

Intent To Apply

Application for Health Professional School Committee Letter

OVERVIEW AND INSTRUCTIONS FOR APPLICATION

Note: You must download application and "save as" with your last & first name. Use Adobe Acrobat Reader to fill out form.

Deadlines

Pharmacy Schools: September 13, 2019

Medical Schools: March 6, 2020

[Click to download
free "Adobe Acrobat"](#)

This application is your declaration to the California State University, Fresno (Fresno State) Health Professions Committee (HPC) and the Health Careers Opportunity Program (HCOP) that you intend to apply to **medical or pharmacy** schools. Much of the information that you must provide will also be needed by you for your health professional school application. This also assists the Fresno State HPC in composing a meaningful letter on your behalf.

COMMITTEE LETTER ELIGIBILITY

To be eligible for a Committee Letter (a) applicants must be or have been an undergraduate or graduate student at Fresno State and (b) met the submission deadlines of the **Intent To Apply** process.

INSTRUCTIONS

First time applicants must complete every section of this application. Please keep the following points in mind:

- Do not attach additional sheets for short answer questions. All responses must be written in the space provided.
- Present your experience assuming that the reader has no familiarity with the site, setting, or organization to which you are referring, spell out names if acronyms are used, describe the nature and purpose of the experience, etc.
- Consider your narratives as clear, concise, resume entries, with an organized flow from beginning to end: (a) be sure the reader understands the context or affiliation; (b) be sure you clearly describe what you did, what you accomplished, and/or how your experience evolved; and (c) if there was a "take away" from the experience, a definitive learning moment, you should mention it.

REQUIRED DOCUMENTS FOR COMMITTEE LETTER

Material can be submitted via email to hcop@mail.fresnostate.edu or delivered to the LSAMP-HCOP office located in Science 1 building room 101 by **Friday September 13th, 2019 for Pharmacy** and **Friday March 6, 2020 for Medical schools**.

- Intent to Apply application (PDF)
- Resume (PDF or .docx)
- Unofficial transcripts from every higher education institution you attended unless courses are listed on another transcript that you plan to submit; PDF documents only.
- At least two letters of evaluation (LOE's) submitted via email by evaluator to hcop@mail.fresnostate.edu or delivered in a sealed envelope to LSAMP-HCOP office located in Science I building room 101.
 - 1 LOE, signed, dated and on letterhead from a health professional and
 - 1 LOE, signed, dated and on letterhead from a science faculty

APPLICANT INFORMATION

I. PERSONAL DATA

Full Name: _____
Last First M.I.

Nickname: _____ Fresno State ID: _____ Gender: _____ Birthdate: _____
(MM/DD/YYYY)

Email Address: Fresno State: _____ Personal: _____
(Please check the box next to your PREFERRED email)

AMCAS ID: _____ AACOMAS ID: _____ PharmCAS ID: _____

Local Address: _____
Street Address Apartment/Unit #

City State Zipcode Country

Permanent Address: _____
Street Address Apartment/Unit #

City State Zip code Country

Home Phone: _____ Cell Phone: _____

Disadvantaged: Yes No

If yes, elaborate why you consider yourself disadvantaged:

Will you apply for a fee waiver from the centralized application service? Yes No

How many hours per week, on average, were you employed during the semester?
 1-10 10-20 20-35 35+

Please indicate your parent's level of education, ethnicity and race:

Father's Education Level:

- No college Some college College graduate Graduate school

Father's Ethnicity (for statistical purposes only):

- Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).
- Not Hispanic
- Declined to state

Father's Race (for statistical purposes only):

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black/African American – A person having origins in any of the black racial groups in Africa Middle Eastern- A person having origins from western Asia and northeast Africa, including the nations on the Arabian Peninsula, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Syria, and Turkey.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe.
- Decline to State

Mother's Education Level:

- No college Some college College graduate Graduate school

Mother's Ethnicity (for statistical purposes only):

- Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).
- Not Hispanic
- Declined to state

Mother's Race (for statistical purposes only):

- American Indian or Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black/African American – A person having origins in any of the black racial groups in Africa Middle Eastern- A person having origins from western Asia and northeast Africa, including the nations on the Arabian Peninsula, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Syria, and Turkey.
- Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands.
- White – A person having origins in any of the original peoples of Europe.
- Decline to State

II. INTENT TO APPLY

Please check the Centralized Application Service(s) to which you are applying.

Note: if selected for a committee letter, this is where your committee letter will be uploaded.

- Allopathic Medicine (M.D.) (AMCAS)
- Osteopathic Medicine (D.O.) (AACOAMAS)
- Pharmacy (Pharm.D.) (PharmCAS)

III. LETTERS OF EVALUATION

Students should arrange to have at least one letter from a healthcare professional and at least one letter from a science faculty submitted with their Intent to Apply application. The evaluator should submit via email to hcop@mail.fresnostate.edu or delivered in a sealed envelope to LSAMP-HCOP office located in Science I building room 101.

Students should refer to the professional program to which you will be applying, to learn more about their specific letter requirements.

For more information about how to request a letter of evaluation, please visit:

<http://fresnostate.edu/csm/hcop>

RECOMMENDER 1

Full Name: _____	Job Title: _____
Dept/Inst: _____	Date Requested: _____
Contact Info (email): _____	Clinical Letter? <input type="checkbox"/> Yes <input type="checkbox"/> No

RECOMMENDER 2

Full Name: _____	Job Title: _____
Dept/Inst: _____	Date Requested: _____
Contact Info (email): _____	Clinical Letter? <input type="checkbox"/> Yes <input type="checkbox"/> No

IV. ACADEMIC BACKGROUND

Remember that you must submit an unofficial transcript for every undergraduate or graduate institution where you completed college coursework. If the information is posted on another transcript you submit, there is no need to forward the transcript to use if it is posted on another document that you submit to us. Please note, the HCOP office does not forward official transcripts to the professional program/school one applies to. Transcripts need to come directly from the registrars' office.

Please list all Undergraduate and Post Baccalaureate Institutions attended. An example (in grey font) has been provided below for your reference.

University/College	Dates	Program Level	Major	Degree	Cum/GPA
Ex: Fresno State	2005-2010	Undergraduate	Biology	BS	3.56

Pre-requisites Data

Please fill in the table below with your pre-requisite course work information. If a pre-requisite course was taken at another institution please input the data from the course equivalent. Make sure to include all course attempts. Note: Not all of these courses are required by medical or pharmacy schools. Please refer to the individual school/websites or the Medical School Admission Requirements (MSAR) for specific requirements.

At the end of the table you will be asked to compute your pre-requisite GPA. For your convenience, a link to a GPA calculator has been provided.

<http://www.fresnostate.edu/studentaffairs/advising/students/gpa-calc.html>

Course	University	Attempt #1		Attempt #2		Attempt #3	
		Semester/Grade		Semester/Grade		Semester/Grade	
Biology IA Introductory Biology							
Biology IB Introductory Biology							
Biology 67A Human Anatomy and Physiology I							
Biology 67B Human Anatomy and Physiology II							
Biology 102 Genetics							
Biology 103 Cellular Biology							
Biology 120 Microbiology							
Biology 157 + 157L Immunology + Lab							
Behavioral Science							
Chem IA General Chemistry							
Chem IAL General Chemistry Lab							
Chem IB General Chemistry							
Chem IBL General Chemistry Lab							
Chem 128A Organic Chemistry							
Chem 128B Organic Chemistry							
Chem 129A Organic Chemistry Lab							
Chem 129B Organic Chemistry Lab							
Chem 150/155A General Biochemistry							
Communications							

Course	University	Attempt #1		Attempt #2		Attempt #3	
		Semester/Grade		Semester/Grade		Semester/Grade	
Econ 40 or 50							
English 5A + 5B or 10 Academic Literacy							
Humanities							
Math 101 or Psych 42 Statistics							
Phys 2A + Lab							
Phys 2B + Lab							
Phys 4A + Lab Elementary Physics							
Phys 4B + Lab Elementary Physics							
Social Science Course							
Pre-requisite GPA:							

V. ENTRANCE EXAM

Please input the date of your entrance exam below. Should any changes or updates need to be made as your application cycle approaches, please be sure to inform our office. Once your scores are available please forward an unofficial copy of your scores to our office.

Date of Entrance Exam (i.e. MCAT, PCAT): _____ (MM/DD/YYYY)	Score (if available): _____
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VI. ESSAY

Please provide an essay that discusses what you believe makes you a distinctive candidate for a career in a health profession. You may also want to discuss specific challenges that you have faced to reach this point. This should be no more than 5,300 characters. Please note that the application system you apply through might have a different limit.

ESSAY (Continued)

ESSAY (Continued)

ESSAY (Continued)

Empty rectangular box for essay content.

VII. RESEARCH EXPERIENCE

Please provide a general summary (in plain English/layman's terms) of your research experiences, including the dates you were involved, the nature of the research, your role, contributions and level of engagement, and what you learned.

You may enter up to 2 experiences below.

Please enter only significant experiences and remember that professional schools are more interested in quality than in quantity.

Experience 1

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	Email: _____		

Experience Description (1325 characters, includes spaces):

Experience 2

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	Email: _____		

Experience Description (1325 characters, includes spaces):

VIII. CLINICAL EXPERIENCE

Regarding clinically related experiences, provide a general summary of your clinical exposure to healthcare, any direct interaction with patients, work in clinics, shadowing, and other clinically related experience.

You may enter up to 3 experiences below.

Please enter only significant experiences and remember that professional schools are more interested in quality than in quantity.

In the available space for each experience description, here is a suggested format:

- *Describe the nature of the organization*
- *Describe what you did or accomplished, and*
- *Describe what you learned.*

Experience 1

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	_____	Email:	_____

Did this experience involve direct patient interaction? If so, please describe the patient interaction below.

Experience Description (1325 characters, includes spaces):

Experience 2

Experience Name:			
Experience Type:			
Dates:	From:	To:	Total Hours:
Organization Name:			
Contact Name:		Email:	

Did this experience involve direct patient interaction? If so, please describe the patient interaction below.

Experience Description (1325 characters, includes spaces):

Experience 3

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	_____	Email:	_____

Did this experience involve direct patient interaction? If so, please describe the patient interaction below.

Experience Description (1325 characters, includes spaces):

IX. COMMUNITY SERVICE

Regarding community service related experiences, provide a general summary of your on and off campus engagement in community service and volunteering. Highlight your role in each setting and what you learned.

You may enter up to 3 experiences below. Please enter only significant experiences and remember that professional schools are more interested in quality than quantity.

In the available space for each experience description, here is a suggested format:

- Describe the nature of the organization
- Describe what you did or accomplished, and
- Describe what you learned.

Experience 1

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	_____		Email: _____

Experience Description (1325 characters, includes spaces):

Experience 2

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	_____		Email: _____

Experience Description (1325 characters, includes spaces):

Experience 3

Experience Name:			
Experience Type:			
Dates:	From:	To:	Total Hours:
Organization Name:			
Contact Name:			Email:

Experience Description (1325 characters, includes spaces):

X. ADDITIONAL ACTIVITIES AND COMMITMENTS

Is there anything else we should know about you? This section should highlight other aspects of your background, interests, and activities worthy of mention. Be sure to highlight your talents/interests (martial arts, music, languages, etc.).

You may enter up to 3 experiences below. Please enter only significant experiences and remember that professional schools are more interested in quality than quantity.

In the available space for each experience description, here is a suggested format:

- Describe the nature of the organization or experience
- Describe what you did or accomplished, and
- Describe what you learned.

Experience 1

Experience Name: _____

Experience Type: _____

Dates:

From: _____

To: _____

Total Hours: _____

Organization Name: _____

Contact Name: _____

Email: _____

Experience Description (1325 characters, includes spaces):

Experience 2

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	_____		Email: _____

Experience Description (1325 characters, includes spaces):

Experience 3

Experience Name:	_____		
Experience Type:	_____		
Dates:	From: _____	To: _____	Total Hours: _____
Organization Name:	_____		
Contact Name:	_____		Email: _____

Experience Description (1325 characters, includes spaces):

XI. SELF ASSESSMENT

In the spaces below, provide a self-assessment of each competency using a scale of 1=weak to 5=excellent and a justification of your assessment. Each justification should be no more than 150 words, not including spaces.

1. Integrity and Ethics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Justification:					
2. Critical Thinking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Justification:					

3. Professionalism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Justification:

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4. Communication and Interpersonal Skills	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Justification:

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5. Resilience and Adaptability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Justification:

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6. Reliability and Dependability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Justification:

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7. Desire to Learn	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Justification:

8. Service Orientation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
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Service orientation has been defined as the "disposition to be helpful, thoughtful, considerate, and cooperative ... [it is] a set of attitudes and behaviors that affect the quality of the interaction between hospital employees and patients (or more broadly, the staff of any organization and its customers)" (Hogan, Hogan, & Busch, 1984)

Justification:

XII. MEANINGFUL EXPERIENCE

What is your most meaningful experience that is relevant to your pursuit of a health professional career?

XIII. INSTITUTIONAL ACTION

ACKNOWLEDGEMENT OF HAVING READ AND UNDERSTOOD THE BEHAVIORAL RESPONSIBILITIES

All applicants to professional school from California State University, Fresno must read and acknowledge the following guidelines:

A high standard of academic honesty, social conduct, and personal integrity is expected from all applicants to health professions schools. Many centralized application services include a criminal background check in the process.

Specifically, the American Medical College Application Service (AMCAS) requires you to answer "yes" or "no" to the following "Institutional Action" question:

"Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation even though such action may not have interrupted your enrollment or required you to withdraw?"

Further, it states:

"You must answer 'yes' even if the action does not appear on or has been deleted from your official transcripts due to institutional policy or personal petition."

Note that AMCAS does not limit "institutional action" to only those violations on file in the Office of the Dean of Students. Medical schools expect applicants to answer this question truthfully and to be completely forthcoming.

By checking the box to the left, I acknowledge that I have read and understand my responsibilities under the above guidelines.

Sign by typing your name: _____

Date: _____
MM/DD/YYYY

XIV. RELEASE OF INFORMATION

Fresno State HCOP office seeks your assistance in gathering admissions information and as such requests that you please indicate that you will release your information to your adviser on the centralized application. Please check the box below if you anticipate releasing your information. The information is invaluable as we collect statistics and data on matriculating Fresno State students.

By checking the box to the left, I acknowledge that I have read and agree to release my information to my adviser on my professional school application.

XV. PHOTO WAIVER

I do **do not** authorize HCOP to use my picture and name on the program website and in any marketing activities including newspapers, brochures, newsletters and advertisements. I am fully aware that the website provides unrestricted public access. No other personal information will be made public without my permission. The contents of the website are intended for the purposes of marketing and communication.

Sign by typing your name: _____

Date: _____
MM/DD/YYYY

XVI. FERPA

FERPA, the Family Educational Rights and Privacy Act of 1974, is a federal law that pertains to the release of and access to educational records. The law, also known as the Buckley Amendment, applies to all schools that receive funds under an applicable program of the US Department of Education. Go to www.ed.gov/policy/gen/guid/fpco to learn more.

Under FERPA, a school may not generally disclose personally identifiable information from an eligible student's education records to a third party unless the eligible student has provided written consent.

However, there are a number of exceptions to FERPA's prohibition against non-consensual disclosure of personally identifiable information from education records. One such exception is that a school can disclose personally identifiable information from an eligible student's education records, without consent, to another school in which the student seeks or intends to enroll.

The sending school may make the disclosure if it has included in its annual notification of rights a statement that it forwards education records in such circumstances. Otherwise, the sending school must make a reasonable attempt to notify the student in advance of making the disclosure, unless the student has initiated the disclosure.

By checking the box to the left, I understand that the HCOP Office at Fresno State may disclose personally identifiable information from my records to schools to which I have applied.

XVII. WAIVER OF ACCESS TO LETTERS OF EVALUATION

I do **I do not** waive my right of access to confidential letters, which may be obtained or sent by Fresno State. This waiver also includes right of access to the Committee Letter of Evaluation and any other letters/evaluations used to compose this letter.

Sign by typing your name: _____

Date: _____
MM/DD/YYYY