Forms Required
Entering date: FALL 2019

A service of the Office of Pre-Health Professions
Sierra Vista Hall #101 Phone: 951.785.2490

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

- No staples!
- Print on one side only!
- Must be typed ... NOTHING HANDWRITTEN except signature!
- Due date: March 30, 2018

Updated November 2017
FORM A: DEMOGRAPHICS

(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.)

RECOMMENDATION PACKET

ENTERING CLASS: 2019

Full Legal Name: ___________________________ UNIVERSITY ID#: __________ M: _____ F: _____

Pre-MED: _______ Pre-DENT: _______ Pre-PHARM: _______ OTHER: (Specify) Pre-________________________

GPA: Overall GPA: ______________ Transfer GPA: ______________ BCPM GPA: ______________ (taken from printout)

Application Number: AMCAS, AADSAS, PHARMCAS, etc.: ___________________________________________

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.

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: PERSONAL STATEMENT and COMMITTEE-SPECIFIC QUESTIONS -- 2019

Name: ___________________________ ID#: ____________________ Pre: ____________

I. 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.). This statement will be reviewed by the interviewer and used to get to know you better. Please limit your statement to two (2) pages.

II. COMMITTEE-SPECIFIC QUESTIONS

Provide answers to the following questions. Respond fully to each question and be prepared to discuss the questions and answers with the PPRC member who will interview you. (Please do not just copy material from the personal statement you are also submitting. If everything you need to say to answer a question is already in the personal statement, please just write “see personal statement” as the answer to that particular question.)

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?

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?

I declare that I have attached, or will submit as a separate document, a copy of my personal statement and answers to the Committee-specific questions stated above.

Signature: ___________________________ Date: ________________
FORM C: RESUME

Name: _______________________________  ID#: ____________________  Pre: ________________

Categories

• **Required**
  o Your name
  o Your address
  o Education—Include all undergraduate and graduate programs, as well as professional certificate programs, training certificates, etc.
  o Professional Experience—Make separate sub-categories, as they apply. Include shadowing experiences.
  o 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**
  o Work Experience—This covers all positions, including campus employment
  o Leadership/Extracurricular activities—Include leadership positions held, dates, projects worked on, etc.
  o Research—Please include a brief explanation of your research project
  o Awards and Achievements—These include merit scholarships, the Dean’s list, etc.

I declare that I will submit, as a separate document, a copy of my resume.

Signature: _______________________________  Date: ________________
Name: ___________________________________________ ID#: ____________________________ Pre: ________________

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

   School: _______________________________________________ Degree? _______________ GPA: ________

   School: _______________________________________________ Course: _______________ GPA: ________

2. **Required Courses and Grades Received. List each time course was taken.** (Calculus is required for Pharmacy only.)

<table>
<thead>
<tr>
<th>Courses</th>
<th>1st Quarter (times taken)</th>
<th>2nd Quarter (times taken)</th>
<th>3rd Quarter (times taken)</th>
<th>Professor(s)</th>
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</thead>
<tbody>
<tr>
<td>Grades /repeats</td>
<td>1st</td>
<td>2nd</td>
<td>3rd</td>
<td>1st</td>
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<tr>
<td>General Biology</td>
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<td>General Chemistry</td>
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<td>Organic Chemistry</td>
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<td>General Physics</td>
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<tr>
<td>Biochemistry</td>
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<tr>
<td>Calculus</td>
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</table>

   **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.
**FORM E: PROFESSIONAL SCHOOLS**  -- 2019

Name:_____________________________  ID#:_________________  Pre: ____________

- List the names and deadline of professional schools.

<table>
<thead>
<tr>
<th>School Name</th>
<th>Deadline</th>
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</table>
Please request a maximum of five (5) letters of recommendation for all fields except Pharmacy (See below.) A summary is given below, but for a full description of the types of information that should be addressed in each type of letter and guidance about who you should ask to write these letters, please see the “Procedural Manual.”

These letters should consist of:

- Two letters from science professors.
- One letter from a work/volunteer supervisor.
- One letter from a religious leader or spiritual advisor. This is required only for those applying to Loma Linda University.
- One letter from a person of your choice who you think may be able to address issues that your other recommenders may not be able to.

For Pre-Pharmacy students, you should request three (3) letters.

- One letter from a science professors
- One letter from a work/volunteer supervisor OR religious leader (if applying to Loma Linda)
- One letter from a licensed pharmacist.

(Please allow two (2) weeks to one month for faculty persons to write your letter of recommendation.)

<table>
<thead>
<tr>
<th>Recommender</th>
<th>Date Request Form Given to Recommender</th>
<th>Affiliation</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>Science professor (Biology, Chemistry, Math, Physics)</td>
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<td></td>
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<td>Science professor (Biology, Chemistry, Math, Physics)</td>
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<td>Religious Leader/ Spiritual Advisor</td>
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<td>Work/Volunteer supervisor or</td>
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<td>Licensed pharmacist (required for pharmacy)</td>
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<td>Other</td>
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</tbody>
</table>
Right to Review Letters of Recommendation

In accordance with the Family Educational Rights and Privacy Act of 1947 (PL 93-380), La Sierra University Pre-Health Professions Recommendation Committee (PPRC) 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.

I hereby waive my right to review letters of recommendation contained in my file including the Pre-Health Professions Recommendation Committee letter. I understand that all letters of recommendation received by Pre-Health Professions become the property of this office. I may revoke my consent to this release at any time with the understanding that it is not retroactive and does not apply to information that was previously obtained under my former consent.

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

Non-Confidential (Open): Signing this section indicates that you have retained your right to review all letters of recommendation contained in your file. Please be aware that recommenders may refuse to write a letter of recommendation on your behalf. The OPHP will inform professional schools of the “open” or “closed” status of your file, but the Recommendation committee will take all letters seriously.

I hereby retain my right to review letters of recommendation contained in my file. I understand that the professional programs will be informed when I have retained my right to view my individual and committee letters of recommendation and that admission committee may not regard me as a serious applicant. I further understand that all letters received are the property of the Pre-Health Professions. I further understand that if I revoke my consent to this release at any time, it is not retroactive and does not apply to information that was previously released under my former consent.

- SIGN HERE to request a non-confidential (open) PPRC file.
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), disciplinary records (prior to 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.

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

Signature: ____________________________________  Date: __________________________

This release is valid for two years after the date above.
FORM Ia: ACADEMIC INCIDENT RELEASE -- 2019

This form allows access to Academic Integrity files

Name: ___________________________  ID#: ___________________________  Pre: ____________

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.

FORM Ib: CITIZENSHIP REPORT -- 2019

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

Name: ___________________________  ID#: ___________________________  Pre: ____________

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 J: ADMISSION TEST SCORES
-- 2019

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. These scores may be used in the assessment of my suitability for professional school.

Please fill in the table and provide OPHP with 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)

<table>
<thead>
<tr>
<th>Test Date</th>
<th>AC AVG</th>
<th>Perceptual Ability (PAT)</th>
<th>Quantitative Reasoning (QRT)</th>
<th>Reading Comprehension (RCT)</th>
<th>Biology</th>
<th>General Chemistry</th>
<th>Organic Chemistry</th>
<th>Total Science</th>
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### Medical College Admission Test (MCAT)

<table>
<thead>
<tr>
<th>Test Date</th>
<th>Biological &amp; Biochemical Foundations</th>
<th>Chemical and Physical Foundations</th>
<th>Psychological, Social and Biological Foundations</th>
<th>Critical Analysis &amp; Reasoning Skills</th>
<th>Total Score</th>
</tr>
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<tbody>
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“Section Scores for MCAT: Each of the four sections--Biological and Biochemical Foundations of Living Systems; Chemical and Physical Foundations of Biological Systems; Psychological, Social, and Biological Foundations of Behavior; and Critical Analysis and Reasoning Skills--is scored from a low of 118 to a high of 132, with a midpoint of 125. Test takers will receive scores for each of the four sections.

**Total Score:** Scores for the four sections are combined to create a total score. The total score ranges from 472 to 528. The midpoint is 500.”

Source: https://students-residents.aamc.org/applying-medical-school/article/how-new-mcat-exam-scored/

Signature: ___________________________________________ Date: ______________________
FORM K.a: RECOMMENDATION COMMITTEE LETTER REQUEST FOR PROFESSORS 2019

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

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 cdouglas@lasierra.edu or 951.785.2490

Recommender’s Name (Please Print) ___________________________ Signature ___________________________ Date ____________

Please return this form and the recommendation letter to: La Sierra University, Pre-Health Professions Recommendation Committee, Sierra Vista Hall #101, 4500 Riverwalk Pkwy., Riverside, CA 92515

NOTICE TO THE STUDENT APPLICANT: 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.

TO BE COMPLETED BY THE STUDENT APPLICANT

Name (Please Print): ___________________________________________ ID #: ___________________________
Signature: ______________________________________ Date: ______________
FORM K.b: RECOMMENDATION COMMITTEE LETTER REQUEST FOR WORK/VOLUNTEER SUPERVISORS 2019

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: are descriptions of: (as applicable)
- Relationship between you and the applicant, including how long and in what capacity they worked with you.
- Personal characteristics such as punctuality, reliability, honesty and trustworthiness, 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
- Assessment of ability to perform in stressful situations and complete tasks on a deadline.
- Examples of leadership abilities such as ability to inspire and lead others, organizational skills, instances when the applicant showed initiative without having to be directed at every step.
- Social and interpersonal skills you observed in interactions with co-workers, supervisors, clients/patients, and with yourself.
- The applicant’s commitment to service; interest in humanity, etc.

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.

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 cdouglas@lasierra.edu or 951.785.2490

Recommender’s Name (Please Print) __________________________________________________________________________
Signature __________________________________________________________________________ Date __________

Please return this form and the recommendation letter to: La Sierra University, Pre-Health Professions Recommendation Committee, Sierra Vista Hall #101, 4500 Riverwalk Pkwy., Riverside, CA 92515

NOTICE TO THE STUDENT APPLICANT: Allow a minimum of two (2) weeks for the letter of recommendation to be presented to the Recommendation Committee.

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TO BE COMPLETED BY THE STUDENT APPLICANT __________________________________________________________________________
Pre-: Medicine: _____ Dentistry: _____ Pharmacy: _____
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: ________________
**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 and the applicant, including length of time you have known them and the degree to which you feel you know them personally.
- The applicant’s specific involvement with your organization, including participation in worship services, community service events, outreach activities, etc.
- Personal characteristics such as reliability, personal integrity and empathy, along with specific examples of how these attributes were demonstrated to your personally.
- Leadership abilities such as ability to inspire and work with others, organizational skills
- Social and interpersonal skills you were able to observe in interactions with other individuals and with yourself.
- Commitment to service; interest in humanity
- Interest in religious, concern for others, personal religious conviction

**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

**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 cdouglas@lasierra.edu or 951.785.2490

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**Recommendation Committee Letter Request**

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<th>Recommender’s Name (Please Print)</th>
<th>Signature</th>
<th>Date</th>
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**NOTICE TO THE STUDENT APPLICANT:** 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.

**TO BE COMPLETED BY THE STUDENT APPLICANT**

Pre-: Medicine: _____ Dentistry: ____ Pharmacy: _____

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: ____________
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Most helpful are descriptions of: (as applicable):

- Explanation of the relationship between you and the applicant.
- Personal characteristics such as reliability, determination, honesty, motivation, empathy, 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
- Descriptions of social and interpersonal skills; cooperativeness
- Intellectual curiosity, mental ability, problem solving ability
- Commitment to service; interest in humanity
- Interest in religion, concern for others, personal religious conviction

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

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 cdouglas@lasierra.edu or 951.785.2490

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Please return this form and the recommendation letter to: La Sierra University, Pre-Health Professions Recommendations Committee, Sierra Vista Hall #101, 4500 Riverwalk Pkwy., Riverside, CA 92515

NOTICE TO THE STUDENT APPLICANT: 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.

TO BE COMPLETED BY THE STUDENT APPLICANT

Pre-: Medicine: _____ Dentistry: _____ Pharmacy: _____

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 L.1: SELF-ASSESSMENT [Adapted from UC Berkeley Career Center]  -- 2019

Name: ___________________________  ID#: ___________________  Pre: ______________

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.**

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

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

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

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

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

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
FORM L.2: SELF-ASSESSMENT [Adapted from UC Berkeley Career Center] -2019

https://docs.google.com/a/lasierra.edu/forms/d/1uxj4eJHblLsuG3FkN-szzzqS4IEj3gijMOOCoADs2w/viewform

Name: ___________________________   ID#: __________________   Pre: ______________

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

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Not satisfied</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

**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.