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HEALTH PROFESSIONS  
 RECOMMENDATIONS COMMITTEE  
 INTERVIEW APPLICATION  
 Benedictine University

Version 09/02/2021

**This application must be completed electronically. Please answer all questions and be as specific as you can.**

Date of application:

Benedictine email address:

Last Name

First Name

Middle Initial

Personal Pronouns and Gender Identity/Expression:

Address:

City:

State:

Zip:

Cell Phone:

Social Security No (last 4 digits only):

Benedictine Student ID:

Profession of interest:

If Other, specify

High School Attended:

HS GPA or Rank %

<u>ACT Scores</u>		SAT scores		Current GPA information	
English		Verbal		STEM	
Math		Quant		Cumulative	
Reading		Composite			
Science					
Composite					

**Academic Programs**

Major(s)	Minor(s)	Certificates	Other

1. What year and semester do you expect to graduate? (If you have already graduated, please indicate year and semester of graduation.) Year: Semester:

2. Expected start date to professional institution(mm/yyyy):

OPTIONAL: List your MCAT, DAT, or other standardized exam scores if you already have them:

If not, when will you take the test?

3. List the names and email addresses of 3-6 individuals from whom you have requested individual letters of recommendation. Two (2) should be science faculty, and one (1) additional resource (not necessarily faculty).

**Name** **Email address**

4. What scholastic honors have you received during your university career? List and check the years

**Honor** **Fr** **So** **Jr** **Sr** **5th**

If you are a University Scholar, please list your mentor:

5. List organizational activities you have participated in and what your role was. Note if you are/were on the board or had any leadership roles in your club).

**NOTE:** If you are part of AMSA, please indicate if you are a member of the local chapter, the national organization or both.

<b>Activity</b>	<b>Fr</b>	<b>So</b>	<b>Jr</b>	<b>Sr</b>	<b>5th</b>
<i>Example: Dental Club</i>	<i>Member</i>	<i>Treasurer</i>	<i>VP</i>	<i>President</i>	<i>Member</i>

Why do you want to pursue the profession of your choice? (Cite any experiences that were influential in your decision) Note: This may seem redundant to your personal statement but you may have other experiences that you didn't include in your personal statement that could be relevant.

1,500 character limit

List in descending order of interest each professional school you would like to attend and the reasons why (500 character limit):

1.

2.

3.

4.

5.

Activities **directly related** to your profession of choice (employment, internship, practicum, shadowing, volunteering, research, etc). Include information regarding when, where (office name), with whom (Dr, PA, etc. - include their name!), and number of hours each. Briefly (100 characters) describe the experience.

Type?	When?	Where?	With Whom?	Total Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

**Volunteer work not listed** on the prior page. Include information regarding when, what organization, where, and number of hours each. Briefly (200 characters) describe the experience.

When?	Organization?	Where	Total hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

List your current and previous job(s): When? Employer? Position held? Hours per week? Briefly describe your job responsibilities (200 characters).

When?	Employer?	Position?	Hrs/wk
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Please indicate which, if any, medical related certifications that you have:

CNA

EMT

Phlebotomy Tech

Medical Asst

Dental Asst

Dental Hygenist

Pharmacy Tech

Other:

List any other academic experiences you had **not previously mentioned** (student research, teaching assistant, learning assistant, peer tutor in Academic Support Center). Include information regarding which semester, subject, with whom (professor), and number of hours each. Briefly (200 characters) describe the experience.

Type?

Semester?

Subject or Research Topic?

Professor?

Hours

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.



Name the person(s) who were most influential in your choice of profession. Explain. (2,500 character limit)

Which sports, hobbies, or extra-curricular activities do you enjoy the **most**? (Cite trophies won, honors received, offices held, etc.) 2,500 character limit.

List those personal traits that you think will benefit you in your chosen profession (1,500 character limit):

What languages do you consider yourself proficient in?

List those personal traits areas that you need to work on to improve your effectiveness in your chosen profession (1,500 character limit):

If you are graduating this academic year, what specific activities do you have planned for your gap year?  
(1,500 character limit)

What alternate plans do you have if you are not accepted into professional school this year? (1,500 character limit)

**RELEASE OF RIGHTS**  
To See Letters of Recommendation

**I do not waive my rights**

**I do hereby waive all rights**, which I otherwise would be able to assert under the Family Educational Rights and Privacy Act of 1974 with respect to this evaluation by the Committee on Health Professions Recommendations. By such waiver, I expressly consent to, and do hereby authorize Benedictine University, and any professional school or hospital to which Benedictine University may hereafter forward this letter of recommendation to retain this information in a strictly confidential manner, specifically to include withholding from me and my family whenever I may request to see it or to be informed of its contents, and otherwise deny me access to this letter of recommendation once drawn up by the Committee.

By checking this box and typing my name below, I am electronically signing my waiver.

Type your name:

Date Signed: