

Intent To Apply Re-Applicant Form

OVERVIEW AND INSTRUCTIONS FOR APPLICATION YEAR 2024

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 (HPC) in composing a meaningful letter on your behalf.

Please Note: The Re-Applicant form is only for students who have previously submitted a complete Intent to Apply (ItoA) application in the past. Students who have only completed the forms required for a letter packet need to complete the ItoA application.

This application has been modified with permission from 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 or part-time undergraduate or non-matriculated student of CSUF and have completed the majority of their prerequisite coursework at CSUF, and (b) met the submission deadlines of the Intent To Apply process. Re-applicants seeking a committee letter after the deadline submission of **February 24, 2025** will receive a committee letter ONLY IF they have received a committee letter in a previous cycle.

- 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) be sure to mention if there was a “take away” from the experience, a definitive learning moment, you should mention it.

FEES

A \$20 fee per professional program for current students and recent alumni (graduated less than one year). A \$100 fee to apply to multiple professional programs for alumni who graduated more than one year ago. File fees can only be paid through the Health Professions Advising website or at the Student Financial Services (SFS) Window (GH-6). An additional form is required if you wish to pay your file fee at the SFS Window.

Please visit the following website to download the form: http://www.fullerton.edu/health_professions/applicationprocess/intent/FeePayment.asp **Please note, fee payments cannot be applied to future application cycles.**

IMPORTANT FEE NOTICE: The \$20 fee per profession will provide one upload to a professional school application service. A \$25 fee is required for any additional upload/mailing to a Caribbean school. All other additional uploads which may consist of uploading/mailing a committee/letter packet, update to an applicant's list of schools, and/or individual letter uploads, will require a fee of \$20 each. Please plan accordingly, as to which schools you would like to apply to, as this will prevent additional upload fees.

REQUIRED DOCUMENTS FOR COMMITTEE LETTER

Material can be submitted via email to itoa@fullerton.edu by **Monday, February 24, 2025 by 11:59 pm.**

Intent to Apply Re-Applicant Form (.doc, .docx or .pdf)

- Updated Resume (.doc or .docx)
- If additional coursework isn't reflected on previously submitted unofficial transcripts, please submit updated unofficial transcripts from every higher education institution you attended unless courses are listed on another transcript; PDF documents only.
- At least one (1) professional letter of recommendation (LOR's), signed, dated and on letterhead and one (1) academic letter of recommendation (LOR's), signed, dated and on letterhead.
 - Please note that additional letters of recommendation can be submitted after the February 24th deadline to be eventually included in your committee packet.
 - If you are not submitting any new LORs, please consider having your previous recommenders update the dates on their letters as many programs prefer letter be dated within the last calendar year.
- Fee payment

Supplemental Material – Items below do not need to be submitted by the February 24th deadline, but must be received by our office before we will upload/mail your committee packet to the programs to which you have applied.

- Professional school application
- Additional LORs indicated on ItoA application
- List of Schools (Please provide the document available on our website if the list of schools you applied to does not appear on your professional school application. Note that the list of schools you provide to our office is final, as a result, you should submit only one list per profession. Do not approve an upload if you plan to make revisions to your list of schools.)
- Please provide us with an upload date once everything has been submitted. This will be the date on which we will upload/mail your committee packet to the programs to which you have applied.

REQUIRED DOCUMENTS FOR LETTER PACKET

Material can be submitted via email to itoa@fullerton.edu.

- Intent to Apply Re-Applicant Form (.doc, .docx or .pdf)
- All letters of recommendation noted on your intent to apply application
- Fee payment
- Professional school application
- List of Schools (Please provide the document available on our website if the list of schools you applied to does not appear on your professional school application. Note that the list of schools you provide to our office is final, as a result, you should submit only one list per profession. Do not approve an upload if you plan to make revisions to your list of schools.)
- Please provide an upload date once all items have been submitted. This will be the date we will upload/mail your committee packet to the programs to which you have applied.

Please Note: There is no deadline associated with a letter packet but students are still encouraged to submit their documents as soon as possible.

Intent To Apply Application

APPLICATION YEAR 2024

Please enter your answers into the form fields provided below. You may direct any questions to itoa@fullerton.edu.

I. PERSONAL DATA

First Name: _____ Middle Name: _____ Last Name: _____
Nickname: _____ Gender: _____ Birthdate: _____
(MM/DD/YYYY)
Email Address ☐ CSUF: _____ ☐ Personal: _____
(Please check the box next to your PREFERRED email)

CWID: _____ Last Four of Social Security Number: xxx-xx- _____

Local Address: The same as permanent address

Permanent Address:

Street Address (Line 1) Street Address (Line 2)

City State Zip Code Country

Home Phone: _____ Cell Phone: _____

Disadvantaged: ☐ Yes ☐ No If yes, elaborate 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? NA

Please indicate your parent's level of education, ethnicity and race:

Father Education Level: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

Father Ethnicity (for statistical purposes only):

☐ Not Hispanic

Father Race (for statistical purposes only):

☐ White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Mother Education Level: ☐ No College ☐ Some College ☐ College Graduate ☐ Graduate School

Mother Ethnicity (for statistical purposes only):

☐ Not Hispanic

Mother Race (for statistical purposes only):

☐ White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

II. INTENT TO APPLY

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Allopathic Medicine (M.D.) | <input type="checkbox"/> Optometry (O.D.) | <input type="checkbox"/> Pharmacy (Pharm.D.) |
| <input type="checkbox"/> Osteopathic Medicine (D.O.) | <input type="checkbox"/> Dual degree program (M.D./Ph.D.) | <input type="checkbox"/> Podiatric Medicine (D.P.M.) |
| <input type="checkbox"/> Dental (D.D.S or D.M.D.) | <input type="checkbox"/> Physician Assistant (P.A.) | <input type="checkbox"/> Veterinary Medicine (D.V.M.) |

Other; please specify:

-

Please state the purpose of your Intent to Apply Application. **Please only check 1 box.**

- ☐ Establishing a file to collect letters of recommendation and do not intend to apply for the 2024-2025 application cycle.
- ☐ Applying for a letter packet. Please note that a letter packet does not contain a committee letter but rather is a compilation of all letters of recommendation requested.
- ☐ Applying for a committee packet. A committee packet contains a committee letter and all other letters requested.

V. Entrance Exam

Please input the date of your entrance exam below. Should any changes or updates need to be made as your

Date of Entrance Exam (i.e. MCAT, DAT): _____ **Score (if available):** _____
(MM/DD/YYYY)

application cycle approaches, please be sure to inform our office. Once your scores are available please forward an unofficial copy of them to our office.

I. LETTERS OF RECOMMENDATION

A minimum of 1 letter of recommendation from a health professional must be submitted with your application in order to complete your intent to apply application. All your letters of recommendation will then need to be received as soon as possible. Typically students should include at least one letter from a health care professional and at least one from a science faculty in their committee packet. You should refer to the professional program to which you will be applying, to learn more about their specific letter requirements. The committee prefers letter writers to submit both a .docx and a .pdf. It is recommended that a letter writer update his or her letter of recommendation if over a year old, as many institutions discard a letter older than 365 days. **For more information about how to request a letter of recommendation, please visit:**

http://www.fullerton.edu/health_professions/applicationprocess/intent/LOR.asp

RECOMMENDER 1

Full Name & Job Title: _____ Clinical Letter? ☐ Yes ☐ No
Dept/Inst: _____ Date Requested: _____
Contact Info (email): _____ Requesting an updated letter? ☐ Yes ☐ No

RECOMMENDER 2

Full Name & Job Title: _____ Clinical Letter? ☐ Yes ☐ No
Dept/Inst: _____ Date Requested: _____
Contact Info (email): _____ Requesting an updated letter? ☐ Yes ☐ No

RECOMMENDER 3

Full Name & Job Title: _____ Clinical Letter? ☐ Yes ☐ No
Dept/Inst: _____ Date Requested: _____
Contact Info (email): _____ Requesting an updated letter? ☐ Yes ☐ No

RECOMMENDER 4

Full Name & Job Title: _____ ☐ Yes ☐ No
Dept/Inst: _____ Clinical Letter?
Contact Info (email): _____ Date Requested: Requesting an updated letter? ☐ Yes ☐ No

RECOMMENDER 5

Full Name & Job Title: _____ Clinical Letter? Yes No
Dept/Inst: _____ Date Requested: Requesting an updated letter? Yes No
Contact Info (email): _____

RECOMMENDER 6

Full Name & Job Title: _____ Clinical Letter? Yes No
Dept/Inst: _____ Date Requested: Requesting an updated letter? Yes No
Contact Info (email): _____

RECOMMENDER 7

Full Name & Job Title: _____ Clinical Letter? Yes No
Dept/Inst: _____ Date Requested: Requesting an updated letter? Yes No
Contact Info (email): _____

RECOMMENDER 8

Full Name & Job Title: _____ Clinical Letter? Yes No
Dept/Inst: _____ Date Requested: Requesting an updated letter? Yes No
Contact Info (email): _____

II. ACADEMIC BACKGROUND

Only complete this page if there have been any changes to your academic background since your last application cycle. If no changes have occurred please leave this section blank. Our office only requires updated transcripts from those institutions where changes or additions have been made. Please note the Health Professions office does not forward official transcripts to the professional program/school one applies. 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.

| <u>University/College</u> | <u>Degree Date</u> | <u>Program Level</u> | <u>Major</u> | <u>Degree</u> | <u>Cum GPA</u> |
|---------------------------|--------------------|----------------------|--------------|---------------|----------------|
| | | | | | |

III. 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. Once your scores are available please forward an unofficial copy of them to our office.

Date of Entrance Exam (MCAT): _____ **Score (if available):** _____

VI. Updates

*Please evaluate or assess how you feel your professional school application has improved since your last application submission.
(1,000 character limit, not including spaces)*

VII. Self Assessment

*In the spaces below, provide a self-assessment of each competency using a scale of **1=weak** to **5=excellent** and a justification of your assessment. Each justification should be no more than 150 words, not including spaces.*

1. Integrity and Ethics

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Justification:

2. Critical Thinking

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Justification:

3. Professionalism

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Justification:

4. Communication and Interpersonal Skills

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Justification:

5. Resilience and Adaptability

☐1 ☐2 ☐3 ☐4 ☐5

Justification:

6. Reliability and Dependability

☐1 ☐2 ☐3 ☐4 ☐5

Justification:

7. Desire to Learn

☐1 ☐2 ☐3 ☐4 ☐5

Justification:

8. Service Orientation

☐1 ☐2 ☐3 ☐4 ☐5

VIII. INSTITUTIONAL ACTION

ACKNOWLEDGMENT OF HAVING READ AND UNDERSTOOD THE BEHAVIORAL RESPONSIBILITIES

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 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)

IX. RELEASE OF INFORMATION

The Health Professions Advising 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 CSUF 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.

X. PHOTO WAIVER

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 by typing your name: _____

Date: _____

(MM/DD/YYYY)

XI. 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, 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.

XII. WAIVER OF ACCESS TO LETTERS OF RECOMMENDATION

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 Recommendation and any other letters/recommendations used to compose this letter. Letters of recommendation received in this office may be forwarded only to admissions committee at medical, dental or other doctoral-level health professional schools or military programs in conjunction with the above schools. Letters can also be sent to approved post baccalaureate programs. Letters cannot be forwarded to third parties including, but not limited to, employers, graduate schools other than the above, scholarship programs, or other education programs.

Sign by typing your name: _____

Date: _____

| | | |
|--|--|--|
| U.S. Office of Personnel Management Guide to Personnel Data Standards | ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and Instructions before completing form.) | |
| Name (Last, First, Middle Initial) | | Birthdate (Month and Year) |
| Agency Use Only | | |
| Privacy Act Statement Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. | | |
| Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2. | | |
| Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply. | | |
| RACIAL CATEGORY (Check as many as apply) | | DEFINITION of CATEGORY |
| <input type="checkbox"/> American Indian or Alaska Native | | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. |
| <input type="checkbox"/> Asian | | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam |
| <input type="checkbox"/> Black or African American | | A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Middle Eastern | | A person having origins from western Asia and northeast Africa, including the nations on the Arabian Peninsula, Egypt, Iran, Iraq, Israel, Jordan, Lebanon, Syria, and Turkey. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> White | | A person having origins in any of the original peoples of Europe |