



Charles E. Schmidt Colleges of Medicine and Science Post Baccalaureate Medical Pathway Program Application

Area of interest:

Medicine Pharmacy Dentistry PA Other

Preferred Track:

Career Enhancer Career Changer

PERSONAL INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apt/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Are you a citizen of the United States? YES NO			

EDUCATION			
High School		Address	
Graduation Date	Degree		
Under Grad College		Address	
Graduation Date	Degree	GPA Overall	GPA Major
Post Grad College		Address	
Graduation Date	Degree(If applicable)	GPA Overall	
MCAT REQUIRED FOR CAREER ENHANCER TRACK	MCAT Last Date	MCAT 1 st Attempt Date	MCAT 2 nd Attempt Date
MCAT Biology + Biochemical Foundation			
MCAT Chemical +Physical Science Foundation			
MCAT Psychological, Social + Biological Foundation			
MCAT Critical Analysis + Reasoning			
Please list other graduate admission exams if taken:			
GRE	DATE	SCORE: _____	
OTHER(LIST)	DATE	SCORE: _____	

LIST ALL COLLEGE LEVEL SCIENCE AND MATH COURSES (WITH GRADES):

LIST ALL EXTRACURRICULAR OR COMMUNITY ACTIVITIES (COLLEGE AND BEYOND)

NARRATIVE: YOU MUST RESPOND TO QUESTION 1 FOR BOTH THE CAREER ENHANCER AND CAREER CHANGER PROGRAMS, AND THEN CHOOSE 2 OF THE 3 REMAINING QUESTIONS FOR THE CAREER ENHANCER PROGRAM. PLEASE LIMIT EACH RESPONSE TO NO MORE THAN 400 WORDS.

1. Describe the sentinel event or experience in your life that convinced you to become a physician. Why was this experience so significant to you?
(Required for both tracks)

2. What do you think will be the most significant problem confronting medicine over the next 20 years and what do you think you could do personally to make it less of a problem?

3. What personal sacrifices do you think you will have to make in your career as a physician?

4. Describe a service project or volunteer opportunity that was meaningful to you. Why was it meaningful and what did you learn from the experience?

REFERENCES

Career Enhancer Track: Please list two professional references. One from your science professor and one from a non-college of science professor.

Full Name	<i>University Science Professor Title</i>
University	Phone
Attach Science Professor Letter of Recommendation to this application	

Address	
Full Name	<i>University NON-Science Professor Title</i>
University	Phone
Address	

Attach Non-Science Professor Letter of Recommendation to this application

PREVIOUS HEALTHCARE EMPLOYMENT/VOLUNTEER WORK

Healthcare Provider Name	Phone		
Address	Supervisor		
Job Title	From	To	Responsibilities

Reason for Leaving	Volunteer? Yes/No		
Healthcare Provider Name		Phone	
Address		Supervisor	
Job Title	From	To	Responsibilities
Reason for Leaving	Volunteer? Yes/No		

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
Electronic Signature	Date

For Career Enhancer Only: Transcripts must be sent directly from College/University Registrar offices to:
 FAU MEDICINE-3998 FAU Blvd., suite 200 Boca Raton, FL, 33431-Post-BAC Program

Please note that there is a \$50.00 application fee that must be paid with credit cards. Your application will not be processed until the fee is paid. Visit FAU Marketplace at https://epay.fau.edu/C20081_ustores/web/ and chose College of Medicine - Simulation Center store tab. Purchase "POST-BAC Program - Application Fee", click "Add To Cart" and then "Checkout" on the next screen. Once payment is completed you will receive an email receipt and your application will be processed.