive or do not waive the right to see your recommendation documents. It is desirable that recommendation letters be written and maintained in confidence. Without confidentiality, such documents often have less credibility. However, regardless of the option you choose, the Pre-Professional Recommendation Committee will carefully consider your materials.

I hereby **waive** () or **do not waive** () my right to see this letter of recommendation. By waiving my right to see this letter, I understand that the evaluator is not required to tell me the information contained in the letter. I understand that by retaining my right to see this letter, the evaluator has the option to refuse to write a letter of recommendation.

Name (Please Print): _____ **ID #:** _____

Signature: _____ **Date:** _____

FORM H(b): RECOMMENDATION COMMITTEE LETTER REQUEST FOR WORK SUPERVISORS

Dear Recommender: Your candid evaluation of applicant named below is critical to the professional health school admissions process. **Professional health schools require all letters of recommendation be on letterhead stationery, typed, dated, and signed.** If you do not have access to letterhead, please include your name, address, phone or email on the letter. Letter writers should be able to speak to an applicant's abilities and have a good sense of his/her suitability for a doctoral level health career. On behalf of the applicant, thank you for taking the time to prepare a thoughtful evaluation for our students.

Most helpful:

- Relationship between you the applicant, including which classes they took from you and when.
- Data about class performance beyond what is reflected by the grade in the transcript. What was their overall class rank? What kinds of assignments did they excel on, or did they struggle with? How did they perform in the laboratory, if relevant? Did their overall grade match their potential? Did they demonstrate good problem-solving ability and intellectual curiosity?
- Personal characteristics such as reliability, determination, academic integrity, motivation, along with specific examples of how these attributes were demonstrated to you personally.
- Leadership abilities such as ability to inspire and work with others, organizational skills, again with specific examples you observed.
- Social and interpersonal skills you observed in their interactions with peers, teaching assistants, and with yourself.

Least helpful:

- Repetition of information from the application or transcript. Please do not write about things you have no personal knowledge of but are taking only from material given to you by the applicant.
- Unsubstantiated superlatives, vague generalities or lack of specific examples
- Please do not include personal information about the applicant, including but not limited to: relationship and or parental status, sexual orientation, health status, etc. Contact us if you have questions about what is appropriate to include.

Recommender's Name (Please Print)

Signature

Date

Note: No letter is altered in any way by this office. If you have questions or comments regarding the letter of recommendation process, please direct them to Pre-Health Professions at prehealth@lasierra.edu or (951) 785-2535.

SUBMISSION OPTIONS:

- 1. ONLINE:** Submit letter of recommendation along with this form here: <https://forms.gle/Fspfl4zYMLdLWJ6Q9>
- 2. MAIL:** Send letter to La Sierra University, Pre-Health Professions Recommendation Committee, Sierra Vista Hall, 4500 Riverwalk Pkwy., Riverside, CA 92515 (please allow 2-3 weeks for processing)

TO BE COMPLETED BY THE STUDENT APPLICANT: Pre-: Medicine ___ Dentistry ___ Pharmacy: ___

Allow a minimum of two (2) weeks for the letter of recommendation to be presented to the Recommendation Committee.

Under provisions of the Family Educational Rights and Privacy Act of 1974, it is necessary that you check the appropriate space and indicate whether you waive or do not waive the right to see your recommendation documents. It is desirable that recommendation letters be written and maintained in confidence. Without confidentiality, such documents often have less credibility. However, regardless of the option you choose, the Pre-Professional Recommendation Committee will carefully consider your materials.

I hereby **waive** () or **do not waive** () my right to see this letter of recommendation. By waiving my right to see this letter, I understand that the evaluator is not required to tell me the information contained in the letter. I understand that by retaining my right to see this letter, the evaluator has the option to refuse to write a letter of recommendation.

Name (Please Print): _____ **ID #:** _____

Signature: _____ **Date:** _____

FORM H(c): RECOMMENDATION COMMITTEE LETTER REQUEST FOR RELIGIOUS LEADERS/SPIRITUAL ADVISORS

Dear Recommender: Your candid evaluation of applicant named below is critical to the professional health school admissions process. **Professional health schools require all letters of recommendation be on letterhead stationery, typed, dated, and signed.** If you do not have access to letterhead, please include your name, address, phone or email on the letter. Letter writers should be able to speak to an applicant's abilities and have a good sense of his/her suitability for a doctoral level health career. On behalf of the applicant, thank you for taking the time to prepare a thoughtful evaluation for our students.

Most helpful:

- Relationship between you the applicant, including which classes they took from you and when.
- Data about class performance beyond what is reflected by the grade in the transcript. What was their overall class rank? What kinds of assignments did they excel on, or did they struggle with? How did they perform in the laboratory, if relevant? Did their overall grade match their potential? Did they demonstrate good problem-solving ability and intellectual curiosity?
- Personal characteristics such as reliability, determination, academic integrity, motivation, along with specific examples of how these attributes were demonstrated to you personally.
- Leadership abilities such as ability to inspire and work with others, organizational skills, again with specific examples you observed.
- Social and interpersonal skills you observed in their interactions with peers, teaching assistants, and with yourself.

Least helpful:

- Repetition of information from the application or transcript. Please do not write about things you have no personal knowledge of but are taking only from material given to you by the applicant.
- Unsubstantiated superlatives, vague generalities or lack of specific examples
- Please do not include personal information about the applicant, including but not limited to: relationship and or parental status, sexual orientation, health status, etc. Contact us if you have questions about what is appropriate to include.

Recommender's Name (Please Print)

Signature

Date

Note: No letter is altered in any way by this office. If you have questions or comments regarding the letter of recommendation process, please direct them to Pre-Health Professions at prehealth@lasierra.edu or (951) 785-2535.

SUBMISSION OPTIONS:

- 1. ONLINE:** Submit letter of recommendation along with this form here: <https://forms.gle/Fspfl4zYMLdLWJ6Q9>
- 2. MAIL:** Send letter to La Sierra University, Pre-Health Professions Recommendation Committee, Sierra Vista Hall, 4500 Riverwalk Pkwy., Riverside, CA 92515 (please allow 2-3 weeks for processing)

TO BE COMPLETED BY THE STUDENT APPLICANT: Pre-: Medicine _____ Dentistry _____ Pharmacy: _____

Allow a minimum of two (2) weeks for the letter of recommendation to be presented to the Recommendation Committee.

Under provisions of the Family Educational Rights and Privacy Act of 1974, it is necessary that you check the appropriate space and indicate whether you waive or do not waive the right to see your recommendation documents. It is desirable that recommendation letters be written and maintained in confidence. Without confidentiality, such documents often have less credibility. However, regardless of the option you choose, the Pre-Professional Recommendation Committee will carefully consider your materials.

I hereby **waive** () or **do not waive** () my right to see this letter of recommendation. By waiving my right to see this letter, I understand that the evaluator is not required to tell me the information contained in the letter. I understand that by retaining my right to see this letter, the evaluator has the option to refuse to write a letter of recommendation.

Name (Please Print): _____ **ID #:** _____

Signature: _____ **Date:** _____

FORM H(c): RECOMMENDATION COMMITTEE LETTER REQUEST-GENERAL

Dear Recommender: Your candid evaluation of applicant named below is critical to the professional health school admissions process. **Professional health schools require all letters of recommendation be on letterhead stationery, typed, dated, and signed.** If you do not have access to letterhead, please include your name, address, phone or email on the letter. Letter writers should be able to speak to an applicant's abilities and have a good sense of his/her suitability for a doctoral level health career. On behalf of the applicant, thank you for taking the time to prepare a thoughtful evaluation for our students.

Most helpful:

- Relationship between you the applicant, including which classes they took from you and when.
- Data about class performance beyond what is reflected by the grade in the transcript. What was their overall class rank? What kinds of assignments did they excel on, or did they struggle with? How did they perform in the laboratory, if relevant? Did their overall grade match their potential? Did they demonstrate good problem-solving ability and intellectual curiosity?
- Personal characteristics such as reliability, determination, academic integrity, motivation, along with specific examples of how these attributes were demonstrated to you personally.
- Leadership abilities such as ability to inspire and work with others, organizational skills, again with specific examples you observed.
- Social and interpersonal skills you observed in their interactions with peers, teaching assistants, and with yourself.

Least helpful:

- Repetition of information from the application or transcript. Please do not write about things you have no personal knowledge of but are taking only from material given to you by the applicant.
- Unsubstantiated superlatives, vague generalities or lack of specific examples
- Please do not include personal information about the applicant, including but not limited to: relationship and or parental status, sexual orientation, health status, etc. Contact us if you have questions about what is appropriate to include.

Recommender's Name (Please Print)

Signature

Date

Note: No letter is altered in any way by this office. If you have questions or comments regarding the letter of recommendation process, please direct them to Pre-Health Professions at prehealth@lasierra.edu or (951) 785-2535.

SUBMISSION OPTIONS:

- 1. ONLINE:** Submit letter of recommendation along with this form here: <https://forms.gle/Fspf14zYMLdLWJ6Q9>
- 2. MAIL:** Send letter to La Sierra University, Pre-Health Professions Recommendation Committee, Sierra Vista Hall, 4500 Riverwalk Pkwy., Riverside, CA 92515 (please allow 2-3 weeks for processing)

TO BE COMPLETED BY THE STUDENT APPLICANT: Pre-: Medicine _____ Dentistry _____ Pharmacy: _____

Allow a minimum of two (2) weeks for the letter of recommendation to be presented to the Recommendation Committee.

Under provisions of the Family Educational Rights and Privacy Act of 1974, it is necessary that you check the appropriate space and indicate whether you waive or do not waive the right to see your recommendation documents. It is desirable that recommendation letters be written and maintained in confidence. Without confidentiality, such documents often have less credibility. However, regardless of the option you choose, the Pre-Professional Recommendation Committee will carefully consider your materials.

I hereby **waive** () or **do not waive** () my right to see this letter of recommendation. By waiving my right to see this letter, I understand that the evaluator is not required to tell me the information contained in the letter. I understand that by retaining my right to see this letter, the evaluator has the option to refuse to write a letter of recommendation.

Name (Please Print): _____ **ID #:** _____

Signature: _____ **Date:** _____

FORM I: SELF ASSESSMENT

Name: _____ ID#: _____ Pre: _____

Adapted from UC Berkeley Career Center

<https://docs.google.com/a/lasierra.edu/forms/d/1uxj4eJHbILsuG3FkN-szzzq54IEj3gjIMO0COvDsj2w/viewform>

This self-assessment should serve as a guide as you prepare for your health profession. Many factors contribute to a successful professional school application and this can serve to assist as you evaluate your progress thus far. **This form does not have to be turned in to the committee, but is for your personal use as you develop your application.**

PART ONE

- 1. ACADEMICS:** I am satisfied that my grades are at or above the national mean (3.63 science, 3.75 non-science) of applicants accepted to US medical schools (According to MSAR 2013, the median science GPA for California schools is 3.7.)

Very satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 2. ACADEMICS:** I have developed a relationship with at least two faculty members who know me well enough to write me a letter of recommendation.

Very satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 3. ACADEMICS:** I have been (or will be) diligent about preparing for the MCAT, DAT, PCAT, or OAT so that I give myself enough time to be prepared when I take it.

Very satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 4. CLINICAL EXPERIENCES:** I have, or will be shadowing various healthcare professionals to learn more about my healthcare career choice and validate my interests. This experience may possibly lead to obtaining a letter of recommendation.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 5. CLINICAL EXPERIENCES:** I have spent a minimum of 50 hours in a relevant health field through shadowing, volunteering, interning or working.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 6. CLINICAL EXPERIENCES:** I understand the role of the health care provider from recent direct personal contact and can clearly articulate why a career in the healthcare career of my choosing is right for me.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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FORM I: SELF ASSESSMENT (cont.)

Name: _____ ID#: _____ Pre: _____

PART TWO

- 1. EXTRACURRICULAR EXPERIENCES:** I am, or have been, an active participant in a campus organization.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 2. COMMUNITY SERVICE:** I have demonstrated a history of caring about my fellow human beings and their welfare.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 3. PERSONAL QUALITIES:** I am satisfied that I have demonstrated personal traits such as maturity, integrity, responsibility and trustworthiness.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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- 4. PERSONAL QUALITIES:** I have demonstrated that I can carry out a sophisticated conversation (interview) with others.

Very Satisfied Satisfied Somewhat Satisfied Not satisfied Not Applicable

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SUMMARIZING YOUR RESULTS

Go back through the statements and make note of which areas ‘Academics’, ‘Clinical Experiences’, ‘Extracurricular Experiences’, ‘Community Service’, or ‘Personal Qualities’ you answered “Somewhat Satisfied” or “Not Satisfied”. This may show areas that you may need to focus on as you prepare for health professional school.