

# Intent To Apply Application

## OVERVIEW AND INSTRUCTIONS FOR APPLICATION YEAR 2013

This application is your declaration to the Health Professions Office (HPO) and the Health Professions Committee that you intend to apply to health professional schools. Much of the information that you must provide will also be needed for your professional school application. This also assists the CSUF Health Professions committee in composing a letter on your behalf.

This application has been modified with permission from that used by the HPO at Johns Hopkins University.

### COMMITTEE LETTER ELIGIBILITY

To be eligible for a Committee Letter, applicants must be or have been a full-time undergraduate of CSUF and have (a) completed the majority of their prerequisite coursework at CSUF, 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.

### FEES

\$10 per professional program for current students and recent alumni (graduated less than one year). \$100 fee to apply to multiple professional programs for alumni who graduated more than one ago. File fees can only be paid through the Health Professions Advising website or at the Student Financial Services (SFS) Window (UH-180).

### REQUIRED DOCUMENTS

Material can be submitted via email to [hpadvising@fullerton.edu](mailto:hpadvising@fullerton.edu), uploaded to TITANium/Moodle or delivered to UH-223.

Intent to apply application (.doc or .docx)

Resume (.doc or .docx)

Unofficial transcripts from every higher education institution you attended; PDF documents only.

At least two (2) letters of recommendation, signed and on letter-head. One must be from a health professional.

Digital photograph (JPG file- low resolution)

### COMMITTEE INTERVIEW

In addition to the required documents stated above, you'll be instructed to meet with Dr. Goode or another member of the HP committee before the deadline, stated above, to review your application and required documents. Please schedule your committee interview appointment online ([hpadvising.genbook.com](http://hpadvising.genbook.com)) and select 'Committee Interview' from the list of services the Health Professions Advising office provides.

# Intent To Apply Application

APPLICATION YEAR 2013

Please enter your answers into the form fields provided below. You may direct any questions to [hpadvising@fullerton.edu](mailto:hpadvising@fullerton.edu)

## I. PERSONAL DATA

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Gender \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(MM/DD/YYYY)

Email Address: CSUF: \_\_\_\_\_ Personal: \_\_\_\_\_ CWID: \_\_\_\_\_  
(Please check the box next to your PREFERRED email)

Local Address:

\_\_\_\_\_  
Street Address (Line 1) Street Address (Line 2)

\_\_\_\_\_  
City State Zip Code Country

Permanent Address:

\_\_\_\_\_  
Street Address (Line 1) Street Address (Line 2)

\_\_\_\_\_  
City State Zip Code Country

Local Phone: Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please check the box if you're establishing a file to collect Letters of Recommendation and do not intend to apply for the 2012/2013 application cycle. You will only be required to complete pages 1-3.

Please check the box if you intend to utilize the services of the Health Professions office to forward your Letters of Recommendation to the professional schools to which you are applying. Please note, you'll be required to submit all letters of recommendations stated on this application, the list of schools, your application ID and Letter ID (for those applying to AMCAS), digital photograph and fee payment. We also require you to schedule an appointment to speak with Dr. Goode before the office processes your letter packet.

## II. INTENT TO APPLY

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Please check the types of schools/programs to which you are applying.

- |                             |                                 |                              |
|-----------------------------|---------------------------------|------------------------------|
| Allopathic Medicine (M.D.)  | Optometry (O.D.)                | Pharmacy (Pharm.D.)          |
| Osteopathic Medicine (D.O.) | Medicine/Doctorate (M.D./Ph.D.) | Podiatric Medicine (D.P.M.)  |
| Dental (D.D.S or D.M.D.)    | Physician Assistant (P.A.)      | Veterinary Medicine (D.V.M.) |
| Other; please specify:      |                                 |                              |

**III. LETTERS OF RECOMMENDATION**

Please request a minimum of **2** and no more than 6 letters of recommendation to be included with your Committee Letter. One letter must be from a health care professional and one from a science faculty. These two letters must be received in our office by February 2, 2012. Please note, you should refer to the professional program to which you will be applying, to learn more about their specific letter requirements.

RECOMMENDER 1

**Full Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Dept/Inst:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

RECOMMENDER 2

**Full Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Dept/Inst:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

RECOMMENDER 3

**Full Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Dept/Inst:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

RECOMMENDER 4

**Full Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Dept/Inst:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

RECOMMENDER 5

**Full Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Dept/Inst:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

RECOMMENDER 6

**Full Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Dept/Inst:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**IV. ACADEMIC BACKGROUND**

*Remember that you must submit an unofficial transcript for every undergraduate or graduate institution where you completed college coursework if it isn't already posted on your Titan Degree Audit (TDA).*

Please list all Undergraduate and Post Baccalaureate Institutions attended. An example (in grey font) has been provided below for your reference. Please refer to page 4 when calculating your Science GPA.

University/College	Dates	Program Level	Major	Degree	Cum GPA	Science GPA
Ex: CSU Fullerton	8/24/06-5/16/10	Undergraduate	Biology	BS	3.56	3.67

**V. CALCULATING YOUR SCIENCE GPA**

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- STEP 1. Make a “working” copy of your college transcripts to date. Highlight all courses in biology, chemistry, physics, and math. If you repeated a course to improve your grade, but the original grade appears on the transcript, you should include it in the calculation.
- STEP 2. Count the total number of instances of each grade that appear on your transcript in the highlighted classes. You will count an “A+,” “A” and “A-” as three different grades.
- STEP 3. Once you are ready to calculate your science GPA, please navigate to the following website address:  
[http://www.fullerton.edu/aac/AAC\\_Resources/gpa\\_calculator.asp](http://www.fullerton.edu/aac/AAC_Resources/gpa_calculator.asp)

**VI. AUTOBIOGRAPHY**

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*Please provide a short autobiography focusing on formative experiences in shaping who you are today as well as influences that impacted your decision to pursue a career in healthcare. Be sure to include (a) where you were born and raised, (b) your parents' or guardians' backgrounds and influences, (c) siblings, (d) experiences leading up to college that shaped your values, aspirations, and motivations concerning your future. This should be no more than 1,000 words.*

**VI. AUTOBIOGRAPHY (continued)**

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**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:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

***Experience Description (1325 characters):***

EXPERIENCE 2

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

***Experience Description (1325 characters):***

**VIII. CLINICAL EXPERIENCES**

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*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 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:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

***Experience Description (1325 characters):***

**EXPERIENCE 2**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Experience Description (1325 characters):*

**EXPERIENCE 3**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Experience Description (1325 characters):*

**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:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

***Experience Description (1325 characters):***

**EXPERIENCE 2**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Experience Description (1325 characters):*

**EXPERIENCE 3**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Experience Description (1325 characters):*

**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, 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:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Experience Description (1325 characters):**

**EXPERIENCE 2**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Experience Description (1325 characters):*

**EXPERIENCE 3**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

*Experience Description (1325 characters):*

**XI. ADDITIONAL INFORMATION**

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*This space can be used to provide information relevant to your candidacy that does not appear elsewhere on this application. For example, you may want to discuss what you believe makes you a distinctive candidate for a career in a health profession, what you will bring to the profession, and other aspects of your motivation. You may also want to discuss specific challenges that you have faced to reach this point. Many applications provide candidates with the opportunity to provide information not shared elsewhere on the application so take advantage of this space. This should be no more than 800 words.*

**DENTAL APPLICANTS ONLY: EVIDENCE OF MANUAL DEXTERITY**

*Applicants to dental school must show evidence of manual dexterity. This space should be used to discuss the activities where you developed and/or used manual dexterity as well as any information relevant to your dental application. (Example: studio art work, string instrument practice and play, etc.).*

**XII. INSTITUTIONAL ACTION**

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**ACKNOWLEDGMENT OF HAVING READ AND UNDERSTOOD THE BEHAVIORAL RESPONSIBILITIES**

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All applicants to professional school from California State University, Fullerton 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 medial 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 your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)

**XIII. PHOTO WAIVER**

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I do  do not  authorize the HPO to use my picture and name on the HP 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 your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)

**XIV. FERPA**

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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](http://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 Health Professions Office of California State University, Fullerton may disclose personally identifiable information from my records to schools to which I have applied.

**XV. WAIVER OF ACCESS TO LETTERS OF RECOMMENDATION**

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

Sign your name: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)