

# Preprofessional Health Committee Data Sheet

Please type form or complete on the web, then print it, sign, and return to 109 Norton.

You are applying to:  Allopathic  Osteopathic  Dental  Veterinary  Podiatric  Optometry  Chiropractic

1. Name: \_\_\_\_\_ UB Person #: \_\_\_\_\_

2. Local Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

4. Major: \_\_\_\_\_ Month/Year of Degree: \_\_\_\_\_ Year you plan to enter professional school: \_\_\_\_\_  
**(Be sure to attach a student copy of your UB transcript)**

Overall UB GPA \_\_\_\_\_ BCPM GPA \_\_\_\_\_ (SEE ATTACHED WORKSHEET)

5. Do you have transfer credit? \_\_\_\_\_ If yes, total credits: \_\_\_\_\_ Transfer GPA: \_\_\_\_\_  
**(If yes, attach a copy of a transcript for each school you have previously attended. An unofficial copy is acceptable.)**

School	Coursework	Date	Credit

6. SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_

**Please type responses to questions 7, 8, and 9 on a separate sheet of paper.**

- 7. Employment history: Place, Responsibilities, Dates / Hours per week.
- 8. Extracurricular Activities: Hobbies, sports, student government, religious, etc.
- 9. Volunteer work, shadowing/observation, research projects, honors etc. (Please see page 4 of the application to complete the Clinical Experiences Summary).
- 10. PERSONAL STATEMENT – On a separate sheet, write an essay with information you want the Committee to know about you in evaluating your application. Give biographical information that helps in interpreting college performance, interests, extracurricular activities, work, or special courses that make you a desirable candidate. State your reasons for entering a health profession. Please limit your essay to two pages, doubled spaced, and 11 or 12 pt font. If you are applying for Early Assurance to medical or dental school, please explain why.

**The only items forwarded from this office include your actual Prehealth Committee letter and your individual letters of recommendation.**

**There is a \$40.00 application fee. Please include this with your application payable by check or money order to University at Buffalo Pre health Committee. NOTE: If you are applying to more than one TYPE of professional health school (e.g., MD and DO schools), there is an additional \$5 fee to cover the cost of sending your letters electronically through VirtualEvals. There is no limit of the number of schools to which you can apply.**

11. List of references from whom you have solicited letters (please print names):  
*Letters from clinical sources (e.g., volunteering, shadowing) are recommended in addition to science faculty and non-science faculty letters, letters from employers, etc.*

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ |          |

12. Pre-Professional Health Committee Honor Statement:  
 Have you ever been the subject of any disciplinary action due to unacceptable academic performance or conduct violations at the University at Buffalo or any other college or university? (Answer "Yes" and attach an explanation even if you have already completed required community service hours or believe that the disciplinary action has already been expunged from your record).  
 Yes\*  No  \*If yes, please submit a written explanation with this form.

**By signing this statement you authorize verification from the Judicial Affairs and Student Advising Services.**

I, \_\_\_\_\_ (Print your name) \_\_\_\_\_ (UB Person Number) certify that all the information contained in my

application for a University at Buffalo Pre-Professional Health Committee Letter is accurate and true to the best of my ability.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

# BCPM Worksheet

(Biology, Chemistry, Physics, Math)

You are applying to:  Allopathic  Osteopathic  Dental  Veterinary  Podiatric  Optometry  Chiropractic

Student Name: \_\_\_\_\_ UB Person Number: \_\_\_\_\_

	Course Number	Semester Taken	Grade	Quality Points	Credit Hours	Total Q Points
GEN BIO I						
Repeated?*						
GEN BIO II						
Repeated?*						
GEN CHEM I						
Repeated?*						
GEN CHEM II						
Repeated?*						
ORGO CHEM I						
Repeated?*						
ORGO CHEM II						
Repeated?*						
PHY I						
Repeated?*						
PHY I LAB						
Repeated?*						
PHY II						
Repeated?*						
PHY II LAB						
Repeated?*						
CALC I						
Repeated?*						
CALC II						
Repeated?*						

\* United States MD (allopathic) schools and DDS (dental) schools average repeated attempts

<b>Total Credit Hours:</b>	<b>Total Q Points:</b>
<b>Average BCPM GPA:</b>	

## Instructions for Completing the BCPM Worksheet

*Please read the following guidelines carefully. Incomplete or missing information will result in your application being returned to you.*

- US medical schools and dental schools and other professional health schools often calculate an applicant's "BCPM" GPA – your core prerequisite science courses. They do this as it is a standardized way to look at the science GPA of ALL applicants regardless of the wide variety of academic majors presented to these professional health schools.
- Please fill out the attached form COMPLETELY.
- If you repeated a course and are applying to MD or DDS programs, please \*average\* the grades of the repeated attempts.
- If you are applying to strictly DO programs, **you are not required to count the first attempt** in calculating your BCPM GPA.
- If you are applying to both MD and DO schools, your Committee letter must consider the policies of the more competitive program of medical study; therefore, please average the attempts.
- Most other programs – optometry schools, podiatry, and chiropractic will take the second grade.
- Please consult individual schools if you are applying to veterinary schools and have repeated courses.

General BIO I refers to BIO 200 at UB

General BIO II refers to BIO 201 at UB

Gen CHEM I can refer to CHE 101, 105 or 107 at UB

Gen CHEM II can refer to CHE 102, 106 or 108 at UB

ORGO CHEM I can refer to CHE 201 or 251 at UB

ORGO CHEM II can refer to CHE 202 or 252 at UB

PHY I can refer to PHY 101 or PHY 107 or PHY 117 at UB

PHY I Lab can refer to PHY 151 at UB

PHY II can refer to PHY 102 or 108 or PHY 118 at UB

PHY II Lab can refer to PHY 152 or 158 at UB

- If you did not complete all or part of this prereq work at UB, please carefully select those courses that match the general descriptor (e.g., GEN CHEM I, GEN BIO I).

### To Calculate Your BCPM GPA:

1. LIST all your grades and credit hours of each for each of the science/math courses.
2. \*\* IDENTIFY the quality points of the grades by using the following:

A = 4.0, A- = 3.67

B+ = 3.33, B = 3.0; B- = 2.67

C+ = 2.33; C=2.0; C- = 1.67

D+ = 1.33; D = 1.0

F = 0.0

3. MULTIPLY the Quality Points of the grade by the number of Credit Hours of each course.
4. Record this as your "Total Q Points".
5. SUM the "Total Q Points" column.
6. DIVIDE this Sum by the total number of Credit Hours comprising the BCPM.
7. **RECORD YOUR BCPM GPA**

## Clinical Experiences Summary Form

This section of your Prehealth Committee application refers to your **activities that have given you exposure to your intended profession ONLY**. This would include activities such as volunteering, shadowing/ observation, internships, clinically based research, etc. You can also include paid positions that are related to your intended health career field. You have a total of SIX spaces to provide this information. Please list your most salient experiences if you have more than six.

Service work/volunteering, employment, activities or research that did not give you exposure to your intended profession can be included on a separate sheet (i.e., under questions 7, 8, and portions of question 9 – research, honors, awards...).

For each experience you list below, please fill out each entry completely by answering ALL the questions.

### Experience #1

- 1) Experience Type \_\_\_\_\_ (e.g., volunteer, shadowing)
- 2) Name of Medical Professional (if applicable) \_\_\_\_\_
- 3) Name of Facility \_\_\_\_\_
- 4) Location \_\_\_\_\_
- 5) Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- 6) Approximate number of hours per week \_\_\_\_\_
- 7) Total Hours to Date \_\_\_\_\_
- 8) Brief description of what you observed, your responsibilities, what you learned from the experience, etc.

## Experience #2

- 1) Experience Type \_\_\_\_\_ (e.g., volunteer, shadowing)
- 2) Name of Medical Professional (if applicable) \_\_\_\_\_
- 3) Name of Facility \_\_\_\_\_
- 4) Location \_\_\_\_\_
- 5) Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- 6) Approximate number of hours per week \_\_\_\_\_
- 7) Total Hours to Date \_\_\_\_\_
- 8) Brief description of what you observed, your responsibilities, what you learned from the experience, etc.

## Experience #3

- 1) Experience Type \_\_\_\_\_ (e.g., volunteer, shadowing)
- 2) Name of Medical Professional (if applicable) \_\_\_\_\_
- 3) Name of Facility \_\_\_\_\_
- 4) Location \_\_\_\_\_
- 5) Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- 6) Approximate number of hours per week \_\_\_\_\_
- 7) Total Hours to Date \_\_\_\_\_
- 8) Brief description of what you observed, your responsibilities, what you learned from the experience, etc.

## Experience #4

- 1) Experience Type \_\_\_\_\_ (e.g., volunteer, shadowing)
- 2) Name of Medical Professional (if applicable) \_\_\_\_\_
- 3) Name of Facility \_\_\_\_\_
- 4) Location \_\_\_\_\_
- 5) Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- 6) Approximate number of hours per week \_\_\_\_\_
- 7) Total Hours to Date \_\_\_\_\_
- 8) Brief description of what you observed, your responsibilities, what you learned from the experience, etc.

## Experience #5

- 1) Experience Type \_\_\_\_\_ (e.g., volunteer, shadowing)
- 2) Name of Medical Professional (if applicable) \_\_\_\_\_
- 3) Name of Facility \_\_\_\_\_
- 4) Location \_\_\_\_\_
- 5) Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- 6) Approximate number of hours per week \_\_\_\_\_
- 7) Total Hours to Date \_\_\_\_\_
- 8) Brief description of what you observed, your responsibilities, what you learned from the experience, etc.

## Experience #6

- 1) Experience Type \_\_\_\_\_ (e.g., volunteer, shadowing)
- 2) Name of Medical Professional (if applicable) \_\_\_\_\_
- 3) Name of Facility \_\_\_\_\_
- 4) Location \_\_\_\_\_
- 5) Start Date \_\_\_\_\_ End Date \_\_\_\_\_
- 6) Approximate number of hours per week \_\_\_\_\_
- 7) Total Hours to Date \_\_\_\_\_
- 8) Brief description of what you observed, your responsibilities, what you learned from the experience, etc.