**HPAC Preliminary checklist**

*Please complete and return to Ms. Chelsea Emrick, 101 Scott Hall, by September 14, 2018*

1) Name: Class Year:

Email: Major(s):

Academic Advisor: GPA:

Gateway Advisor:

2) I am interested in (circle): medical (MD, DO), podiatry, dental, veterinary, optometry, combined degree programs (MD/PhD, DO/PhD, MD/MBA, MD/MPH, etc.), allied health area (PA, NP, PT, OT, other? \_\_\_\_\_ uncertain at this time? Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) Please check ONLY ONE:

\_\_\_ uncertain at this time even IF I will apply

\_\_\_ uncertain at this time to which area I will apply; explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ uncertain at this time exactly WHEN I will apply; explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ considering applying in this present cycle (submit June 2019 to attend Fall 2020)

\_\_\_ definitely applying in this present cycle (submit June 2019 to attend Fall 2020)

\_\_\_ definitely applying in the NEXT cycle (submit June 2020 to attend Fall 2021)

4) Clinical externship/internship experiences: # of experiences to hours/days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimate total duration (in days) of these experiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What others are anticipated (what, when, independently or CS)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Elaborate:

5) Research experiences, duration and location to date (e.g., Fall ’17 Excel at Lafayette in Neuroscience; Summer ‘16 at Duke University in Chemistry; Fall ‘17 CURE in Biology 332)

6) List 3 key extracurricular/community service experiences for your application…include what you did, when it occurred, and duration (e.g., varsity swimming 1st 2nd and 3rd years; Kids-in-Community Sp’17, ASB Haiti Sp ‘17)

A.

B.

C.

7) When do you plan on taking your MCAT, DAT, GRE, OAT, etc.?