



Pre-Health Advisory Committee (PAC) Packet Cover Page: Requirements & Instructions

Please download & open in Adobe Acrobat

Full Legal Name: _____ OSU ID#: _____

Instructions: Please complete the two-page cover sheet by initialing each line, typing your signature and date, and attach as your first pages to the full typed application. **Applications are due by January 6, 2023 by 4:00 pm.** Applications should be submitted to preprofessional@okstate.edu prior to the deadline. Applications can also be submitted in person at 040 Student Union, Monday - Friday, 8 am-5pm, when campus is officially open.

Application Requirements Checklist:

Initial

____ PAC Packet Cover Page: Requirements & Instructions (initial/sign document at time of submission)

____ PAC Data Sheet (typed)

____ PAC Self-Assessment and Reflection (typed)

____ PAC Information Form, Section 1: Personal Information (typed)

____ PAC Information Form, Section 2: Academic History (typed)

____ PAC Information Form, Section 3: Supporting Information – Experiences (typed)

____ PAC Information Form, Section 4: Personal Statement (typed)

Additional Documents Checklist:

Initial

____ All official (or unofficial) transcripts from each individual college/university attended, including the current term in-progress (attach to application).

____ GPA Calculation (typed/use online digital “GPA Calculator” provided) – **minimum 3.0 overall Science GPA (BCPM: Biology, Chemistry, Physics and Math) and overall GPA (cumulative).**

____ Spring Class Schedule and Non-Class Schedule (typed).

____ Authorization for Release of Confidential Information (**typed, attached professional photo and signed**).

____ PAC Letter of Evaluation Guidelines (**signed**).

Deadline & Instructions Checklist:

Initial

- ___ I have completed at least 50 hours of experience in a health-related setting and all minimum GPA requirements.
- ___ Once completed, please email or print single-sided and **PAPERCLIP** the entire application packet (DO NOT STAPLE).
- ___ I have retained a digital and hard copy version of my entire interview packet.
- ___ Location to turn in completed PAC application: 040 Student Union or preprofessional@okstate.edu.

Signature

Date



PAC Data Sheet

Please select: Medical Dental

Are you an OSU-COM 3+1 Program Candidate? Yes No

General Information

Full Legal Name: _____ OSU ID#: _____

Program: (Medicine or Dentistry): _____ Major: _____

Phone Number: _____ OSU email address: _____

Have you previously participated in an interview with the PAC Committee? Yes No

If yes, year of interview _____

Number of hours completed at OSU Stillwater/Tulsa by the end of the current fall semester: _____

Total pre-requisite hours completed for your first choice of medical/dental school by end fall semester: _____

**Note: Total hours below should be reflected (add up to) in your PAC application; Supporting Information - Experiences section.*

Total Non-Healthcare Employment Hours: _____

Total Extracurricular Activity Hours: _____

Total Non-Healthcare Volunteer/Community Enrichment Hours: _____

Total Healthcare Experience Hours: _____

Why do you want to pursue a career in health, other than helping people? (MAX 600 characters with space)

Academic Information

Overall Science GPA (BCPM): _____

Overall Science Hours Completed: _____

Overall Non-Science GPA: _____

Overall GPA (Cumulative): _____

Have you previously applied to medical or dental school? Yes No

If yes, date applied (MM/DD/YYYY): _____

Have you taken MCAT or DAT exam? Yes No

If yes, date taken (MM/DD/YYYY): _____ MCAT or DAT Score: _____

If no, when do you plan to take this test (MM/DD/YYYY): _____

Professional Schools You Plan to Apply To

(This information is for committee members only. Your letter will not be submitted until an official request is received. You may use additional sheets if needed.)

	Professional School Name	State	Application Deadline Date	Application Service
EX	University of Oklahoma College of Dentistry	OK	MM/DD/YYYY	AADSAS
1				
2				
3				
4				
5				
6				
7				
8				



Pre-Health Advisory Committee (PAC)

Self-Assessment & Reflection

Using the scale, please enter your personal numerical rating below, where applicable:

0 = Can't Rate 1 = Not Satisfied 2 = Somewhat Satisfied 3 = Satisfied 4 = Very Satisfied

I am preparing for my holistic application for a career in: Medicine Dentistry

Please note: This self-assessment is designed for PAC candidates who are apply to medical or dental professional schools. Please utilize the context of these questions for your focus on professional school.

___ I am satisfied that my grades are at or above the national mean of applications accepted to U.S. professional schools of medicine or dentistry.

GPA's of matriculated candidates nationally:

Medicine: Science GPA = 3.66, Overall GPA = 3.73

Dentistry: Science GPA = 3.49, Overall GPA = 3.58

NOTE: GPA national data reports available on OSU PAC website.

___ I am satisfied that my science courses have prepared me for the rigorous professional school science curriculum.

___ I am consistently making improvements in my critical thinking, reading, and writing skills.

___ I am satisfied that my non-science courses have improved my communication skills and given me a broader understanding of diverse individuals and groups.

What insights have you gained from review of your academic preparation? (MAX 325 characters with spaces).

What is you plan to improve or maintain your readiness to be successful within the rigorous professional school curriculum? (MAX 325 characters with spaces).

What are your contingency plans if you are not accepted to professional school? (MAX 325 characters with spaces).

Clinical Experiences

___ I am satisfied that my clinical experiences clearly reinforce my motivation for my professional career.

___ I am satisfied that I understand the demands of my professional career.

___ I am satisfied that I have the interest and ability to meet the demands of a professional career.

What insights have you gained from your medical or dental clinical experiences? (MAX 325 characters with spaces).

What is your plan for continuing to explore your goal to become a physician or dentist through clinical work or service experiences? (MAX 325 characters with spaces).

Community Service Experiences

___ I am satisfied that my community volunteer and/or work experiences have put me more in touch with diverse groups of people.

___ I am satisfied that I have a growing understanding of individuals who are different from me.

___ I am satisfied that my community service or work experiences have reinforced my motivation to “give back” to my community.

What has motivated your community interest and involvement? (MAX 325 characters with spaces).

What insights have you gained from your community service or work experiences? (MAX 325 characters with spaces).

What is your plan to continue to gain experience that demonstrates your understanding of the diverse patient population, your growing cultural competency, and your commitment to ongoing involvement in the community? (MAX 325 characters with spaces).

Group and Leadership Experiences

___ I am satisfied that my leadership experiences demonstrate my ability to lead or mentor less experienced, disadvantaged, or younger individuals.

___ I am satisfied that my group experiences demonstrate my ability to be a good team member and team builder.

Describe your biggest team project as a team leader or as a team member. (MAX 325 characters with spaces).

What are ways that you have worked collaboratively with others? (MAX 325 characters with spaces).

Research Experiences

___ I am satisfied that my research experiences expanded my understanding of scientific inquiry and methods.

___ I am satisfied that I can describe my role in the research projects in which I have participated.

___ I am consistently making improvements in my critical reading, thinking, and writing skills.

What insights have you gained from your research experience? (MAX 325 characters with spaces).

What is your plan to continue to gain research experience? (MAX 325 characters with spaces).

Personal Qualities/Professional Behavior Development

___ I am satisfied that I understand the concept of professional behavior.

___ I am satisfied with my personal growth and development.

___ I am satisfied that my maturity is evident.

___ I am satisfied that I am living my life in a way that develops and demonstrates the exemplary behavior I expect from a physician or dentist.

___ I am satisfied that I am a worthy mentor and role model for individuals who are younger, disadvantaged or less experienced.

What are your strongest personal attributes? (Max 250 characters with spaces).

What personal attributes have you identified for your additional self-development? (Max 250 characters with spaces).

Can you describe a stressful experience you've had? How did you cope with it? (Max 250 characters with spaces).

What insights have you gained as you consider your professional behavior? (Max 250 characters with spaces).

What is your plan to understand and continually develop your professional behaviors and maturity? (Max 250 characters with spaces).

Is there anything else that you would like the committee to know about you? (Max 250 characters with spaces).



Pre-Health Advisory Committee (PAC)

PAC Information Form

Form must be typed. You may use additional sheets per instructions below (if necessary).

Type of Program: (Check one): Medicine Dentistry

Section 1: Personal Information

Biographic Information:

Full Legal Name: _____

Alternative Name: Do you have any materials under another name?
(Example: maiden name, middle name or nickname) Yes No

Please list other names: _____

Identity

What is your sex?

What is your current gender identity?

Please select the set of pronouns you want people to use to refer to you.

If Other: _____

Contact Information:

Current Address: _____

Permanent Address: _____

Preferred Phone Number: _____

Alternative Phone Number: _____

OSU ID#: _____ OSU Email: _____

Family Information

Parent/Guardian Name: _____

Occupation: _____

Highest Level of Education: _____

Parent/Guardian Name: _____

Occupation: _____

Highest Level of Education: _____

Other Information

Language Proficiency – What is your native language? _____

Additional Language(s): _____

Proficiency Level: Beginner Intermediate Advanced

Additional Language(s): _____

Proficiency Level: Beginner Intermediate Advanced

Do you consider yourself disadvantaged? Yes No

If yes, please explain? (MAX 325 characters with spaces).

Professional School Finances: How do you plan to pay for medical/dental professional school? (MAX 325 characters with spaces).

Misdemeanor: Have you ever been convicted of a misdemeanor? Yes No

If yes, provide a description of the incident and/or arrest: (MAX 325 characters with spaces).

If yes, please reflect on the incident and how the incident has impacted your life: (MAX 325 characters with spaces).

Felony: Have you ever been convicted of a felony? Yes No

If yes, provide a brief description of the incident and/or arrest: (MAX 325 characters with spaces).

If yes, please reflect on the incident and how the incident has impacted your life: (MAX 325 characters with spaces).

Academic Infraction: have you ever been disciplined for academic performance? (e.g.: academic probation, dismissal, suspension, disqualification, etc.) by any school. Yes No

If yes, provide description of the incident. (MAX 325 characters with spaces).

If yes, please reflect on the incident and how the incident has impacted your life: (MAX 325 characters with spaces).

Section 2: Academic History

Major(s): _____

Minor(s): _____

Anticipated Graduation Date (MM/YYYY): _____

College or University attended other than Oklahoma State University

Institution Name: _____

City & State: _____

Date Attended: _____

Undergraduate or Graduate Level: _____

Area of Study or Degree: _____ If graduated, year: _____

Institution Name: _____

City & State: _____

Date Attended: _____

Undergraduate or Graduate Level: _____

Area of Study or Degree: _____ If graduated, year: _____

Continuing Education Course(s): Please list any non-accredited continuing education coursework (EMT licensure, CNA licensure, etc.)

Name of Course: _____

Instructor/Sponsoring Organization: _____

Approximate number of contact hours: _____

Date of Completion: _____

Please attach a copy of your course certification.

Section 3: Supporting information – Experiences

Instructions: Enter only past, current, and in-progress experiences (not planned experiences). Note: We recommend focusing on those experiences within the last 10 years, at the collegiate level and above. Given these definitions below, we ask the applicant to consider the duties which you performed during your experiences and use your best judgement to determine which category your experiences fall into. **You many NOT repeat hours between the sections.** If the position duties encompass more than one section, please enter the position in both sections and divide the hours and duties accordingly. If there are any areas that do not pertain to you, you may leave it blank or type N/A (not applicable).

Non-Healthcare Employment: Please enter paid work done outside of the healthcare field or in a research lab: For example – a retail or restaurant job, etc.

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Extracurricular Activities: Please enter related activities that you would like us to review; for example: academic clubs, competitive teams, non-paid research, etc. Do not include paid work experience in this section.

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Non-Healthcare Volunteer or Community Enrichment: Please enter volunteer work done outside of the health care field. For example: working for Habitat for Humanity, tutoring students, participating or working for a fundraiser walk or blood drive, etc.

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Healthcare Experience: Please enter both paid and unpaid work/public service in the health or a health-related field where you are not directly responsible for a patient’s care but may still have patient interaction. For example: filling prescriptions, performing clerical work, delivering patient food, cleaning patients and/or their rooms, administering food or medication, taking vitals or other record keeping information, working as a scribe, CNA, medical assistant, dental assistant, patient care tech, phlebotomist, pharmacy technician, EMT etc. Shadowing, clinical research and/or any direct observation or participation in patient care in a clinic, hospital or with a physician or dentist is considered acceptable. However, we prefer a demonstration of direct, hands-on patient care experience in your candidacy. Virtual shadowing is also considered acceptable, but we ask that you explain why you chose this route (vs. in-person).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Organization: _____

Supervisor: _____

Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Achievement Types – Award: Please enter awards received as a prize, such as trophies and medals.

Award Name: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Award Name: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Award Name: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Achievement Type – Honor: Please enter honors received as a special distinction for work done, including Dean’s List and membership in honor societies, etc.

Name of Achievement/Honor: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Name of Achievement/Honor: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Name of Achievement/Honor: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Achievement Type – Presentation: Please enter presentation delivered in person and/or virtually, at on-campus, state, regional and national conferences, or in public-speaking engagements.

Name of Presentation: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Name of Presentation: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Name of Presentation: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces),

Achievement Type – Publication: Please enter any work publications through media organizations, including newspaper and journals.

Name of Publication: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Name of Publication: _____

Name of Presenting Organization: _____

Date Received (MM/YYYY): _____

Brief Description: (MAX 325 characters with spaces).

Achievement Type – Scholarship: Please enter scholarships earned based on academic, athletic, and other achievements.

Scholarship Name: _____

Name of Presenting Organization (optional): _____

Date Received (MM/YYYY): _____

Brief Description (Max 180 characters with spaces).

Scholarship Name: _____

Name of Presenting Organization (optional): _____

Date Received (MM/YYYY): _____

Brief Description (Max 180 characters with spaces).

NOTE: If you need additional space for this section, please complete the “additional supporting experiences blank pages at the end of the PAC Application.

Section 4: Personal Statement

The personal statement for your professional school application is your opportunity to communicate your motivation for your professional school career and to distinguish yourself from other applicants.

Before starting your personal statement, *we highly recommend that you utilize the full OSU Pre-Professional Health & Law Support Services digital resources below through this process.*

OSU Pre-Professional Health Personal Statements Guide

NOTE: This is an important part of your professional school application and should be carefully composed and edited. This statement is your opportunity to tell “your story” and how you decided on your health professional goal. Please be sure to read over your essay several times to catch any spelling, grammar, punctuation, or other errors before submitting.

PLEASE TYPE AND ATTACH PERSONAL STATEMENT

Maximum of 5,300 characters with spaces. Estimation 1 to 1 ½ pages.



**PRE-PROFESSIONAL
HEALTH AND LAW
SUPPORT SERVICES**

Authorization for Release of Confidential Information

I, _____, the undersigned student at Oklahoma State University, hereby request the Oklahoma State University Pre-Health Advisory Committee to supply a letter of evaluation, cover letter, or any other associated documents related to my application to the health professional school or application service of my choice.

I understand that Oklahoma State University is under no legal obligation to provide a letter of evaluation, cover letter, or any other associated documents on my behalf. As consideration for providing such a letter of evaluation, cover letter, or any other associated documents, I hereby agree and promise to release and hold harmless Oklahoma State University and all of its officers and employees, in both their official and personal capacities. This includes any cause of action or claim that I have or might have, of whatsoever nature, relating to or stemming from the issuance of such letter of evaluation, cover letter, any other associated documents of the contents of the opinions expressed therein.

I understand the authorized recipient institution will be asked to hold this information in confidence and to use it solely for evaluating my application for admission. I further understand that the letter of evaluation, cover letter, or any other associated documents will become a part of my application materials for admission to the institution.

I, _____ Waive Retain any right I may have granting or permitting my access to the letter of evaluation, cover letter, or any other associated documents and the information contained therein and attached thereto.

Signature

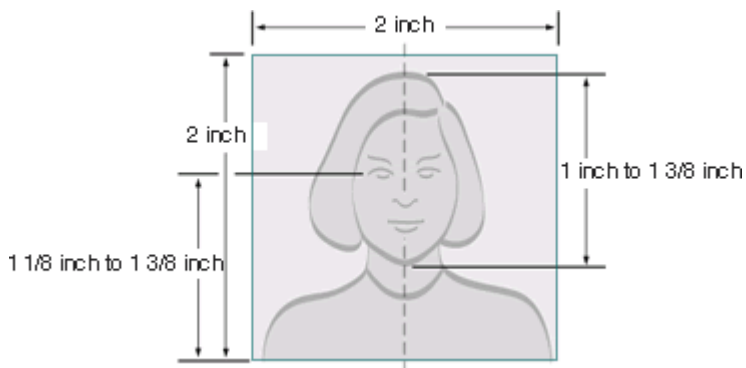
Date

Please attach photo here:

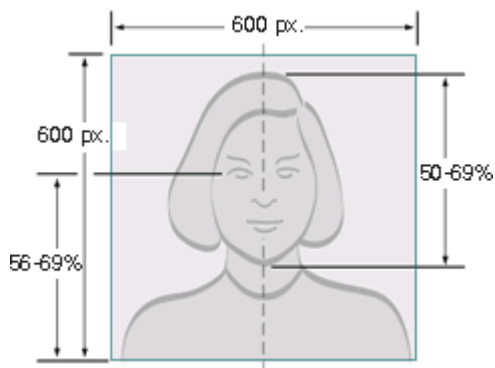
PHOTO GUIDELINES

- Please upload or tape a photo to the “Authorization for Release of Confidential Information” page within your PAC application submission.
- **NOTE:** The photo **DOES NOT** have to be a passport photo.
- Photo should be approximately 2 inches by 2 inches.
- Make sure the photo presents the full head from top of the hair to the bottom of the chin.
- Center the head with the frame.
- The person in the photo should have a neutral, positive expression and be facing the camera.
- Utilize a photo to represent yourself as a professional candidate.

Paper Photo Head Size Template Example



Digital Image Head Size Template Example



Note: If you encounter any difficulty in attaching the photo, please contact the Office of Pre-Professional Health & Law Support Services at 405-744-9965 or via email at preprofessional@okstate.edu.



**PRE-PROFESSIONAL
HEALTH AND LAW
SUPPORT SERVICES**

Pre-Health Advisory Committee (PAC)

Letter of Evaluation Guidelines

Please read each of the following statements carefully

I understand that my PAC Letter of Evaluation will not be ready to upload or mail until mid-June/early-July, even though application cycles often begin in the early part of May/June.

I understand that if I am an OSU-COM 3+1 candidate that my PAC Letter of Evaluation will not be ready to upload or mail until March 30th to OSU-COM.

I understand that if I know who will write my PAC Letter of Evaluation, I will not contact them regarding the letter. If I have any questions, I will direct my questions to the OSU Office of Pre-Professional Health & Law Support Services.

I understand that my PAC Letter of Evaluation can only be used for two application cycles. The first application cycle will contain the original PAC letter, the second application cycle will contain the original PAC letter and may contain a cover letter explaining my progress with advanced approval and permission of the OSU Office of Pre-Professional Health & Law Support Services.

I understand that after my PAC Letter of Evaluation has been used in two application cycles, I will need to find my own Science Faculty to prepare and submit Letters of Recommendation for me.

I understand that if I decide to wait a year to apply after I have interviewed, I have forfeited my first application cycle option.

I understand that my PAC Interview Packet, Letter of Evaluation, Cover Letter, and any other documents associated with the PAC interview will be confidentially kept on file for three years.

Signature

Date



Pre-Health Advisory Committee (PAC)

USE ONLY IF PAC APPLICATION IS COMPLETELY FILLED

Additional Supporting Experiences Sheet – BLANK PAGES

Type of Experience: Non-Health Care Employment, Extracurricular Activities, Non-Healthcare Volunteer/Community Enrichment, or Healthcare Experience:

Type of Experience: _____

Organization: _____

Supervisor: _____ Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Type of Experience: _____

Organization: _____

Supervisor: _____ Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

USE ONLY IF PAC APPLICATION IS COMPLETELY FILLED
Additional Supporting Experiences Sheet – BLANK PAGES

Type of Achievement: Award, Honor, Presentation, Publication or Scholarship

Type of Achievement: _____

Organization: _____

Supervisor: _____ Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

Type of Achievement: Award, Honor, Presentation, Publication or Scholarship:

Type of Achievement: _____

Organization: _____

Supervisor: _____ Dates (MM/YY to MM/YY): _____

Title: _____

Type of Recognition:

Average Weekly Hours: _____ Number of Weeks: _____ Total Hours: _____

Description/Key Responsibilities: (MAX 325 characters with spaces).

USE ONLY IF PAC APPLICATION IS COMPLETELY FILLED
Additional Supporting Experiences Sheet – BLANK PAGES

College or University attended other than Oklahoma State University

Institution Name: _____

City & State: _____

Date Attended: _____

Undergraduate or Graduate Level: _____

Area of Study or Degree: _____ If graduated, year: _____

Institution Name: _____

City & State: _____

Date Attended: _____

Undergraduate or Graduate Level: _____

Area of Study or Degree: _____ If graduated, year: _____

Continuing Education Course(s): Please list any non-accredited continuing education coursework (EMT licensure, CNA licensure, etc.)

Name of Course: _____

Instructor/Sponsoring Organization: _____

Approximate number of contact hours: _____

Date of Completion: _____

Please attach a copy of your course certification.