



# Health Professions Advisory Committee

## Application Instructions

### SECTION DESCRIPTIONS

**All PDF forms should be completed using [Adobe Acrobat Reader](#).**

*Detailed information about each section is included in this document. Please read thoroughly, then contact our office with any questions.*

#### **Section A – Applicant Information**

Include your name, contact information, academic summary (e.g., *GPA*s, *major*, *application type*), test scores/scheduled test-dates (*if applicable*), and a professional-looking color photo.

#### **Section B – Source of Coursework**

List each institution in which you have received college-level credit (including dual-enrollment) as well as the associated *GPA*s for that coursework. Calculate your overall and BCPM *GPA* for each institution using the [Health Professions Advising \*GPA\* Calculator](#) and removing pluses/minuses from each of your grades. BCPM (**B**iology, **C**hemistry, **P**hysics, **M**ath) is defined as coursework designated with BIOL, BCHS, CHEM, PHYS, or MATH prefixes. Coursework in non-science, engineering, health, and technology majors should not be included in these calculations. IDNS and HONS courses should also not be included. If you have a question about a course, you may contact our office at [prehealth@uh.edu](mailto:prehealth@uh.edu). The first table summarizes academic performance by institution. The second table summarizes academic performance by degree level (undergraduate, post-baccalaureate, and graduate).

#### **Section C – Required BCPM Coursework**

All medical and dental schools have basic required BCPM coursework for admission. This table serves as a checklist as well as an indication of academic performance for the BCPM pre-requisite coursework. *Only final attempts for a course should be listed here. Previous attempts (including withdrawals) should be included in Sections E or F.*

#### **Section D – All Other BCPM Coursework**

This table will allow you to list all non-required BCPM coursework completed. *Only final attempts for a course should be listed here. Previous attempts (including withdrawals) should be included in Sections E or F.* Coursework in non-science, engineering, health, kinesiology, and technology majors should not be included in these calculations unless listed on the [TMDSAS Course Listings site](#) . If you have a question about a course, you may contact our office at [prehealth@uh.edu](mailto:prehealth@uh.edu).

#### **Section E – All Non-Graded Coursework**

BCPM coursework that resulted in credit, but no grade should be listed here. *These courses would be primarily test credits, but could include COVID Interim Grading Policy coursework if student did not retake or uncover. Courses such as AP/IB credit, CLEP credit, or courses that only receive grades of S or CR such as workshops.* Because there is no grade associated, these courses are not included in BCPM calculations.

#### **Section F – Repeated BCPM Coursework**

If you have repeated a course, then list all previous attempts in this section and the number of attempts. This includes courses that you earned a grade of W, S, or NCR. Final attempts should be listed in previous



## Health Professions Advisory Committee *Application Instructions*

sections. Please note that all previous attempts must be included, even if you have utilized grade replacement at the University of Houston or other institution.

### **Section G – Personal Statement**

The Personal Statement is a separate document that must be submitted as one of four documents (the completed HPAC Application, HPAC Open File Request, and the Activities & Experiences Worksheet) to complete your HPAC file. Please ensure you follow all formatting and character-limit requirements for the personal statement. All documents must be submitted together to be accepted.

### **Section H – Activities & Experiences (A&E) Worksheet**

The Activities & Experiences Worksheet is a separate document that must be submitted as one of four documents (the completed HPAC Application, HPAC Open File Request, and the Activities & Experiences Worksheet) to complete your HPAC file. Please ensure you follow all formatting and character-limit requirements for the A&E worksheet. All documents must be submitted together to be accepted.

### **Section I – List of Letter Writers**

This section contains contact information for the letter-writers you plan to ask for Letters of Evaluation. You must have a minimum of three letters for HPAC Review and are limited to a maximum of five. You are asked to indicate if you'd like to be evaluated once three letters are received, or if you'd like to wait until all letters are received (if you have listed more than three letter writers)



# Health Professions Advisory Committee

## Application Instructions

### SECTION A – APPLICANT INFORMATION

**All PDF forms should be completed using [Adobe Acrobat Reader](#)**

- Add your name, address, UHID#, and contact information.
- After calculating your GPAs (see Sections B-F), input your GPA (X.XXX) in the provided boxes.
  - These GPAs should include credit from all institutions attended, not just UH.
  - You will need to calculate your GPA using the [GPA calculator](#).
  - All grades should be formatted to A, B, C, D, or F — with +/- removed.
  - Courses with CR, S, or W grades should be excluded from GPA calculations.
  - NCR grades should be calculated as a Failing (F) grade, per TMDSAS policy.
- Identify your major. If you are a double major, list both majors separated by a /.
- Identify which type of program (Medical or Dental) in which you are applying.
- Identify your Academic Status
  - Undergraduate: taking classes towards/completed a bachelor's degree
  - Post-baccalaureate: have completed a bachelor's degree and still taking undergraduate coursework
  - Graduate: taking classes towards/completed a master's degree
- Include a recent professional color photo by clicking on the image field and uploading a photo.
  - The photo should be passport-style (e.g., profile shot, facing the camera, shoulders and above)—imagine you would use this photo on a name-badge.
  - You do not need to pay for a professional photo. Instead, your photo should simply reflect a professional demeanor and be against a neutral background.
  - You should be wearing professional attire, well-groomed, and smiling.
  - Selfies/casual photos are strongly discouraged.
  - If you encounter difficulty attaching uploading your image to the form, you may email it separately with your HPAC materials and our office can add it for you.
- Sign and date your file.
  - You may sign your document electronically or by uploading an image of your signature to the signature line.
  - To make an image of your signature:
    - i. Sign a blank, white piece of paper.
    - ii. Take a photo of your signature.
    - iii. Crop the image surrounding your signature.
    - iv. Save the final image as a JPG or .PNG file.



# Health Professions Advisory Committee

## Application Instructions

### SECTIONS B – F: COURSEWORK & GPA CALCULATION INSTRUCTIONS

List each institution in which you have received college-level credit (including dual-enrollment) as well as the associated GPAs for that coursework.

- Calculate your overall and BCPM GPA for each institution using the [Health Professions Advising GPA Calculator](#) and removing pluses/minuses from each of your grades.
- BCPM (**B**iology, **C**hemistry, **P**hysics, **M**ath) is defined as coursework designated with BIOL, BCHS, CHEM, PHYS, or MATH prefixes. Coursework in non-science, engineering, health, and technology majors should not be included in these calculations unless included in the [TMDSAS course listings](#). IDNS and HONS courses should also not be included. If you have a question about a course, you may contact our office at [prehealth@uh.edu](mailto:prehealth@uh.edu).
- Use drop downs on each coursework line to list grades. All letter grades should be A, B, C, D, or F; no +/- grades.
- NCR grades should be factored in as Failing (F) in the GPA calculation.
- Do not include coursework taken at a university outside of the US or Canada.

#### Section B: Source of Coursework

- The first table summarizes academic performance by institution. If you did not complete a degree at the institution, put N/A.
- The second table summarizes academic performance by degree level (undergraduate, post-baccalaureate, and graduate).

#### Section C-F: BCPM Coursework

- Sections C-F are for listing your BCPM (BCPM (Biology, Chemistry, Physics, and Math) coursework.
  - Section C is for required BCPM coursework for medical/dental school admission.
  - Section D is for any other science/math courses you have taken in addition to the required BCPM coursework.
  - Section E is for any courses earned through credit without a grade (i.e., AP/IB, CLEP or Satisfactory (S) credit). These courses will not be used in calculating your GPA.
  - Section F is for any repeated BCPM coursework. Please include the attempt number (first try of course is attempt 1, second try is attempt 2, etc).

#### Section C: Required BCPM Coursework

- Course Title: In this section, the required course titles are already included.
- Course Prefix/Number: Type the appropriate course prefix and course number (e.g., BIOL 1306)
- Where taken?: Use an abbreviation to identify where the designated course was taken (e.g., HCC, UH).
  - If you received credit via AP or IB credit, use AP for where taken.
- Credit Hours
  - Input the number of credit hours associated with each course.
  - If you received AP credit, input the credit hours for the course you received credit for.
- Grade
  - Use the pulldown menu to select your letter grade in Sections C.
  - If course was repeated, list only the grade of the final attempt.
- Repeated



## Health Professions Advisory Committee

### Application Instructions

- Indicate if this final attempt was a repeated attempt at the class by checking the box. (Ex. Took BIOL 1306 once and got a D; took it again and got an A. Enter grade of A, and click the box for Repeated.)

#### Section D: All Other BCPM Coursework

- *Note: Courses earned through test credit (AP, IB, etc) should not be listed in this section.*
- Course Title:
  - Use an abbreviation if necessary, e.g., Human Phys.
  - List every unique course attempted that was not part of the Required BCPM coursework. This includes courses that you withdrew from and did not repeat.
- Course Prefix/Number: Type the appropriate course prefix and course number (e.g., BIOL 1306)
- Where taken?: Use an abbreviation to identify where the designated course was taken (e.g., HCC, UH).
- Credit Hours
  - Input the number of credit hours associated with each course.
- Grade
  - Use the pulldown menu to select your letter grade in Section D.
  - If course was repeated, list only the grade of the final attempt.
- Repeated
  - Indicate if course was repeated by checking the box; list grade of final attempt in this section. (Ex. Took BIOL 1306 once and got a D; took it again and got an A. Enter grade of A, and click the box for Repeated.)

#### Section E: Non-graded BCPM Coursework

- Course Title:
  - Use an abbreviation if necessary, e.g., Human Phys.
  - List all BCPM course credit earned by AP, IB or other test credit.
  - List all BCPM course credit earned with a grade of S or NCR (generally earned during the Interim Grading Policy in place during COVID, or Chem I lab for Honors students).
  - List all BCPM course credit where a grade of I (Incomplete) has been earned.
- Course Prefix/Number: Type the appropriate course prefix and course number (e.g., BIOL 1306)
- Where taken?:
  - If earned by AP or IB, enter "AP" or "IB".
  - If taken at an institution for S/CR/I, use an abbreviation to identify where the designated course was taken (e.g., HCC, UH).
- Credit Hours: Input the number of credit hours associated with each course.
- Grade
  - Use the pulldown menu to select your grade in Section E.
  - In this section, there should be only grades of S, CR, or I.
- Repeated
  - Indicate if course was repeated for a letter grade by checking the "Repeated" box.

#### Section F: Repeated BCPM Coursework

- *Note: All repeated attempts of BCPM courses go in this section. If you took a class three times, the first two attempts should be listed here. A class that was dropped with a W should go here. A course*



## Health Professions Advisory Committee *Application Instructions*

*that you received AP credit for and then took again for a grade should go here. Only the initial attempts should go in this section. Final attempts should not be listed in this section.*

- Course Title: List any BCPM course (required or not, earned by test credit or for a grade) that was repeated. If repeated more than once, both initial attempts should be entered separately.
- Course Prefix/Number: Type the appropriate course prefix and course number (e.g., BIOL 1306)
- Where taken?: Use an abbreviation to identify where the designated course was taken (e.g., HCC, UH).
- Credit Hours
  - Input the number of credit hours associated with each course.
- Grade
  - Use the pulldown menu to select the grade of designated attempt in Section F.
  - In this section, there could be letter grades or grades of S, NCR or W.
- Attempt number
  - Indicate the attempt of the course. If you took BIOL 1306 three times, your first attempt is 1, second attempt is 2, and final attempt should be in either Section C, D or E.



# Health Professions Advisory Committee

## Application Instructions

### SECTION G: PERSONAL STATEMENT INSTRUCTIONS

#### Your Personal Statement should address the following prompt:

- **Medical School Prompt:** Explain your motivation to seek a career in medicine/ dentistry. Be sure to include the value of your experiences that prepare you to be a physician/dentist.
- **Dental School Prompt:** Explain your motivation to seek a career in dentistry. You are asked to discuss your philosophy of the dental profession and indicate your goals relevant to the profession.

#### Personal Statement Guidelines:

- Your personal statement is limited to 5000 characters, including spaces.
- Use the provided [HPAC Personal Statement Template](#).
- Use Calibri, 9-point font
- If the essay falls to 2-pages, please ensure that the appropriate font has been used and that the character count including spaces is no more than 5000 characters.
- Save the final file as: Last Name\_First Name\_7-digit UHID\_PS\_AYX
  - *Example:* Smith\_Joe\_0123456\_PS\_AY24
- Email completed Personal Statement to [prehealth@uh.edu](mailto:prehealth@uh.edu).

#### Need assistance with composing your Personal Statement?

- Participate in required Personal Statement Orientation and Personal Statement Workshops held by the [University of Houston Writing Center](#).



# Health Professions Advisory Committee

## Application Instructions

### SECTION H: ACTIVITIES & EXPERIENCE WORKSHEET INSTRUCTIONS

Your Activities & Experiences Worksheet should highlight your educational, achievements, employment history, volunteer experience and extracurricular activities since graduating high school.

- Complete your Activities & Experiences worksheet using the provided template.
- Save the final file as: Last Name\_First Name\_7-digit UHID\_Dental\_AE\_AYXX or Last Name\_First Name\_7-digit UHID\_Medical\_AE\_AYXX
  - *Example:* Smith\_Joe\_0123456\_Medical\_AE\_AY24
- Email completed worksheet to [prehealth@uh.edu](mailto:prehealth@uh.edu).

#### Activities & Experiences General Instructions:

- Categorize any activities and experiences you have engaged in since graduating high school below.
- Do not list an activity/experience in more than one category. *EXCEPTIONS:*
  - An activity/experience may be listed in both Healthcare Activities and Employment (or also under Dental Experience and Employment) if it was a paid position and fits under BOTH Healthcare Activities and Employment (or Dental Experience and Employment).
  - Any activity that results in a leadership role may be entered in both categories.
  - If you have activities in more than one section, the descriptions should highlight the aspects of the experience, and not be identical. Example from TMDAS: “As a scribe, discuss the employment aspect of that activity in the corresponding section, while the Healthcare section may see more information about the experiences and doctors you may have worked it.”
- It is not required that you use all categories.
- Stay within the maximum character count (including spaces) indicated for activity descriptions.
- Please refer to the Activities & Experiences Instructions for details about each category. Current activities include everything until October 2024. Planned Activities are November 2024-Activity End Date in 2025. (Planned Activity hours can be estimated.)
- If you currently participate in activities that you plan to continue beyond the application deadline, you should enter these activities as both Current and Planned Activities using the date breakdowns shown above to show your activity is continuous.
- There is no limit to the number of activities/experiences you may include in TMDAS, but avoid fluff.

**Academic Recognition:** List any academic honors, awards and other recognitions received. This can include academically based scholarships.

- Indicate the Award Title, date received, city, state, country, and a brief description of the award (300 characters).

**Non-Academic Recognition:** List non-academic honors, awards and other recognitions received. This can include non-academically based scholarships.

- Indicate the Award Title, date received, city, state, country, and a brief description of the award (300 characters).





## Health Professions Advisory Committee Application Instructions

**Leadership:** List any leadership roles or positions of responsibility held. Examples may include leadership roles in clubs/organizations, supervisory roles, etc. From TMDSAS: In the absence of these roles, you may list leadership qualities you have learned from other opportunities.

- Indicate the Role Title and organization, start date, end date, city, state, country, and a brief description of the position (500 characters).

**Employment:** List all jobs (paid work experience) held, including military service. Paid healthcare activities may be listed here in addition to the healthcare activities section.

- Indicate the employer, job title, start date, end date, city, state, country, hours worked per week, and a brief description of the job (300 characters).

**Research Activities:** List any significant research activities (paid or volunteer). Include any publications (submitted as well as published), abstracts, presentations, and posters. Do not include lab experiences in an academic course setting (ie, Genetics Lab, GalapaGO!, etc.)

- Indicate the Research Activity Name, organization if applicable, start date, end date, city, state, country, approximate hours worked per week, total cumulative hours, and a brief description of the research. (500 characters)
  - If Resulted in Publication, abstracts, presentations or posters, cite or share dates of presentation (additional 500 characters).

**Healthcare Activities:** List all direct healthcare related activities. These may include: shadowing, scribing, clinical research, serving or working as a patient care tech, a nurse, and any direct observation or participation in patient care in a clinic, hospital, or with a physician. Both paid and unpaid healthcare activities can be listed. For dental applicants, this is healthcare activities not related to dental care.

- Indicate the Activity Name, organization, start date, end date, city, state, country, hours worked per week, total cumulative hours, and a brief description of the activity (500 characters).
- Multiple doctors, same location? Do not create multiple entries – create ONE entry per location and list each doctor in the description. If each doctor you shadowed had a different specialty, you may make a separate entry per specialty.

**Dental Experience (Dental School applicants only):** List all experiences where >50% of your time was spent interacting with, or under the direct supervision of a dentist. Dental experiences should relate to dental clinical, shadowing, or health science experiences that you have had with dentists. Include all relevant experiences, whether voluntary, paid, or academic experiences. The experiences in this section should be different from those entered for Healthcare Experiences.

- Indicate the Activity Name, organization, volunteer or paid experience, location, dentist name, start date, end date, city, state, country, total cumulative hours, and a brief description of the activity (300 characters).

**Community Engagement:** List any non-healthcare related community service or volunteer activities.

- Indicate the Activity Name, organization, start date, end date, city, state, country, approximate hours per week, total cumulative hours, and a brief description of the activity (500 characters).



## Health Professions Advisory Committee Application Instructions

**Extracurricular Activities:** List any significant extracurricular, leisure activities or hobbies.

- Indicate the Type of Activity, start date, end date, city, state, country, approximate hours per month, total cumulative hours, and a brief description of the activity (500 characters).

**Manual Dexterity (Dental School applicants only):** List any significant extracurricular, leisure activities, or hobbies you have participated in since graduating from high school involving the development and attunement of manual dexterity. The experiences in this section should be different than those entered for Extracurricular Activities.

- Indicate the Type of Activity, start date, end date, city, state, country, approximate hours per month, total cumulative hours, and a brief description of the activity (500 characters).

**Top Meaningful Activities:** Here you will talk about which of your previously listed activities (from each of the Activities section) were more meaningful and why.

- You are required to identify the most meaningful activity and may list up to three total (500 character limit, each entry). The committee expects you have completed three meaningful activities.
- Add an identifier so the schools know what activity you are referring to. These must be completed or on-going activities; no planned activities.

**Planned Activities:** Indicate future activities you plan on participating in between October 2024- August 2025.

- This should include any future employment as well as any future research, healthcare, dental community service, extracurricular, or manual dexterity activities.
- Indicate the Activity Type, projected start date, planned end date, projected cumulative hours, and a brief description of the activity (500 characters).
- Planned activities are just that - plans. If anything changes, you can maintain a log of activities to share with the schools during your interviews.



# Health Professions Advisory Committee

## Application Instructions

### SECTION J: LETTER WRITER INSTRUCTIONS

You must have a **minimum of 3 letters** for HPAC evaluation (**5 letters maximum**).

The goal is to have the three strongest letters possible. Letters should come from evaluators who can speak highly of your qualifications for medical or dental school. Discussion of your grade or class performance alone is not sufficient, as this is evident in your transcript.

Letters from faculty, healthcare professionals, job supervisors, volunteer coordinators are appropriate. Avoid letters from family members and graduate students/teaching assistants. Submitting more than 3 letters does not inherently make your application stronger.

Recommended deadline for letters is March 1. This is encouraged to ensure your HPAC evaluation can be completed in a timely manner. (Recommended deadline for BMS students is May 1.)

You have the option to be added to the queue for HPAC evaluation once the minimum 3 letters are received, or to wait until all listed letters from your letter writers have been received (if you have listed more than 3 letter writers). Your selected option will determine what makes your file complete and eligible to be added to queue for evaluation. Please keep in mind that HPAC has a finite number of students that can be seen each week, and will assign evaluation dates based on order of file completion.

Please provide each of your evaluators a completed [Letter of Evaluation Request and Waiver](#). Please be sure both pages are included. Letters of evaluation should be submitted by the evaluator to [prehealth@uh.edu](mailto:prehealth@uh.edu).

HPAC requires at least one letter from a BCPM faculty member (including faculty who teach a BCPM course in another area as approved by TMDSAS). Additionally:

- **Pre-Med Applicants:** It is strongly recommended that you obtain a letter from a physician. Many osteopathic medical schools also require a letter from an osteopathic physician.
- **Pre-Dent Applicants:** It is required that you obtain a letter from a general dentist.
- Students in BMS graduate program should include a letter from their graduate advisor.

#### For all letter writers:

- Title – Place the appropriate title or salutation for your letter writer.
- First and Last Name – Your letter writer's name.
- Email and Phone – The letter writer's contact information.
- Rationale – Explain why you chose this letter writer. How does this letter strengthen your application?
- Relationship – Use the pull-down menu to select how this evaluator knows you. If none of the menu items are an appropriate description, select the last item and type in your own description.
- Organization and address – List the name of the organization that your letter writer belongs to. If the letter writer is at the University of Houston, then list the Department here.



# Health Professions Advisory Committee

## *Application Instructions*

### FINAL INSTRUCTIONS

Double-check all the preceding sections for accuracy and completeness.

- Submit your completed and correctly named materials to [prehealth@uh.edu](mailto:prehealth@uh.edu). This should include the following files, named the following way:
  - *HPAC Open File Request PDF*
    - i. Last Name\_First Name\_7-digit UHID\_OFR\_AY24
  - *HPAC Application PDF*
    - i. Last Name\_First Name\_7-digit UHID\_App\_AY24
  - *Personal Statement (.docx or PDF)*
    - i. Last Name\_First Name\_7-digit UHID\_PS\_AY24
  - *Activities & Experiences Worksheet (.docx or PDF)*
    - i. Last Name\_First Name\_7-digit UHID\_Dental\_AE\_AY24 or Last Name\_First Name\_7-digit UHID\_Medicall\_AE\_AY24
- Ensure your letter-writers submit their letters to [prehealth@uh.edu](mailto:prehealth@uh.edu). Minimum 3 required.
- We recommend that you politely follow up with your letter writers to ensure that they are aware of deadlines and to determine if any other materials are needed to write your letter.
- Your file will be considered complete upon receipt of the above-listed four HPAC documents and your Letters of Evaluation (based on your selection of minimum 3 or all listed letters). We are not able to email you each time a letter is received, but will provide regular updates.
- After submission for your HPAC materials and receipt of three letters of evaluation, you will be placed in queue and assigned an evaluation date. We will notify you once your evaluation date is scheduled.
- Following your evaluation, you will receive an email within 10 business days from Health Professions Advising with feedback/comments on your application materials and the results of the committee evaluation.
- Once you have received your HPAC evaluation results and completed the letter-writer section of each medical school application service that you plan to utilize (TMDSAS, AMCAS, AACOMAS), you may submit the [HPAC Letter Submission Request form](#) to [prehealth@uh.edu](mailto:prehealth@uh.edu) to have your letter-packet submitted to the primary applications.
  - Please note that if you list a letter writer on your Letter Submission Request that has not submitted a letter to us, we will not be able to submit your letter-packet.
  - We can include a letter in your packet that was received after your evaluation, but HPAC will not be able to review the letter. The newly received letter must also be included on your HPAC Letter Submission Request.