

Terms

I authorize the **University of Houston's Health Professions Advisory Committee (HPAC)** and its representatives, agents, and designees to prepare and release a letter of evaluation following a review by the committee of my pre-medical or pre-dental application materials.

I consent to the inspection of and discussion about information by members of the HPAC who may be responsible for the evaluation of my progress, qualifications, judgment, and competency regarding the practice of medicine or dentistry.

I have been informed that my file will include the following:

1. A personal statement written by me in which I detail my desire to practice medicine or dentistry and aspects of my background that make me a suitable candidate;
2. Three to five confidential letters of **evaluation** written on my behalf;
3. A complete account of my participation in extracurricular activities and experiences pertinent to my academic and professional goals; and
4. A complete and up-to-date list of courses taken by me detailing grades received in those courses, including my math and science (BCPM) grade point average and cumulative grade point average.

I understand that HPAC may also consider other circumstances, opinions, and assessments relevant to my case including, but not limited to:

1. My ability to communicate and to work effectively with others;
2. Any corrective or disciplinary action concerning me during the time I have been enrolled at the University;
3. My physical and emotional status as they relate to my competence to practice medicine or dentistry;
4. Any problem I have experienced with alcohol or substance abuse while I have been enrolled at the University;
5. My judgment, character, and ethical qualifications; and
6. Any other matters the HPAC member feel are or may be relevant to my fitness to practice medicine or dentistry.

I give my express permission for letters of **evaluation** to be released in accordance with my completion of a *Letters of Evaluation Submission* form. I also authorize the release of information that supplements, updates, or supersedes information contained in any letters of **evaluation**, whether this updated information is released as a result of my request or by initiative of HPAC or the University of Houston.

To the extent permitted by law, I waive all provisions of law, including provisions of the Family Educational Rights and Privacy Act (FERPA) that do or may relate to the disclosure of this information. I further release and hold harmless HPAC and its members and agents, the University of Houston, the University of Houston's Board of Regents, faculty, employees, agents, and personnel from and against any liability that might otherwise arise from release of this information.

Signature

I agree to the conditions outlined in the terms above and hereby authorize HPAC to evaluate my credentials.

Signature: _____ Date: _____

Applicant Information

Last Name

First Name

M.I.

PSID #

UH CougarNet Email

Instructions

1. By submitting this form you are requesting to be evaluated by the Health Professions Advisory Committee (HPAC). You also recognize that:
 - a. HPAC evaluates completed files received by the stated deadline only;
 - b. Neither HPAC nor Health Professions Advising is responsible for contacting you if your file is incomplete;
 - c. That completed files are reviewed on a rolling basis in the posted review period; and
 - d. There are no extensions of the review period.
2. Health Professions Advising will notify you of the date of your evaluation. Your evaluation date cannot be set and your packet is not considered complete until your letters of evaluation have been received (minimum of three).
3. Health Professions Advising will contact you within 10 business days after the HPAC evaluation to set an appointment to discuss results.
4. After your HPAC evaluation, when you are ready to have Health Professions Advising submit your letters of evaluation, you must submit the *Letters of Evaluation Submission form* to prehealth@uh.edu. If you go through HPAC a second time, new letters will need to be submitted; they may not be reused.

Signature

I agree to the conditions outlined above and am requesting a review by HPAC.

Signature: _____

Date: _____

Section A: Applicant Information

Full Name: _____ UHID#: _____
 Last *First* *M.I.*

Address: _____
 Street Address *Apartment/Unit #*
 _____ *City* *State* *ZIP Code*

Cell Phone: _____ CougarNet Email: _____

Major: _____

Click to insert professional color head-shot below:

	Overall GPA	BCPM GPA
Undergraduate:	_____	_____
Post-Baccalaureate:	_____	_____
Graduate:	_____	_____

Note:
 GPAs should
 be calculated
 using TMDSAS
 guidelines.

MCAT Score: Total Score Percentile Date Taken/Scheduled:

DAT Score:

AA

PAT

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Section B: Source of Coursework

Colleges/Universities Attended (chronological)	Credit Hours	Degree Earned	Dates Attended (month/year)	BCPM GPA	Cumulative GPA

	BCPM GPA	BCPM Hours	Cumulative GPA	Cumulative Hours
Undergraduate				
Post-baccalaureate				
All Pre-Graduate (UG + PB)				
Graduate				

Section C: Required BCPM Coursework

Course Title	Course Prefix/ Number	Where Taken?	Credit Hours?	Grade?	Repeated?
Biology I					
Biology I lab					
Biology II					
Biology II lab					
Advanced Biology Elective					
Biochemistry					
Chemistry I					
Chemistry I lab					
Chemistry II					
Chemistry II lab					
Organic Chemistry I					
Organic Chemistry I lab					
Organic Chemistry II					
Organic Chemistry II lab					
Physics I					
Physics I lab					
Physics II					
Physics II lab					
Statistics					

Section D: All Other BCPM Coursework

[illegible]

Section E. Non-graded BCPM Coursework

[illegible]

Section F. Repeated BCPM Coursework

[illegible]

Section G. Personal Statement

Your Personal Statement should address the following prompt:

Medical: Explain your motivation to seek a career in medicine. You are asked to include the value of your experiences that prepare you to be a physician.

Dental: 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 a maximum of 5000 characters, including spaces.
- Use the provided [HPAC Personal Statement Template](#)
- Use Calibri, 9-point font to keep the statement to 1-page maximum.
- 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_UHID_PS_AYXX
 - Example: Smith_Joe_0123456_PS_AY26
- Email completed Personal Statement to prehealth@uh.edu.

Need assistance with composing your Personal Statement?

- Review Health Professions Advising [recommendations](#).
- Participate in required Personal Statement Orientation and Personal Statement Workshops held by the [University of Houston Writing Center](#).
- Schedule a consultation with the [University of Houston Writing Center](#) or [University Career Services](#).

Section H. Activities & Experiences

Your Activities & Experiences Worksheet should highlight your educational achievements, employment history, volunteer/research/clinical experience and extracurricular activities since high school graduation to the present.

- Complete your Activities & Experiences worksheet using the provided template and instructions in HPAC Application Instructions (Section H).
- Save the final file as: Last Name_First Name_UHID_Dental_AE_AYXX or Last Name_First Name_UHID_Medical_AE_AYXX
 - Example: Smith_Joe_0123456_Medical_AE_AY26
- Email completed worksheet to prehealth@uh.edu.

Section I. Letter Writer Information

You must have a minimum of 3 letters for HPAC evaluation and no more than 5 letters maximum.

HPAC requires that at least one letter is from a BCPM (Biology, Biochemistry, Chemistry, Physics, Mathematics) faculty member. Faculty members who teach a BCPM course in another area as approved by TMDSAS will also be accepted. HPAC asks that at least one letter should come from a physician or general dentist (required for dental applicants). For students in the BMS graduate program, one letter is expected from your project mentor or program director.

Recommended deadline for letter submission is March 2. (For students in the BMS graduate program, the recommended deadline is May 4.)

Your HPAC file is not eligible for evaluation until a minimum of 3 letters of recommendation are received. If you have listed more than 3 letter writers, please indicate below if you wish to wait for all letters to arrive before evaluation:

Please enter me in queue for HPAC evaluation once a minimum of 3 letters are received.

Please do not enter me in queue for HPAC evaluation until all letters from my listed letter writers have been received.

Letter Writer 1 (BCPM Faculty Required)

Title	First Name	Last Name	Relationship
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Email	Phone
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Organization and Address

Rationale for selecting this letter writer

Letter Writer 2 (Physician recommended, or General Dentist required)

Title	First Name	Last Name	Relationship
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Email	Phone
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Organization and Address

Rationale for selecting this letter writer

Letter Writer 3 (Faculty, Health Professional, Research Supervisor/PI, Work Supervisor, etc.)

Title First Name Last Name Relationship

Email Phone

Organization and Address

Rationale for selecting this letter writer

Letter Writer 4 (Faculty, Health Professional, Research Supervisor/PI, Work Supervisor, etc.)

Title First Name Last Name Relationship

Email Phone

Organization and Address

Rationale for selecting this letter writer

Letter Writer 5 (Faculty, Health Professional, Research Supervisor/PI, Work Supervisor, etc.)

Title First Name Last Name Relationship

Email Phone

Organization and Address

Rationale for selecting this letter writer