Committee Letter Request Instructions
2020 Medical/Dental School Application Cycle

Students seeking a committee letter from the Health Professions Advisory Committee in support of their application to medical (MD or DO) or dental school must request the letter and authorize its submission through the steps listed below. Students applying to medical school must additionally meet the criteria described on page 2.

1. Submit the following documents to the Health Professions Advisory Committee by email (preferred) or in hard copy by May 10, 2019:

   - Applicant Information Form (see page 3-4)

   - Committee Letter Request and Waiver Form (see page 5)

   - Academic transcripts from all institutions attended other than Bridgewater State University

   - Disciplinary Release Form (see page 6)

   - Curriculum Vitae (CV) or Resume
     Include all activities and dates in which you were involved in each during your academic career. Especially important activities include clinical shadowing, service experiences, and/or research experiences. Where relevant, include the name and affiliation of your mentor(s).

   - Personal Statement and Autobiography
     In order for the committee to get to know you and your motivation to attend medical/dental school, compose an autobiography up to 3 pages in length, double-spaced. Include components that clearly articulate the following:
       o Personal Information: Include the nature and development of your interest in the health profession and other information you feel would help the committee in getting to know you better. (You may excerpt this from a personal statement you are already preparing for your application). Be sure to include a description of yourself and your non-academic traits or assets that will lend to your success in the health professions. Clearly articulate reasons for choosing to enter the health professions beyond, “I like science and want to help people.”
       o College Academics: Explain why you chose a particular major and/or academic load. If applicable, reference your grade trend; defend a bad semester; elaborate on independent work; explain time taken off from school; and highlight awards and fellowships.
       o Research Experience or Internships Conducted in a Scientific Field: Provide a general summary of your research/internship experience(s), whether basic science, clinical, or non-science. Describe your level of engagement, what you learned, and how it may relate to or support your future plans.
       o Medical-related Experience: List examples of direct exposure to patients in a clinical/medical context, including time spent shadowing and volunteering. Highlight your role and what you learned.
Supporting Activities: List activities you are engaged in on or off campus, such as organized sports, music groups, student government, paid employment, and summer experiences. If you work to finance your education, please include the number of hours per week you work outside of your academics to best portray your ability to balance coursework alongside other responsibilities.

Additional Information: Include any other information you feel is relevant to your candidacy for medical/dental school. This could include particular successes or challenges you have had in life.

2. Arrange for submission of at least three letters of recommendation from faculty or clinical referees to be included in the committee letter by July 10, 2019. Letters must be submitted by email as Microsoft Word files (.doc or .docx) sent to Dr. Ken Adams at k2adams@bridgew.edu.

Note: The student is solely responsible for ensuring these letters are submitted to the committee by email. HPAC will not follow up with student referees. Failure to receive letters of recommendation will forfeit the student’s opportunity to apply to medical programs.

3. Send official MCAT or DAT scores to Dr. Ken Adams at k2adams@bridgew.edu by July 10, 2019.

4. Complete the AMCAS, ACOMAS, or AADSAS online application and submit the following to the Health Professions Advisory Committee by email (preferred) or in hardcopy by August 1, 2019:

- A copy of your verified application
  You will know that your application has been verified when you have been notified by AMCAS and also see a “Processed Date” listed in the upper right hand corner of your application. Your committee letter will not be finished and sent off until we have received this verified copy.

- An AMCAS or other “CAS” application Letter Request Form with LetterWriterID
  In order to upload your letter, a LetterWriterID must be provided. When asked to identify what types of letters your undergraduate institution will be sending, make sure to select “Committee Letter.” You should not list your letters of recommendation separately since they are included in the committee letter we prepare.

Documents submitted by email should be sent to Dr. Kenneth W. Adams at k2adams@bridgew.edu. Letters of recommendation must be submitted as Microsoft Word (.doc or .doc) files; other documents may be submitted as either Microsoft Word or PDF (.pdf) files. Documents sent by email must have the applicants last and first name included in the file name (hypothetical example: Martinez_Amanda_RegistrationForm.docx). Documents submitted in hard copy can be either hand delivered or mailed to: Health Professions Advisory Committee, c/o Kenneth W. Adams, Bridgewater State University, Conant Science and Mathematics Building, 24 Park Avenue, Room 318, Bridgewater, MA 02325.

Committee Letter Criteria for Medical School Applicants

Students seeking a committee letter for their application to medical school meet the following three criteria: (1) a minimum GPA of 3.2, (2) a minimum score of 494 on the MCAT 2015, and (3) at least a 20% chance of acceptance based on the AAMC MCAT and GPA Grid for Applicants and Acceptees to U.S. Medical Schools [see table on the HPAC website]. Under no circumstance will the Health Professions Advisory Committee provide a letter for applicants who do not meet these standards. Therefore, we suggest that students with these scores retake classes post-baccalaureate to boost their GPA, retake the MCAT examination to earn a higher score, and/or investigate alternative career opportunities.
HEALTH PROFESSIONS ADVISORY COMMITTEE

Applicant Information Form

Name: _______________________________  BSU Student ID#: ________________
(Last Name, First Name, Middle Initial)

Major(s): _______________________________  Graduation Year: ________________

If graduating from BSU, list institutions (other than BSU) at which you completed science coursework:
________________________________________________________________________

If you have already graduated, where did you graduate from, with what degree, and what year(s)?
________________________________________________________________________

Phone Number: __________________________  Email Address: __________________________

To which school(s) do you plan to apply:

☐ Allopathic Medicine (M.D.)  ☐ MD/PhD Program  ☐ Dental Medicine (D.M.D.)
☐ Osteopathic Medicine (D.O.)  ☐ Optometry (O.D.)  ☐ Podiatry (D.P.M.)

Have you ever been evaluated by the Health Professions Advisory Committee in the past?
1. ☐ Yes: If so, year(s) __________________________  ☐ No
2. Did you complete and submit the professional school application? ☐ Yes  ☐ No

Exam Scores:

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<tr>
<th>MCAT Scores</th>
<th>DAT Scores</th>
<th>GRE Scores</th>
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<tr>
<td>Pre-MCAT2015 Exam</td>
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<td>Verbal Reasoning:</td>
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<td>Analytical Writing:</td>
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☐ Have not yet taken the MCAT/DAT/GRE. Plan to take exam in (month/year) ________________
☐ Have taken exam and plan to retake it in (month/year) ________________
In the table below, list the names and email addresses for the referees who will be writing letters of recommendation for your medical/dental school application committee letter. A minimum of three letters is required, but four or five are suggested. At least one must be from a BSU Science faculty member, but others may be from professors, clinicians, employers, internship supervisors, or others who can provide an objective evaluation of you.

It is your responsibility to request these letters and to follow up with your referees to ensure their letters are submitted by the deadline. The Health Professions Advisory Committee is not responsible for ensuring these letters are submitted. In order to compile a composite letter, the Health Professions Advisory Committee must receive letters of recommendation on official letterhead by **July 10, 2019**. Letters of recommendation can be emailed directly to k2adams@bridgew.edu.

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Committee Letter Request and Waiver Form

I request that the Bridgewater State University Health Professions Advisory Committee write a committee letter of recommendation to be sent to all clinical health professions schools to which I am applying. I understand that this letter of recommendation may only be forwarded to clinical health professions schools and military scholarship programs. Letters cannot be forwarded to third parties including but not limited to employers, graduate schools other than clinical health profession schools, or other educational programs.

Name: ____________________________  BSU ID#: ____________________  Date: __________

I authorize the members of the BSU Health Professions Advisory Committee to review my academic record and comment on it in the committee letter.

Name: ____________________________  BSU ID#: ____________________  Date: __________

Check and sign either (a) or (b) below:

☐ (a) Waiver of Access: I hereby voluntarily waive my right of access (granted under the Family Educational Rights and Privacy Act of 1974) to this confidential committee letter of recommendation. By entering my Name and BSU ID# below I agree to the above statement and acknowledge the information I am submitting is correct.

Name: ____________________________  BSU ID#: ____________________  Date: __________

OR

☐ (b) Retaining Access: I retain my right of access to this committee letter of recommendation. By entering my Name and BSU ID# below I agree to the above statement and acknowledge the information I am submitting is correct.

Name: ____________________________  BSU ID#: ____________________  Date: __________
Disciplinary Release Form

As health professions graduate schools require a high standard of personal conduct, failure to maintain such a standard at Bridgewater State University will be reported to professional schools to which you apply. You must be aware of what your disciplinary file reflects and must be honest in responding to conduct questions on the application forms. Failure to do so will jeopardize your medical plans for the future. Of concern should be any misconduct, especially suspensions, dismissals and/or probation.

I ____________________________ (applicant name) authorize the Student Affairs Office at Bridgewater State University to complete this form regarding my disciplinary history and to release disciplinary records regarding incidents that resulted in a university sanction of suspension, dismissal, and/or probation to the Health Professions Advisory Committee. This will include any violation, including those that do not appear on my transcript.

I understand that if I have ever been placed on probation, this will be considered and reported in my committee letter written by the Health Professions Advisory Committee. I also understand that I have the obligation to self-report this information on professional school applications. If I am placed on probation after the records have been released to the Health Professions Advisory Committee or after the committee letter has been sent, the Judicial Affairs Officer will notify the Committee and this information will be reported to the schools to which I have applied.

Name: ____________________________  BSU ID#: ____________________________  Date: __________