

## How to use the Pre-Health Professions Office

**Step 1: Open a file** (the semester before you take your admissions exam, min 3.0 GPA and 60 cr.)

- Pick up a packet in the Pre-Health Professions Office (SE 234)

**Materials Necessary to complete your file:**

- ✓ Biographic Information Form (USE THE E-MAIL ADDRESS YOU CHECK THE MOST)
- ✓ 4 evaluation forms.
  - \*GIVE TWO EVALUATION FORMS TO PROFESSORS (PhD's)
  - \*GIVE TWO EVALUATION FORMS TO HEALTH CARE PROFESSIONALS (doctors, dentists, etc)
- ✓ Copy of your AMCAS or other Application (including your personal statement)

**\*Note: Hand-carried, “open” letters of recommendation will not be accepted.**

**Step 2:**

- Review for the Admissions Exam you will be taking (MCAT, DAT, OAT, GRE, etc).
- Sign up and take the exam (April/May).

**Step 3:**

- Submit the centralized application service you will use (AMCAS, AADSAS, VMCAS, etc) and send them your official transcripts as early as possible (May/June).

**Step 4:**

- After you receive your exam score (MCAT, DAT, GRE etc), fill out the **Pre-Health Professions Committee Meeting Request Form** available in SE 234 to schedule your committee interview.

**Step 5:**

- Interview with the Pre-Health Professions Committee and then...
- Bring in \$12 to open your VIRTUAL EVALUATION Account or postage for schools that do not participate in VIRTUAL EVALUATIONS.
- Let the Pre-Health Professions secretary know if you receive any secondary applications, and from which school(s).
- The secretary will send out a packet to the schools including: your committee letter and any other recommendation letters.

**Step 6:**

- Let us know where you got accepted
- Your picture will go up on the *WALL OF FAME!*
- Attend the *Future Doctors Reception* (FDR)

**PRE-HEALTH PROFESSIONS OFFICE FILE INFORMATION FORM**

Date: \_\_\_\_\_ Student ID#.: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

**\*\*Email Address (FAU):** \_\_\_\_\_

Medical Area:	Allopathic	<input type="checkbox"/>	Osteopathic	<input type="checkbox"/>
	Medicine		Medicine:	
	Dentistry	<input type="checkbox"/>	Podiatry:	<input type="checkbox"/>
	Optometry:	<input type="checkbox"/>	Pharmacy:	<input type="checkbox"/>
	Veterinary	<input type="checkbox"/>		
	Medicine			
	Other:	<input type="checkbox"/>	Specify: _____	

Major: \_\_\_\_\_

**Please check one of the following and sign below:**

- Yes, I give my permission to be photographed by the Pre-Health Professions Office for possible use on the bulletin board, and I give permission for my name and email address to be given to another student who is applying to the same school where I was accepted.
- No, I do not wish to be photographed or have other students contact me.
- Yes, my picture can be displayed, but no email contact with student(s)

Signature: \_\_\_\_\_