



Health Professions Advising Office  
200 Clark Hall  
103 Wilson Hall  
Box 870268  
Tuscaloosa, AL 35487-0268  
[chutt@as.ua.edu](mailto:chutt@as.ua.edu)  
[leach002@as.ua.edu](mailto:leach002@as.ua.edu)



## MEDICAL SCHOOL 2010 APPLICANT INFORMATION

The Health Professions Advising Office offers a centralized processing service to assist students who are applying to medical, dental, or optometry schools. These services include the following: the distribution of application support materials, compilation of faculty evaluations and other pertinent information on each student, and forwarding of these materials to the school(s) of the applicant's choice. We offer this service because most professional schools prefer a centralized system of gathering application support materials.

### INSTRUCTIONS FOR COMPLETION OF SUPPORT MATERIALS PACKET

In order to assist you with the applications process, the following checklist is provided:

1. Make arrangements to take the MCAT. Registration information is available online:

MCAT: <http://www.aamc.org/students/mcat/registration.htm>

2. Contact (preferably in person) the faculty members and personal references who will be completing the evaluation forms for you, and **ask that these be returned to the Health Professions Office. Use the attached recommendation forms for the faculty reviewers and personal recommendations.**

You should request a total of FIVE letters: three from faculty that have taught you in a college course, and two personal references. Good choices for personal references include physicians you have shadowed, former employers, volunteer coordinators, etc. Do not ask a family member for a letter of recommendation. Letters should be sent to:

Health Professions Advising Office  
Box 870268  
Tuscaloosa, AL 35487-0268

Please note that these recommendations are an important part of your secondary application, which the medical schools will send to you directly AFTER you have applied through AMCAS/AACOMAS (see below). If the schools do not have your letters of recommendation, then your secondary is considered incomplete.

3. Access the AMCAS and/or AACOMAS applications on the web. You must submit the applications online. **THE ONLINE APPLICATION IS YOUR OFFICIAL APPLICATION TO PROFESSIONAL SCHOOL. YOU ARE RESPONSIBLE FOR MAKING YOUR OFFICIAL APPLICATION. OUR OFFICE DOES NOT DO THIS.**

*\*\*Please note that the due date for individual schools is not simply the date you submit your AMCAS application but instead the date by which AMCAS/AACOMAS has verified your application. This verification process may take up to several weeks, so PLAN AHEAD!*

4. Make arrangements to have your **official** transcript sent from the **University Records Office directly to AMCAS/AACOMAS**. If you have transfer work you must also have this work sent **directly from each school**. **THE HEALTH PROFESSIONS OFFICE DOES NOT SEND OFFICIAL TRANSCRIPTS**. There is a request letter available on AMCAS/AACOMAS. Bring this letter to the University Records office (2<sup>nd</sup> floor of Student Services), and they will send your transcripts. Please note that there is a fee.

5. Complete the two page pre-application form attached and **return it to the Health Professions Office with a check for \$10.00 NO LATER THAN SEPTEMBER 1, 2009**. Please see that we have this information before your interview. Please note that a recent photograph is required and must be affixed to the pre-application. Most supplemental applications will require a recent photo, so this might be a good time to have a few wallet photos taken.

**It is my strong recommendation that you submit your AMCAS/AACOMAS no later than September 1.**

*Now might also be a good time to make sure any personal online profiles (Facebook, MySpace, etc.) reflect the image you want to present to an admissions committee.*

6. After the Health Professions Office has received your pre-application form (including photograph) and all five letters of recommendation, you must schedule an interview with our office. You will receive an email from Brandi Sutton ([bsutton@as.ua.edu](mailto:bsutton@as.ua.edu)) when all five of your recommendations have been turned into the A&S office. The purpose of the interview with the Health Professions Advising Office is to bring into focus the information we use in preparing a composite evaluation in support of your application, and to give you some experience with an interview situation. These interviews will be held during the months of May, June, July, August, September, and October. We then combine the five letters you had sent to us and our own letter of recommendation to create a **composite evaluation**, which is sent to the medical schools.

**The composite evaluation cannot be sent to the medical schools until your file is complete with all FIVE recommendations AND you have completed your interview with our office.**

7. After you have completed the above steps with our committee, a composite evaluation will be assembled and forwarded to the professional school(s) you have indicated. Letters of recommendation are submitted electronically, and you will receive an email from VirtualEvals notifying you that your letters have been made available to the schools of your choosing. VirtualEvals is an online service – once letters have been posted to VirtualEvals, the medical schools are notified of your application and may download the letters at any time.

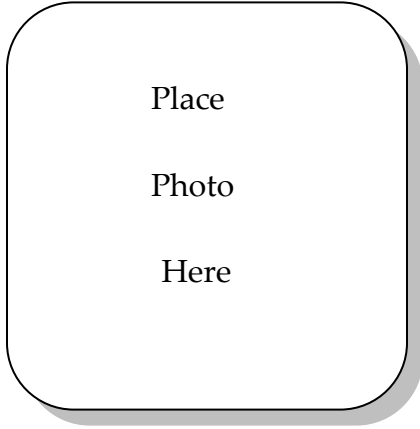
The function of the Health Professions Office is to help you with all aspects of the application process. However, it is your responsibility to see that the required materials reach our office by the deadlines, so that we may do our job effectively. The Health Professions Advising Office will process the application support materials on a first completed, first serve basis. Your cooperation will greatly speed up your application process. We would also appreciate it if you would stop by at the first part of the fall semester to make sure everything is in order and to keep us updated as to how we can get in touch with you if necessary.

Good luck as you approach this big step!

Chris Hutt  
Kelly Leach  
Health Professions Advisors

Health Professions Advising Office  
PRE-APPLICATION FORM – MEDICAL

Date \_\_\_\_\_



Name \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

AAMC ID \_\_\_\_\_ UA CWID \_\_\_\_\_

AAMC LETTER ID \_\_\_\_\_

AACOM ID \_\_\_\_\_

Please list any other colleges/universities attended: \_\_\_\_\_

UA MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_ Grad date? \_\_\_\_\_

High School Attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Resident state of \_\_\_\_\_

SAT Scores \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Verbal Math Total

ACT Scores \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
ACT Scores \_\_\_\_\_  
English. Math READING SCI. Reas. COMP

Overall Undergraduate GPA \_\_\_\_\_ UA GPA \_\_\_\_\_ SCIENCE (BCPM) GPA \_\_\_\_\_

MCAT SCORES \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
Date Taken \_\_\_\_\_  
Date Taken \_\_\_\_\_  
BS PS VR ESSAY TOTAL

Have you worked part-time to finance your college education? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain (type of work, hours/week, etc) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your scholastic record is low, state any contributing factors or causes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three professors and two personal references whom you will ask to submit evaluations:

PROFESSOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

PROFESSOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

PROFESSOR \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_

*I consent for the Health Professions Advising Office to forward any and all comments made about me by the five above evaluators and the HPAO committee in support of my application to medical school.*

\_\_\_\_\_  
Applicant Signature

List the schools to which you wish to apply: *(attach additional schools on a separate sheet if necessary)*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**STATEMENT OF INTEREST:** Attach your statement of interest. Ideally, this should be a draft or copy of the 'Personal comments' section on the AMCAS/ACOMAS application (5300 characters maximum for AMCAS; approximately 4500 characters for AACOMAS).

**LIST EXTRACURRICULAR ACTIVITIES:** Attach a typewritten sheet listing your extracurricular activities and the approximate amount of time spent on each. After listing them, select the one that has been most important to you and briefly explain why. (A copy of your activities from your AMCAS/AACOMAS application would most likely be sufficient).

**LIST COLLEGE HONORS:** Your extracurricular activities and college honors may be on the same page.

**MEDICAL EXPERIENCE:** On a separate page, briefly outline the experiences you have had (shadowing, volunteer work in a clinical setting, etc.) that have confirmed your interest in medicine.

Be sure that this form is complete and the separate sheets for honors, extracurricular activities/experience, and statement of interest are attached before returning to the HP office. PLEASE MAKE SURE A PHOTO IS ATTACHED.

## THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT'S NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

### CONTACT WITH FACULTY EVALUATOR:

1) Course \_\_\_\_\_ Semester/Year \_\_\_\_\_ Grade \_\_\_\_\_

2) Course \_\_\_\_\_ Semester/Year \_\_\_\_\_ Grade \_\_\_\_\_

I hereby voluntarily waive and  
relinquish access to this  
confidential evaluation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*It is strongly recommend that you choose to waive your right to view your letters. If you have questions, please ask.*

## TO THE FACULTY EVALUATOR:

The Health Professions Advising Committee will use the information you provide to write a composite recommendation to support the application of the above named student to medical, dental, or optometry school. We will send a copy of your letter to the professional schools along with a composite evaluation.

Recommendations in general, particularly composite recommendations, are one of four major components of information used by admissions committees in selecting medical students. In a genuine effort to avoid an over reliance on impersonal numbers, admissions committees also place considerable importance on recommendations and personal interviews with applicants. These serve to put the quantitative information from transcripts and test scores in proper perspective. For our composite recommendation to be of greatest help, we must provide insights into the applicant's academic potential and personal qualities that go beyond what is revealed in academic records and test results. Your input in the following areas will be especially useful:

1. Transcripts indicate only final course grades. If this student was enrolled in one or more courses you instructed, please give additional information about his/her performance, including, if possible, approximate rank in the class, consistency of work, strengths and/or weaknesses in content or skill areas of the course(s).
2. In the areas in which you are acquainted with this student, do you think he/she has performed at or below his/her potential? Do you think the academic record and test scores of this student are a good indication of his/her potential in the health professions? If not, please specify the qualities or circumstances of the student that would help put such quantitative measurements in better perspective.
3. Please make additional comments that address the qualities of this student such as: PERSEVERANCE, MOTIVATION, WORK HABITS, EMOTIONAL MATURITY, ABILITY TO COMMUNICATE, ABILITY TO WORK WITH OTHERS, JUDGMENT, COMMON SENSE, PERSONALITY, CHARACTER, LEADERSHIP, INITIATIVE, and RELIABILITY.
4. Please indicate your summary recommendation by placing a check mark in one of the boxes below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommended	Recommended with Confidence	Recommended	Recommended with Reservations	Not Recommended

FACULTY EVALUATOR: \_\_\_\_\_ DATE \_\_\_\_\_

signature

\_\_\_\_\_  
title and department

PLEASE RETURN THIS FORM AND YOUR LETTER TO: HEALTH PROFESSIONS ADVISING OFFICE  
200 CLARK HALL  
BOX 870268  
TUSCALOOSA, AL 35487-0268

## THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT'S NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

### CONTACT WITH FACULTY EVALUATOR:

1) Course \_\_\_\_\_ Semester/Year \_\_\_\_\_ Grade \_\_\_\_\_

2) Course \_\_\_\_\_ Semester/Year \_\_\_\_\_ Grade \_\_\_\_\_

I hereby voluntarily waive and  
relinquish access to this  
confidential evaluation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*It is strongly recommend that you choose to waive your right to view your letters. If you have questions, please ask.*

## TO THE FACULTY EVALUATOR:

The Health Professions Advising Committee will use the information you provide to write a composite recommendation to support the application of the above named student to medical, dental, or optometry school. We will send a copy of your letter to the professional schools along with a composite evaluation.

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2. In the areas in which you are acquainted with this student, do you think he/she has performed at or below his/her potential? Do you think the academic record and test scores of this student are a good indication of his/her potential in the health professions? If not, please specify the qualities or circumstances of the student that would help put such quantitative measurements in better perspective.
3. Please make additional comments that address the qualities of this student such as: PERSEVERANCE, MOTIVATION, WORK HABITS, EMOTIONAL MATURITY, ABILITY TO COMMUNICATE, ABILITY TO WORK WITH OTHERS, JUDGMENT, COMMON SENSE, PERSONALITY, CHARACTER, LEADERSHIP, INITIATIVE, and RELIABILITY.
4. Please indicate your summary recommendation by placing a check mark in one of the boxes below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommended	Recommended with Confidence	Recommended	Recommended with Reservations	Not Recommended

FACULTY EVALUATOR: \_\_\_\_\_ DATE \_\_\_\_\_

signature

\_\_\_\_\_  
title and department

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## THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT'S NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

### CONTACT WITH FACULTY EVALUATOR:

1) Course \_\_\_\_\_ Semester/Year \_\_\_\_\_ Grade \_\_\_\_\_

2) Course \_\_\_\_\_ Semester/Year \_\_\_\_\_ Grade \_\_\_\_\_

I hereby voluntarily waive and  
relinquish access to this  
confidential evaluation

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*It is strongly recommend that you choose to waive your right to view your letters. If you have questions, please ask.*

## **TO THE FACULTY EVALUATOR:**

The Health Professions Advising Committee will use the information you provide to write a composite recommendation to support the application of the above named student to medical, dental, or optometry school. We will send a copy of your letter to the professional schools along with a composite evaluation.

Recommendations in general, particularly composite recommendations, are one of four major components of information used by admissions committees in selecting medical students. In a genuine effort to avoid an over reliance on impersonal numbers, admissions committees also place considerable importance on recommendations and personal interviews with applicants. These serve to put the quantitative information from transcripts and test scores in proper perspective. For our composite recommendation to be of greatest help, we must provide insights into the applicant's academic potential and personal qualities that go beyond what is revealed in academic records and test results. Your input in the following areas will be especially useful:

1. Transcripts indicate only final course grades. If this student was enrolled in one or more courses you instructed, please give additional information about his/her performance, including, if possible, approximate rank in the class, consistency of work, strengths and/or weaknesses in content or skill areas of the course(s).
2. In the areas in which you are acquainted with this student, do you think he/she has performed at or below his/her potential? Do you think the academic record and test scores of this student are a good indication of his/her potential in the health professions? If not, please specify the qualities or circumstances of the student that would help put such quantitative measurements in better perspective.
3. Please make additional comments that address the qualities of this student such as: PERSEVERANCE, MOTIVATION, WORK HABITS, EMOTIONAL MATURITY, ABILITY TO COMMUNICATE, ABILITY TO WORK WITH OTHERS, JUDGMENT, COMMON SENSE, PERSONALITY, CHARACTER, LEADERSHIP, INITIATIVE, and RELIABILITY.
4. Please indicate your summary recommendation by placing a check mark in one of the boxes below.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommended	Recommended with Confidence	Recommended	Recommended with Reservations	Not Recommended

FACULTY EVALUATOR: \_\_\_\_\_ DATE \_\_\_\_\_  
signature

\_\_\_\_\_  
title and department

PLEASE RETURN THIS FORM AND YOUR LETTER TO: HEALTH PROFESSIONS ADVISING OFFICE  
200 CLARK HALL  
BOX 870268  
TUSCALOOSA, AL 35487-0268

# PERSONAL RECOMMENDATION REQUEST

## THIS SECTION TO BE COMPLETED BY THE STUDENT:

STUDENT'S NAME: \_\_\_\_\_ UA CWID: \_\_\_\_\_

I hereby voluntarily waive and  
relinquish access to this confidential evaluation

\_\_\_\_\_  
student signature

\_\_\_\_\_  
date

*It is strongly recommend that you choose to waive your right to view your letters. If you have questions, please ask.*

## **TO THE PERSONAL EVALUATOR:**

The Health Professions Advising Committee will use the information you provide to write a composite recommendation to support the application of the above named student to medical, dental, or optometry school.

Recommendations in general, particularly composite recommendations, are one of four major components of information used by admissions committees in selecting medical students. In a genuine effort to avoid dependence on impersonal numbers, admissions committees also place considerable importance on recommendations and personal interviews with applicants. These serve to put the quantitative information from transcripts and test scores in proper perspective. For our composite recommendation to be of greatest help, we must provide insights into the applicant's nonacademic potential as well as personal qualities that go beyond what is revealed in academic records and test results. Your input and assessment of the applicant in these areas will be especially useful.

Please attach your letter of recommendation to this form and send it to:

Health Professions Advising Office

Box 870268

Tuscaloosa, AL 35487



## How To: Completing the AMCAS Letters of Evaluation Section

When you get to the 'Letters of Evaluation' part of the AMCAS application, you'll be prompted to create a letter entry. Read the description and click 'YES' to start the process:

The screenshot shows the AMCAS application interface. At the top, there is a navigation bar with the AMCAS logo and AAMC logo, and buttons for 'MAIN MENU', 'Help', 'Contact Us', and 'Log Off'. Below this is a progress bar for the '2010 Application' with steps 1 through 9. Step 6, 'Letters of Evaluation', is highlighted in red. The user's name 'Todd Rothman' and 'AAMC ID: 12298729' are displayed. The main content area is titled 'LETTERS OF EVALUATION/RECOMMENDATION SUMMARY'. It contains the following text: 'This section enables you to provide information about your letters of evaluation/recommendation only to those medical schools that are participating in the AMCAS Letters service.' followed by a note: '\* For Schools that do not participate in this service, you will need to contact them directly regarding their letters of evaluation/recommendation requirements. AMCAS will not forward your letters to these schools.' Below this, it says: 'You must create an entry for each letter of evaluation being sent to AMCAS. Up to 10 letter entries may be created. Letter entries may continuously be added throughout the application process; however, after submission of your application, letter entries can not be edited or deleted. Would you like to create an entry for a letter of evaluation now?' There is a link for 'AMCAS Letters Service (List Of Participating Schools)'. At the bottom, there are 'Back', 'Yes', and 'No' buttons.

On the following screen, click the radio button next to **committee letter**:

The screenshot shows the 'ADD A LETTER OF EVALUATION/RECOMMENDATION' section. At the top, there is a progress bar with steps 1 through 9. Step 6, 'Letters of Evaluation', is highlighted in red. The user's name 'Todd Rothman' and 'AAMC ID: 12298729' are displayed. The main content area is titled 'ADD A LETTER OF EVALUATION/RECOMMENDATION'. It contains the following text: 'Many medical schools determine whether or not an applicant has met their letter of evaluation/recommendation requirements by the type of letters they receive in support of an application. For example, a medical school may require a committee letter OR three individual letters in support of your application.' Below this, it says: 'For medical schools' requirements regarding letters of evaluation/recommendation, click Help.' Then: 'Please identify the type of letter you wish to enter. If you are uncertain as to the type of letters provided by your school/institution, please ask your pre-health advisor or career center prior to answering this question.' There are three radio button options: 'Committee Letter: A committee is a letter authored by a pre-health committee or pre-health advisor and intended to represent your institution's evaluation of you. A committee letter may or may not include additional letters written in support of your application.' (This option is selected), 'Letter Packet: A packet or set of letters assembled and distributed by your institution, often by the institution's career center.', and 'Individual Letter: An individual letter refers only to a letter authored by, and representing, a single letter writer. **If you have already included an individual letter within either a committee letter or letter packet, you do not need to add a separate entry for the individual letter.**' On the right side, there is a box titled 'LETTERS OF EVALUATION' with a right-pointing arrow, containing the text: 'You have not added any Letters of Evaluation.' At the bottom, there are 'Back' and 'Continue' buttons.

Choose *The University of Alabama – Tuscaloosa* from the drop down menu:

1. Identifying Information 2. Schools Attended 3. Biographic Information 4. Course Work 5. Work/Activities 6. Letters of Evaluation 7. Medical Schools 8. Essay(s) 9. Standardized Tests

**ADD A LETTER OF EVALUATION/RECOMMENDATION**

What School is Providing this Letter? \*

**LETTERS OF EVALUATION**

You have not added any Letters of Evaluation.

You should get a screen that looks like this. Fill out the boxes as shown:

Information Attended Information Work Activities Evaluation Schools Tests

**ADD A LETTER OF EVALUATION/RECOMMENDATION**

Letter Title

Institution name

Primary Contact/Author's Prefix

Primary Contact/Author's First Name \*

Primary Contact/Author's Middle Name

Primary Contact/Author's Last Name \*

Primary Contact/Author's Suffix

Primary Contact/Author's Title

Primary Contact/Author's Email \*

Primary Contact/Author's Phone \*

Organization Name

Address \*

Address 2

Country \*  United States  Canada  Other...

State \*

City \*

Postal Code \*

**LETTERS OF EVALUATION**

You have not added any Letters of Evaluation.

VirtualEvals (the service we use) will require the AAMC LETTER ID number. When prompted to create a Letter Request Form, click YES:

The letter request form looks like this:

Todd Rothman  
2450 N St., N.W.  
Washington, DC 20037  
United States of America

AMCAS  
American Medical College  
Application Service

AAMC

AMCAS LETTER REQUEST  
Application Year 2010  
May 7, 2009

Letter ID: 1258900

AAMC ID: 12298729  
Last Name: Rothman  
First/Middle Name: Todd  
AMCAS Letter ID: 1258900  
Letter Type: Committee Letter

TO:  
MR Chris Hutt  
University Of Alabama - Tuscaloosa  
Box 870268  
Tuscaloosa, AL 35487  
United States of America

With this form, I am requesting that you forward my letter of evaluation/recommendation to the American Medical College Application Service (AMCAS), which receives all letters on behalf of medical schools participating in the AMCAS Letters Service. For more information about this service see below.

You can forward my letter to AMCAS in one of the following ways:

- AMCAS Letter Writer Application: This application enables letter writers to upload documents securely to AMCAS rather than send letters via the mail. If you are interested in this option, and can upload a PDF version of your letter, make note of the requesting applicant's AAMC ID and AMCAS Letter ID included above and go to <https://services.aamc.org/letterwriter>
- Interfolio: AMCAS can receive letters sent to Interfolio if the student requesting this letter is an Interfolio user or your institution/organization uses Interfolio to deliver letters of evaluation/recommendation.
- Mail your letter. If you select this option, please **attach this form** to your letter(s) and mail to:

You do not need to print the form, but we do need the 7-digit letter ID before we can submit your letters.

Thanks! Let us know if you have questions.