Intent to Apply Application

OVERVIEW AND INSTRUCTIONS FOR APPLICATION CYCLE

2027-2028

This application is your declaration to the Health Professions Advising Office (HPAO) 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 by you for your professional school application. This also assists the CSUF Health Professions Committee (HPC) in composing a meaningful letter on your behalf.

This application has been modified with the permission from the HPO at John Hopkins University.

COMMITTEE LETTER ELIGIBILITY

To be eligible for a Committee Letter, (a) applicants must be or have been an undergraduate or Post Baccalaureate student of CSU Fullerton 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 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

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. **Please note, fee payments cannot be applied to future application cycles.**

IMPORTANT FEE NOTICE: A $25 fee is required for any additional upload/mailing to a Caribbean school.

REQUIRED DOCUMENTS FOR COMMITTEE LETTER

All materials must be submitted via email to itoa@fullerton.edu by **11:59 PM on Monday, February 22, 2027**.
Late submissions will not be accepted.

- Intent to Apply application (ItoA) (.doc, .docx or .pdf)
- Resume (.doc or .docx)
- Unofficial transcripts from every higher education institution you attended. PDF only.
- Minimum of two (2) letters of recommendation:
  - One (1) Academic Reference (preferred science faculty)
  - One (1) Professional Reference (preferred clinician)
  - **All letters must be signed, dated, and on official letterhead**
- **Important:** Additional letters of recommendation (up to a maximum of eight (8) total letters) may be submitted after the February 22 deadline and included in the final committee packet; however, letters received after the deadline may not be considered as part of the committee's review and evaluation.
- Completed Fee Payment.
- Documentation of clinical experience:
  - Minimum 50 hours for most health professions.
  - Minimum 1000 hours for Physician Assistant (PA) applicants.
  - Acceptable documentation includes an official timesheet or verification email from the program, supervisor, or healthcare professional.

SUPPLEMENTAL MATERIALS – The following items are collected for **CSUF HPAO records only** and **are not included in the committee packet sent to professional schools**.

- Digital Head shot (JPG Format)
- List of Professional Schools and Anticipated Upload Date (.doc, .docx or .pdf).
  - Provide a list of the professional schools to which you intend to apply.
  - Indicate your preferred date for the HPAO Committee to upload your committee packet to your designated application service (e.g., AMCAS, AACOMAS, AADSAS, CASPA).
  - The upload date should align with your planned application timeline.

REQUIRED DOCUMENTS FOR LETTER PACKET ONLY

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

- Submit your Intent to Apply Application (only pages 3-6 and the last three pages of the application)
- All letters of recommendation noted on your intent to apply application.
- Digital Headshot (JPG Format) (For CSUF HPAO records only)
- Completed Fee Payment.
- List of Professional Schools and Anticipated Upload Date (.doc, .docx or .pdf).
  - Provide a list of the professional schools to which you intend to apply.
  - Indicate your preferred date for the HPAO Committee to upload your committee packet to your designated application service (e.g., AMCAS, AACOMAS, AADSAS, CASPA).
  - The upload date should align with your planned application timeline.

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

Intent to Apply Application

Application Cycle 2027-2028

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:** **Last Name:**

Nickname: **Gender:** **Birthdate:**

Email Address: (Please check the box next to your PREFERRED email)

☐ **CSUF:** ☐ **Personal:**

CWID:

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* *Country*

Zip Code

Cell Phone: **Home Phone:**

Disadvantaged: ☐ **Yes** ☐ **No** **If yes, please elaborate why on a separate sheet of paper.**

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?

☐ 1-10
☐ 10-20
☐ 20-35
☐ 35+

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

Father Education Level:

☐ No College ☐ Some College ☐ College Graduate ☐ Graduate/Professional School

Father Ethnicity (for statistical purposes only):

☐ Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture or origin, regardless of race)

☐ Not Hispanic or Latino

☐ Declined to state

Father Race (for statistical purposes only):

☐ 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 tribal affiliation or community attachment.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black/African American – A person having origins in any of the black racial groups in Africa

☐ 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.

☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands

☐ White – A person having origins in any of the original peoples of Europe

☐ Decline to State

Mother Education Level:

☐ No College ☐ Some College ☐ College Graduate ☐ Graduate/Professional School

Mother Ethnicity (for statistical purposes only):

☐ Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardsless of race)

☐ Not Hispanic or Latino

☐ Declined to State

Mother Race (for statistical purposes only):

☐ 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 tribal affiliation or community attachment.

☐ Asian – A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black/African American – A person having origins in any of the black racial groups in Africa

☐ 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.

☐ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands

☐ White – A person having origins in any of the original peoples of Europe

☐ Decline to State

II. INTENT TO APPLY

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

☐ Allopathic Medicine (MD)	☐ Optometry (OD)	☐ Pharmacy (PharmD)
☐ Osteopathic Medicine (DO)	☐ Dual degree program (MD/PhD)	☐ Podiatric Medicine (DPM)
☐ Dentistry (DDS or DMD)	☐ Physician Assistant (PA)	☐ Veterinary Medicine (DVM)

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

☐ 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 letter**. A committee packet contains a committee letter and all other letters requested.

III. LETTERS OF RECOMMENDATION

A minimum of **ONE** professional letter of recommendation **and ONE** academic letter of recommendation must be submitted by **February 22, 2027,** to complete your intent to apply application**. Letter writers must send LORs directly to itoa@fullerton.edu under the subject "LOR for [your full name]".** Typically, at least one letter should be from a healthcare professional and at least one from a science faculty, but students should consider who will write the strongest letter for them. Students 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 their letter of recommendation if over a year old, as many institutions discard a letter older than 365 days.

RECOMMENDER 1
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 2
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 3
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 4
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 5
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 6
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 7
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

RECOMMENDER 8
Full Name: **Job Title:**
Department/Institution: **Clinical Letter?** Yes ☐ No ☐
Contact Information (Email):

IV. ACADEMIC BACKGROUND

Remember that you must submit an unofficial transcript for every undergraduate or graduate institution where you completed college coursework (if applying for a committee letter). If the information is posted on another transcript you submit, there is no need to forward the transcript to use if it is posted on another document that you submit to us. Please note, the Health Professions office does not forward official transcripts to the professional program/school one applies to. Transcripts need to come directly from the registrars' office.

Please list all Undergraduate and Post-Baccalaureate Institutions attended.

University/College	Dates	Program Level	Major	Degree	Cum GPA

Pre-requisites Data

Please fill in the table below with your course work information. If a pre-requisite course was taken in another institution, please put the data from the course equivalent. Please make sure to include all course attempts. At the end of the table, you will be asked to compute your pre-requisite GPA. For your convenience a link to a GPA calculator has been provided.

Course	University	Attempt #1 Semester / Grade		Attempt #2 Semester / Grade		Attempt #3 Semester / Grade	

Pre-requisites Data Continued

Course	University	Attempt #1 Semester / Grade		Attempt #2 Semester / Grade		Attempt #3 Semester / Grade	

Additional coursework for Dental, PA and Optometry

Course	University	Attempt #1 Semester / Grade		Attempt #2 Semester / Grade		Attempt #3 Semester / Grade	

V. 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 (i.e., MCAT, DAT): Score (If available):

VI. ESSAY

Please provide an essay that discusses what you believe makes you a distinctive candidate for a career in a health profession. You may also want to discuss specific challenges that you have faced to reach this point. This should be no more than 5,300 characters. Please note that the application system you apply through might have a different limit.

ESSAY (Continued)

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:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 2

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

VIII. CLINICAL EXPERIENCES

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:

1. *Describe the nature of the organization*
2. *Describe what you did or accomplished, and*
3. *Describe what you learned.*

EXPERIENCE 1

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 2

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 3

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

IX. COMMUNITY SERVICE

<u>Regarding community service-related experiences</u>, 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.

<u>You may enter up to 3 experiences below.</u> *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:

1. *Describe the nature of the organization*
2. *Describe what you did or accomplished, and*
3. *Describe what you learned.*

EXPERIENCE 1

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 2

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 3

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

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:

1. *Describe the nature of the organization or experience,*
2. *Describe what you did or accomplished, and*
3. *Describe what you learned.*

EXPERIENCE 1

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 2

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

EXPERIENCE 3

Experience Name: **Experience Type:**

Dates: From: **To:** **Total Hours:**

Organization Name:

Contact Name: **Email:**

Experience Description (1325 characters, including spaces):

XI. 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.*

1. Integrity and Ethics Justification:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
2. Critical Thinking Justification:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
3. Professionalism Justification:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
4. Communication and Interpersonal Skills Justification:	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

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

Service orientation has been defined as the "disposition to be helpful, thoughtful, considerate, and cooperative … [it is] a set of attitudes and behaviors that affect the quality of the interaction between hospital employees and patients (or more broadly, the staff of any organization and its customers)" (Hogan, Hogan, & Busch, 1984)

Justification:

XII. 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 artwork, string instrument practice and play, etc.)

XIII. MEANINGFUL EXPERIENCE

What is your most meaningful experience that is germane to your pursuit of a health professional career?

XVI. REQUIRED FORMS AND CERTIFICATIONS

INSTITUTIONAL ACTION

ACKNOWLEDGEMENT OF HAVING READ AND UNDERSTOOD THE BEHAVIORAL RESPONSIBILTIES

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 by typing your name: ***Date:***

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.*

PHOTO WAIVER

I do ☐ do not ☐ authorize the HPAO 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:**

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 Advising Office of California State University, Fullerton may disclose personally identifiable information from my records to schools to which I have applied.

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.)

☐ Yes ☐ 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
☐ 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.
☐ 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
☐ Black of African American	A person having origins in any of the black racial groups of Africa.
☐ 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.
☐ Native Hawaiian/Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White	A person having origins in any of the original peoples of Europe