



Health Careers Opportunity Program

California State University, Fresno
2555 E. San Ramon Ave. M/S SB68
Fresno, CA 93740-8034
(559) 278-4748

Health Professions Committee Letter Application

OVERVIEW AND INSTRUCTIONS FOR APPLICATION

DEADLINE:

Sunday, May 31, 2026

PLEASE OPEN APPLICATION IN ADOBE ACROBAT DESKTOP VERSION!!!
DO NOT OPEN IN WEB BROWSER

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 **health professional school**. Much of the information that you must provide will also be needed by you for your health professions 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 (recent alumni eligible) or graduate student at Fresno State
- b) Meet the submission deadlines of the HPC letter application process
- c) Have a minimum GPA of 3.0 or above and a MCAT of 500 or above.
- d) Meeting minimum eligibility requirements does not guarantee a committee letter.

SPECIAL NOTES FOR MEDICAL SCHOOL APPLICANTS

- 1) **Do not add your HPC letter entry to the AMCAS and/or AACOMAS application until you have received an official acceptance email from the Health Professions Committee. Only students who are accepted by the Committee will have a letter written on their behalf. If you are not accepted, you will receive a formal denial.**
- 2) **For selected students, the Health Professions Committee aims to submit most committee letters by mid-July, though this timing cannot be guaranteed. The timing of your committee letter DOES NOT affect the verification of your AAMC AMCAS primary application, which is processed separately once you submit it.**

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.
- Your resume should be reviewed by the Fresno State Career Development Center prior to the submission of your HPC application
- If you are applying to medical school, please ensure you have had an advising session with Dr. Larry Riley, Faculty Premed Advisor (email: lriley@csufresno.edu).
- Personal statement – The HPC may use direct quotes from your personal statement in your letter.

REQUIRED DOCUMENTS FOR CONSIDERATION FOR A COMMITTEE LETTER

Material can be submitted via email to hpcommittee@mail.fresnostate.edu by **Sunday, May 31, 2026**.

- HPC Letter application (PDF)
- Resume (PDF)
- 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 four letters of evaluation (LOE's) submitted via email by evaluator to hpcommittee@mail.fresnostate.edu See **Letters of Evaluation section for details**.
 - 1 LOE, signed, dated and on letterhead from a health professional (*physician preferred*)
 - 2 LOE, signed, dated and on letterhead from science faculty
 - 1 LOE, signed, dated and on letterhead from a non-science faculty

The Health Professions Committee has a [Reference Request Guide](#) to provide to each of your letter writers. The letter of evaluation guideline provides your letter writer with: where to send your letter to, what items to include in your letter, and how to address your letter.

In addition, if you are applying to medical school, you may provide your letter writer the [AAMC Guidelines for Writing a Letter of Evaluation for a Medical School Applicant](#).

The HPC will not include the support letters with the HPC letter submitted to professional schools/applications services **unless you explicitly request that we do so by selecting the 'Yes' option below**.

If you plan to request that your support letters to be sent with the HPC letter, please make sure that your letter writers are aware that their letters will be sent to professional schools. **Therefore, ask your letter writer to submit your LOE on letterhead**. Please note that only letters used by the committee will be forwarded to professional schools. On very rare occasions, the HPC will receive reference letters that do not support the application, and which are not used in the development of the HPC letter. To maintain the confidentiality of the process, we will not be able to tell you if any of your letters fall into this category and were not sent to professional schools/applications services.

Please select one of the following:

Yes, I am requesting that the support letters of evaluation, submitted as part of the Health Professions Committee application, be included with my Committee Letter.

No, do not include the support letters of evaluations submitted as part of the Health Professions Committee application.

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)

AACOMAS ID: _____ AADSAS ID: _____ AMCAS ID: _____
CASPA ID: _____ PharmCAS ID: _____ Other: _____

**Local
Address:**

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip code _____ Country _____

**Permanent
Address:**

Street Address _____ Apartment/Unit # _____

City _____ State _____ Zip code _____ Country _____

Home Phone: _____ Cell Phone: _____

Disadvantaged: Yes No

If yes, elaborate on 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 parents' level of education and self-identity:

Father's Education Level:

No college Some college College graduate Graduate school

Father's Ethnicity (for statistical purposes only):

Hispanic, Latino, or Spanish origin

<input type="checkbox"/> Argentinian	<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican
<input type="checkbox"/> Mexican/Chicano	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other Hispanic, Latino or of Spanish origin:

American Indian or Alaskan Native

Tribal Affiliation

Asian

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian: _____			

Black or African American

<input type="checkbox"/> African America	<input type="checkbox"/> African	<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Other Black or African American:
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Native Hawaiian or Other Pacific Islander

<input type="checkbox"/> Guamanian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander:
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White

Other: _____

Mother's Education Level:

No college Some college College graduate Graduate school

Mother's Ethnicity (for statistical purposes only): **Hispanic, Latino, or Spanish origin**

<input type="checkbox"/> Argentinian	<input type="checkbox"/> Colombian	<input type="checkbox"/> Cuban	<input type="checkbox"/> Dominican
<input type="checkbox"/> Mexican/Chicano	<input type="checkbox"/> Peruvian	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Other Hispanic, Latino or of Spanish origin:

 American Indian or Alaskan Native

Tribal Affiliation

 Asian

<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
<input type="checkbox"/> Indian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
<input type="checkbox"/> Laotian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Taiwanese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Other Asian: _____			

 Black or African American

<input type="checkbox"/> African America	<input type="checkbox"/> African	<input type="checkbox"/> Afro-Caribbean	<input type="checkbox"/> Other Black or African American:
--	----------------------------------	---	---

 Native Hawaiian or Other Pacific Islander

<input type="checkbox"/> Guamanian	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Native Hawaiian or Other Pacific Islander:
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 White

Other: _____

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.

Osteopathic Medicine (D.O.) (AACOAMAS)

Dentistry (AADSAS)

Allopathic Medicine (M.D.) (AMCAS)

Physician Assistant (CASPA)

Pharmacy (Pharm.D.) (PharmCAS)

Other: _____

III. LETTERS OF EVALUATION

Students should arrange to have at least 1 letter from a healthcare professional, 2 letters from a science faculty, and 1 letter from a non-science faculty submitted with their HPC letter application. **In order to strengthen your committee letter, it is recommended that you arrange to have all four or more LOEs submitted on your behalf.** The evaluator should submit via email to hpccommittee@mail.fresnostate.edu. **Note: All LOEs need to be on letterhead.** 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/committee>

Please notify the HCOP office if you intend to submit more than four LOEs with your application.

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

RECOMMENDER 3

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

RECOMMENDER 4

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 health profession 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>

Northwestern Health Professions Advising (HPA) GPA Calculator

<https://www.northwestern.edu/health-professions-advising/pre-health-tracks/pre-medicine/gpa-calculator/index.html>

Course	University	Attempt #1 Semester/Grade		Attempt #1 Semester/Grade		Attempt #1 Semester/Grade	
Biology 1A Introductory Biology							
Biology 1B 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 1A General Chemistry							
Chem 1AL General Chemistry Lab							
Chem 1B General Chemistry							
Chem 1BL 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							
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							

Course	University	Attempt #1 Semester/Grade		Attempt #1 Semester/Grade		Attempt #1 Semester/Grade	
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. **Entrance exam score must be included with application.**

Entrance Exam Name (i.e. MCAT, PCAT):	Exam Date:	Score:
		(MM/DD/YYYY)

VI. PERSONAL STATEMENT

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. The HPC will draw from your personal statement and use quotes in your letter.

[Links for helpful resources to writing your personal statement](#)

Personal Statement (Continued)

Personal Statement (*Continued*)

VII. MEANINGFUL EXPERIENCE

Please describe your most meaningful experience and how it has contributed to your pursuit of a health professional career? Provide details and elaborate.

VIII. 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):

IX. 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):

X. 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):

XI. 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):

XIII. INSTITUTIONAL ACTION

ACKNOWLEDGEMENT OF HAVING READ AND UNDERSTOOD THE BEHAVIORAL RESPONSIBILITIES

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This application has been modified with permission from the HPO at CSU Fullerton.

HPC Application

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 **I 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, understand that the HCOP Office and/or the Health Professions Committee 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