

Athena Institute for Women's Wellness, Inc. presents...

SEARCHING FOR ADMISSION:

***The Smart PreMed Student's Guide for
Applying to Medical School***

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Searching for Admission:

The Smart Premed Student's Guide to Applying to Medical School

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A Foreword by the founder of Athena Institute, Dr. Winnifred Cutler:

Searching for admission to medical school is an arduous process made easier by having a mentor to guide a candidate through the procedures. This manual is such a 'mentor' and was written by Suzanne Smith (who *did* successfully apply to medical school). This delightful, competent, gentle and intelligent young woman worked diligently at Athena Institute in a variety of capacities during two summers, and part time throughout her senior year. As we discussed her application journey of investigating, choosing, interviewing and submitting fees, her cheerful resolve was unshakeable: she was going to be a surgeon, But first she needed to achieve admission to medical school. Upon acceptance, Suzie reviewed with me what she wished she had known, the expenses she could have avoided, and the time she would have diverted elsewhere. Thus we conceived how to use her knowledge of the process as a gift to others... by writing a 'how-to' map of the application journey.

In the last 30 years I have experienced an unfortunate disparity between compassionate, intelligent young women who show promise, yet are inadequately poised for the application process. They understandably do not know how 'search' most efficiently, since at the same time they are immersed in their scholarly studies.

When I was a teaching fellow to premed students in the biology department of the University of Pennsylvania, I frequently saw that the most competitive students edged out the less assertive, but equally qualified students in their pursuit of admission. They insisted on getting the help they needed from advisors and professors. Became savvy. Hit the ground running and successfully gained admission

I saw more of the same at Stanford University as a postdoctoral fellow in Physiology, doing research in behavioral endocrinology from 1979 to 1980. And upon returning to co-found the Women's Wellness Program at the University of Pennsylvania Medical School, it still seemed to me that the most qualified students by their compassionate nature were not necessarily the ones achieving a place in the medical schools. Some were. But in my opinion not enough to serve the needs of women who consume this medical care. Since founding Athena Institute in 1986, I have had the opportunity to mentor 3 to 5 young women each year. Again, I have often found that some of those who wanted to go to medical school only learned how by an inefficient trial and error process. It seemed that the gentlest of them--the ones I would want to be my physician--were least likely to receive a hand to guide them.

We want to encourage a new generation of physicians—women and men who know how to listen, who care about serving the needs of women in a compassionate way, and who respect their patients. If you are such a person, this manual is designed to help. We hope that this premed's guide will serve to mentor those who need a mentor. We welcome feedback to improve this "work in progress". Athena Institute has a mission to improve the quality of women's healthcare. Let me add some thoughts to the Hippocratic Oath of "First of all, Do No Harm": *Go forth in peace and be of good spirits, support the weak, help the afflicted and honor all persons.*

I. Introduction

Welcome premedical student! This manual is designed to be a comprehensive guide to preparing and ultimately applying for entrance into medical school during your undergraduate years. Once your decision to seek admittance into medical school has been made, it is *never* too early to start preparing. *Searching for Med School: A Premed's Guide to Admission* will be your personal premed 'Advisor' and lead you on the journey to choosing the specific medical school best suited for your professional pursuits, individual goals, and ultimate success as a physician or health practitioner.

Searching for Med School intends to help all students - those who sit in the front of the class, those who prefer the back row of the lecture hall, those who like to charge ahead independently, those who benefit from a counselor's input and guidance. The intent of this manual is to fill a need for most (perhaps all?) premed students; a road map to help navigate the intense academic course load and pressured decision-making towards becoming a doctor. Professors and Advisors, with their weighted schedules, often cannot offer the time each individual advisee requires, or hopes for. *Searching for Med School* will supplement their advising and guidance, and as a manual, always be accessible.

How to begin? To grasp the breadth of preparation required, a complete read-through of the manual is suggested, followed by a year-specific focus on the sections as they apply to you. The Table of Contents outlines each sequential step of the journey, and each section lists the topics specifically so students can each find the content and answers for which they are searching.

For those choosing a premedical path in later life, this manual will also prove helpful. As a post-bac student, just review the table of contents for the sections tailored to your specific guidance needs.

We hope this manual will be helpful to you; and welcome comments and feedback. Good luck on your journey.

II. Undergraduate Years 1 and 2: Preparation and Future Considerations

I. Premed Coursework

- A. Choosing a Major**
- B. Required and Recommended Premedical Courses**
- C. Problems in Completing Coursework**
- D. Laboratory Research, Internships, and Other Projects**
- E. GPA Maintenance**

II. Premed Extracurricular

- A. Social Activities & Athletics**
- B. Community & Volunteer Involvement**
- C. Clinical Experience**
- D. Employment**

III. Letters of Recommendation

- A. Letters as Future Requirements**
- B. Letter Technicalities**

IV. Medical College Admissions Test (MCAT) – Beginning to Consider

- A. Overview of MCAT Content**

V. Personal Statement – Beginning to Consider

- A. Brief Description and Purpose of the Personal Statement in the Admissions Process**

A premed's undergrad years 1 and 2 are a time of academic and extracurricular preparation for application to medical school. However, the college experience, even for a premed, is more than just a pit-stop before medical school, and that is where a key phrase – “striking a balance” – comes into play. By finding a happy balance between academic coursework, extracurricular activities, and a social life, one can fulfill his or her multifaceted role as a devoted premed student *and* fun-loving college student. Section II of the manual focuses on the preparation and future considerations that should be carried out your freshman and sophomore undergrad years.

I. Premed Coursework

A. Choosing a Major

Upon starting your undergrad years, one of the first decisions you are faced with is choosing a major. Simple advice in this case is also the most appropriate – choose a major that you both enjoy and can excel in academically.

Many schools do not have a “premedical” major, so you will have to pick a formal field as your major and then designate premed as your concentration. This section will describe the many science classes required by medical schools, and necessary for the Medical College Admission Test (MCAT), but that does not mean you must choose a science field to major in. If your passion lies in a non-science major that you will excel in, by all means major in it, but recognize that science classes will always be a big part of your class schedule. Majoring in a non-science major can arguably be an advantage – perhaps your application will stand out from the competition of “typical” science majors and give you a noticeable edge. Take this tip with caution, however, because if you choose a major you are not truly interested in or cannot do well in academically, your edge will quickly diminish.

TAKE HOME MESSAGE: *Choose a major that fits your interests, allows you to excel academically, and supports the completion of your required and recommended premedical coursework.*

B. Required and Recommended Premedical Courses

Medical schools require applicants to have completed specific premed classes in their undergrad years, with essentially every school requiring the following:

- One Year of Biology with accompanying Laboratory Courses
- One Year of General Chemistry with accompanying Laboratory Courses
- One Year of Organic Chemistry with accompanying Laboratory Courses
- One Year of General Physics with accompanying Laboratory Courses
- One Year of Advanced Mathematics (Statistics for instance, a few require 1-2 semesters of Calculus)
- One Year of English/Writing
- Various other non-science courses depending on particular school

Beginning to fulfill these requirements should start the first semester of your first undergrad year.

As described in later sections (*Undergraduate Years 1 and 2: MCAT-Beginning to Consider* and *Undergraduate Year 3: MCAT*), the Medical College Admission Test (MCAT) is typically taken in April or August of your third undergrad year, and you must have had completed the bulk of these requirements by the time you take this MCAT in order to score well. Virtually all of the material tested by the MCAT comes straight from these required premedical courses, so take them *very*

seriously and strive to master the material the first time around – it will make studying for the MCAT in the future that much easier.

In addition, medical schools consider the grades you receive in these required courses seriously, which will make up your science grade point average (Biology, Chemistry, Physics, and Mathematics grade point average, abbreviated as your BCPM GPA; additional information in the later, *Undergraduate Years 1 and 2: GPA Maintenance* section).

The English/Writing requirement and the other non-science requirements unique to each school will also help you to succeed on the MCAT. In addition, your performance in these courses are used by medical schools to gauge how well-rounded and versatile a student you are. A broad understanding in English and Writing, as well as an appreciation for various disciplines, will prove valuable in any career path and are relevant to most medical fields.

Avoid getting stuck in a “science rut” – by exploring your diverse interests in coursework you can find personal satisfaction while demonstrating to med schools that you have a wide range of skills. To formally practice your various intellectual skills via specific yet varied coursework is to allow them to appear in black-and-white on your application and transcript – what better way to boast of them?

Remember: Medical schools seek well-rounded students who have obtained a broad education with a focusing in on the sciences.

The following describes a mock schedule of required coursework over the 4 undergrad years for a typical Biology major, with courses being strategically placed to maximize MCAT preparation. Bear in mind that variations do exist from one undergraduate institution to the next, in terms of course offerings and order allowed.

*Table 1. Mock Undergrad Schedule for a Typical Biology Major, Depicting Suggested Timeline for Required Premed Coursework. **Purple** writing indicates required premed courses, **teal** indicates additional courses typical for a Biology major, black “Undergrad Req/Elective” varies according to undergrad course requirements / personal electives.*

<u>Undergrad Year 1</u>		<u>Undergrad Year 2</u>	
Fall Semester	Spring Semester	Fall Semester	Spring Semester
Gen Chem 1	Gen Chem II	Org Chem 1	Org Chem 2
English/Writing	English/Writing	Biology (eg – Genetics)	Biology (eg – Human Physiology)
Biology (Intro course)	Biology (eg – Cellular Biology)	Undergrad Req/Elective	Undergrad Req/Elective
Undergrad Req/Elective	Undergrad Req/Elective	Undergrad Req/Elective	Undergrad Req/Elective

<u>Undergrad Year 3</u>		<u>Undergrad Year 4</u>	
Fall Semester	Spring Semester (MCAT in April or August)	Fall Semester	Spring Semester
Physics 1	Physics 2	Mathematics 1	Mathematics 2
Biology (eg – Human Anatomy)	Biology	Biology	Biology
Undergrad Req/Elective	Undergrad Req/Elective	Undergrad Req/Elective	Undergrad Req/Elective
Undergrad Req/Elective	Undergrad Req/Elective	Undergrad Req/Elective	Undergrad Req/Elective

Most students find Chemistry and Physics courses to be challenging and time-consuming, so it is best to split them up and focus on just one course per semester. English/Writing courses will be helpful preparation for every course to follow, so completing those your 1st year will be beneficial. Your two semesters of Biology are flexible in semester placement, just make sure you complete the bulk of them before the MCAT.

Although just 1 year of Biology is required, taking additional courses will be to your advantage (namely, Cellular Biology, Genetics, and Human Physiology & Anatomy). Biology courses also tend to be challenging and time-consuming, so strategize the order of your class schedule, since they will have to be taken in the same semesters as Chemistry and/or Physics.

Calculators are not allowed for the MCAT, so the math required of you on Test Day is fairly simple. For that reason, your Statistics and/or Calculus courses will not be of much help. So, it is safe to put them off till your 4th year, and allow you more room in your first 3 years for your other, more-impending sciences courses.

Also, beware of the infamous “weeding-out” courses. By being careful to not overload your schedule with difficult classes and overextend yourself; you must strive to devote the necessary time and effort to all of your courses, namely the particularly grueling ones (typically the first Biology and Chemistry courses). If your motivation to become a physician is sincere and you are prepared to put forth the effort, do not allow yourself to become a “weeded-out” premed causality!

C. Problems in Completing Coursework

If you are forced to drop a required premed course or receive a low grade in one, and are committed to staying on the premed track, there are 2 options:

- 1) Retake the course at your undergrad institution, making sure to learn from the mistakes you made the first time around, or

- 2) Take the course in the summer months at another undergrad institution.

For option 2, you must be careful, however, because if you want the credits you receive at course completion to transfer to your primary undergrad school you must get approval for transfer prior to the start of the course. Your primary college will compare their course catalogue's description of the specific course to the other institution's description of their summer course, making sure the two seem to match up in terms of content and depth (note: if your undergrad course includes a lab section, the summer course also must, for the two to be considered credit equivalent).

Typically you will fill out a form from the registrar's office or the like with the details of the credit transfer, and will then take it to the head of the department in which the course is considered a part of for approval. Once approved, the forms would be processed by the registrar, and at the end of the summer course, your primary college will request your summer transcript and issue the credits so long as your grade is deemed adequate (usually must be a C or better). Transfer credits will then be added to your primary institution's credit count, but your grade itself is typically not included on your primary undergrad transcript and therefore does not affect your primary undergrad GPA. When you fill out your primary application for admission to med school, however, you are asked for the grades you received in any summer courses, and they do become included in your GPA calculation.

A Word of Advice:

Summer courses can seem great because they can allow you to focus your attention one or two subjects in particular without the burden of other coursework, but realize that summer courses must cover a lot of material in a short amount of time. The pace is fast, and it is easy to get left behind in a pile of work if you do not keep up with your studying (a chore that can easily be pushed to the side when there is summer activities going on). Also, summer courses are not cheap, and their cost will be an extra bill in addition to your primary institution tuition. Check the course catalogs of your local colleges for summer session descriptions, schedules, and tuition amounts.

D. Laboratory Research, Internships, and Other Projects

Many undergrad institutions require or recommend the completion of either research (namely, laboratory research for science majors), internships (in a major-specific field), or other various projects as part of a student's credited coursework. Take advantage of these opportunities – whenever you can receive course credits *and* gain experience (*and* sometimes get paid), it can be like killing two (or three) birds with just one stone. As a premed, you will quickly learn that multi-tasking skills can hold tremendous value.

Research, internships, and other special projects can provide the following positive contributions when seeking medical school admission:

- Demonstrate your sincere interest, working knowledge, and independent learning skills in your field
- Projects involving teaching experience can prepare you for future patient interaction – an important role as a physician is that of a teacher
- May provide you with insight into future career choices (what you are interested in, what you have found not to be for you, etc)
- Give you experiences to list in the Work/Activities section of your med school primary (and sometimes secondary) application(s) for admission
- All represent potential topics of conversation for your med school interviews

E. GPA Maintenance

Your GPA, along with your MCAT score, are the two numeric values that med schools use in assessing your admission potential.

During the application process (specifically your application to allopathic schools, although analogous for osteopathic application), your GPA is divvied up into 3 categories:

- BCPM GPA: grade point average calculated from your courses in biology, chemistry, physics, and mathematics
- AO GPA: grade point average calculated from “all other” courses not included in the BCPM GPA
- Total GPA: grade point average calculated from all courses

Maintaining a high GPA in all of your courses is *very* important. In 2011, for accepted and matriculating 1st year allopathic and osteopathic medical students, the national statistics were as follows:

Table 17: MCAT Scores and GPAs for Applicants and Matriculates to U.S. Medical Schools, 2000 -2011

(Statistics courtesy of AAMC: <https://www.aamc.org>)

Average GPA and MCAT scores for 2011 applicants

MCAT Score	28.2
GPA (science)	3.43
GPA (overall)	3.53

Typically, students find achieving a high BCPM GPA a difficult feat, with med schools not surprisingly giving the most attention to that average in particular. It is arguably the best indicator of the success a student can command when faced with the science-intensive (although specifically biology-intensive) med school curriculum. There is also another reason to strive to do well in your BCPM courses: MCAT questions are drawn directly from the material covered

in these classes (with math classes being the exception). Studying hard for these courses is vital to your success, and you will be thankful when it comes time to prepare for the MCAT.

All of the science emphasis should not overshadow your other coursework, however, with grades in these courses demonstrating your versatility and well-roundedness.

Although easier said than done: ***Strive to maintain a high GPA in all courses, specifically understanding and retaining material in your Biology, Chemistry, and Physics courses (in preparation for the MCAT and med school curriculum).***

Reality Check: To remind yourself of the competitiveness of med school admissions, visit the websites of med schools you will consider applying to when the time comes. A number of schools on their web sites, usually in the “Admissions” section and under the headings “Class Profile” or “FAQ’s” (Frequently Asked Questions), will have the average GPA’s for their matriculating classes over the past several years (along with other helpful information like MCAT averages). See how their averages compare to yours – let it inspire you to meet and surpass.

II. Premed Extracurricular

Participation in extracurricular activities is an important aspect of a premed’s undergrad years. Through your involvement in social and community activities, athletics, volunteer work, clinical experiences, and employment, med schools can gain insight into your personal qualities – beyond just your black-and-white grade transcript and MCAT score. Also, by showing that you can successfully juggle both academics and extracurriculars, you prove responsibility and foreshadow success when faced with a busy med school schedule. Extracurriculars always draw time and attention away from your course work, so make sure you chose to participate in ones that hold value.

Think of extracurricular activities as absolutely required. Quality extracurriculars (or lack there of) can make your application stand out from the crowd, either positively or negatively.

A. Social Activities & Athletics

Involvement in athletics or in undergrad activities/organizations like clubs, societies, or the like, can give you as the premed student an opportunity to 1) explore your own personal interests and 2) demonstrate to med schools what is important to you (other than just being admitted to med school). Embrace your college experience by surrounding yourself with activities that mean something to you and are valuable to your well-being. Not only will you feel personally fulfilled, it will be reflected in your application to med school (in the work/activities or essay sections of the application, or in your interview discussion).

A Word of Caution: Premed coursework is difficult and time-consuming, and most will find maintaining good marks while also participating in serious athletics as nearly impossible. If you can manage this difficult feat then awesome for you, but if you find yourself struggling it is time to reevaluate your priorities. You may choose to switch to an intramural team, or take a season or two off for example – anything to free up some time for your studies (assuming you placed them of higher importance).

B. Community and Volunteer Involvement

As a physician, you will serve the needs of others, and community and volunteer involvement indicate that you are devoted to that cause. Consider some type of volunteer experience as required.

There are endless opportunities for you to volunteer your time, many of which you can find out about through your college, local churches, community newspaper/bulletin, or personal acquaintances.

If you are able to volunteer your time in a medical setting, you will be able to gain both volunteer and clinical experience, which is a big advantage. Contact the volunteer department of your local hospitals, and usually they will be more than happy to have you, also typically allowing you to pick a department of most interest. In addition, a number of hospitals (normally the teaching hospitals) offer volunteer premed programs which can be excellent opportunities (once again inquire into the volunteer/human resources department of your local hospitals; usually need to have completed your 1st or 2nd undergrad year on a premed track to be eligible). These programs are specifically targeted for you, the premed, and are great in gaining volunteer and clinical experience, exploring your personal interests, and meeting valuable people.

C. Clinical Experience

In order for med schools (and your own conscience) to take your claim of wanting to become a physician seriously, you need to know what it is all about – beyond just what you read in texts or see on television. Words or pictures are simply not enough in describing the multifaceted role of a physician, so you must gain first hand experience in the field before making the decision to pursue medicine as your career. Consider clinical experience a key requirement.

Clinical experience can be defined as first-hand observation and/or participation in a medical setting with trained professionals, whether in a hospital, surgical center, physician's office, or the like. Clinical experience can be paid employment, although typically it is volunteer work.

Physician shadowing is a popular route for gaining clinical experience, and consists of following and observing and/or assisting one or a few physicians around as they perform their jobs to gain a "day in the life of" perspective. Physician shadowing can take place in hospitals or surgical centers, although it usually takes place in the physician's office.

In choosing a physician to shadow, it may be best to pick a general practitioner of family medicine or internal medicine for an overall perspective, especially if you are just starting to build your clinical experiences. If you find yourself interested in a particular field, explore it by seeking out physicians that specialize in that or similar fields. In other words, if you think you may be interested in the field of invasive cardiology, seek out a cardiothoracic surgeon to shadow as your first choice and a noninvasive cardiologist as your second choice, but leave the proctologists out of your search. Time will be better spent if you follow your interests. The following is a very valuable message

Family and Medicine: a personal observation

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As a practicing academic physician, I have had many opportunities to discuss career planning with undergraduates, medical students and residents. I remind them of the saying “medicine is a jealous mistress.” This observation about personal time and medical responsibilities remains relevant even as resident hours have been limited for patient safety. Indeed, the profession of medicine is built around the needs of patients, not personal responsibilities. When choosing medicine as a career, include your current (and potential) family in the planning. Once in practice, there are no laws governing working hours unless you are under contract to a specific agency that will limit these. Even if this is the case, paperwork and on call can continue well past what seems to be reasonable. Choose a specialty, and a practice, that best suits your comfort level for a balanced life. The reality of malpractice premiums, low reimbursements, and high overhead has made the concept of *part time* medical practice difficult to achieve. If you choose to curtail patient responsibilities, even for short periods of time, be prepared to take a lower salary. Caveat: board certification requirements mean fulfilling patient numbers. Finish your boards before limiting patient numbers.

Shadowing doctors allows you to explore your interests. It also allows you to observe the reality of balancing medicine and family responsibilities. Ask questions about both while you are in this one to one setting. You may not have another chance to do so until you are already on your way to finishing medical school. The person you shadow may become the mentor you need later on. Don't be afraid to admit clinical practice is not for you. There are many other areas of medicine that allow family and fulfillment to coexist.

A great way to become paired up with a physician to shadow is through family or acquaintances; however, there are alternative routes. Alumni of your undergrad institution that are now physicians, for example, may be particularly willing to take you under their wing because of your shared situation (inquire into the career services department or the like of your college to find the appropriate alumni contact information). Also, you can simply call or visit physician offices in your area, with most physicians being happy to have students shadow them or help out in their offices. Tell the physician what you wish to accomplish during your time with them (gain clinical experience, research the field,

simply be a helping hand, etc), and they can tell you what they feel they can offer in terms of work and time. Take the initiative! The worst that can happen is that they decline politely for one reason or another, but at the best (which is most cases), you gain valuable experience and insight for yourself and for the med school admission process (application and interview).

D. Employment

Depending upon availability and financial situation, many students choose to hold a job during their undergrad years. On-campus jobs are a popular choice for the obvious convenience, and usually consist of work in your undergrad's various offices and departments, tour guiding, laboratory work, tutoring, and athletic assisting. Off-campus jobs can also be held, but it is recommended that they be close in proximity to avoid taking extra time out of the always-busy premed schedule.

Jobs that allow you to multi-task are great opportunities. For example, employment in a medical or laboratory setting brings you both monetary compensation and valuable clinical/laboratory experience. Other popular choices include working as tutors or as teaching assistants (in the classroom or laboratory). Both allow you to have income, promote your overall academics (review previous and build new knowledge), and allow you to have teaching experience.

A Word of Caution: Med schools do realize that extracurriculars draw time and energy away from coursework, and do take the quantity and quality of each into consideration when reviewing your application, however, consider academics as taking precedence. There exists a balance between your coursework and extracurriculars – both are important and must coexist, for without one, the other does not mean much. Even many, quality extracurriculars cannot overshadow a poor GPA and MCAT, and high academic marks can be quickly ignored if you have no volunteer/clinical experience.

The key is to strike a balance between academics and extracurriculars by managing time and effort wisely.

III. Letters of Recommendation

A. Letters as Future Requirements

During the formal admission process starting in the summer between your 3rd and 4th undergrad years, each med school to which you apply requires that letters of recommendation on your behalf be part of the application materials sent to them directly (further information found in the *Undergraduate Year 3: Letters of Recommendation – Completion of Preparation* section).

Letters should be prepared and compiled by the end of your 3rd undergrad year (before you leave for summer break, with the summer months being when you begin the technical application procedure).

Most schools require a minimum of three letters: 2 from undergrad science professors, and 1 from a non-science field. You should strive for above the minimum, however, with most students submitting letters from 5-7 references. Try not to wait until your 3rd year to start compiling your letters!

Starting from your 1st year (or whenever you decide med school is for you), and as you interact with people you consider potential recommenders, request their service. It is best that they write about you and your attributes when your interactions together are fresh in their mind. Also, it is easier and more polite to ask people you have recently had contact with, as opposed to those you have lost touch with until you need a favor. Remember, your recommenders act as your advocates and their letters are essentially “selling you” as a worthy applicant – be considerate and appreciative of their service to you.

Quality prevails over quantity, as usual, so choose recommenders wisely. Ensure that you have letters that speak of your academics *and* your extracurriculars *and* your personal characteristics. Compiling a set of letters that incorporate all of the aforementioned aspects may require you to request recommendations from professors, advisors, coaches, organization leaders, employment supervisors, physicians, medical staff, or simply anyone who knows you well (either in one role or in a number), is enthusiastic about giving you a strong recommendation, and holds a position of respectable authority.

[A MOCK LIST OF REFERENCES](#): is as follows, to help you get an idea of which people may be appropriate to approach:

- [A BIOLOGY PROFESSOR](#) who taught you in class and got to know you as a bright student academically, through your marks, office visits, and class participation
- [A CHEMISTRY PROFESSOR](#) whose course you were first struggling with academically, but were later able to recover through office visits, tutoring, practice problems, and good old hard work (a letter that demonstrates you bouncing back from negativity, and the attributes inherent in the feat, can speak volumes)
- [YOUR MAJOR ADVISOR](#), whom you meet with frequently and have developed a friendship with; your advisor knows your career aspirations and has witnessed your working towards them semester after semester
- [YOUR ART HISTORY PROFESSOR](#) who has been there as you explored interests outside of your major; you have performed academically well in his or her course and have gotten to know each other through shared conversations
- [YOUR LABORATORY RESEARCH MENTOR](#), a science professor that has overseen your quality lab work and got to know you as a person through your casual working relationship; he or she has gained valuable insight into your academic and personal characteristics
- [THE PHYSICIAN WHOM YOU SHADOWED](#) for a large number of hours; he or she observed your sincere interest in the field of medicine and has learned about your personal characteristics and how they may be instrumental in your career choice
- [THE COORDINATOR AT THE NURSING HOME YOU VOLUNTEERED AT](#), who has witnessed your devotion to the welfare of others and has gained insight into your personal characteristics through the quality of your volunteer work and shared conversations

When approaching a potential recommender to request letter-writing, simply begin by asking if he or she feels comfortable and confident in writing you a **strong** letter of recommendation. If the answer is not an immediate yes, you should consider asking someone who is more enthusiastic – or it will show in your lackluster letters.

Many recommenders will ask you if there are specific things you would like them to mention in the letter, and this is your opportunity to offer them guidance. You yourself know best which characteristics you possess – which to mention and which to downplay, and which will make you a great physician one day. Be open and honest with your suggestions to the recommender, remembering that ultimately it is up to them to pick and choose where to expand upon topics according to their personal opinion of you.

B. Letter Technicalities

Many schools have a coversheet form that should precede each recommendation letter, which asks you if you wish to waive or not to waive your right to view the completed letters (typically available in the career services office or the like of your college, or through the school website). Complete your part of the form, choose to waive or not to waive your right to see the completed letter (further explained in the paragraph to follow), and give the form to your recommender prior to their starting of the letter. The recommender should complete his or her section of the form, attach it to the front of the letter when completed, and then send it to the appropriate storage area (typically a career services office or the like at your college, where a file has previously been set up by you in your name in anticipation of receiving the letters).

The decision to waive or not to waive your right to view the completed letters is a matter of personal preference, with a common line of reasoning being as follows: “If I feel like I need to read the letter from Recommender X before I submit it because he may have written something negative about me, I guess I should not have asked him to even write me a letter in the first place.” Although most appreciate the implications of the above, do what makes you feel comfortable. However, if you decide to decline to waive your right to view, remember that the recommender writing the letter should know that you have claimed privy to the contents, which may or may not affect the manner in which he or she composes the letter. Also, anyone who comes in contact with the letter following your non-waiving has the right to know that its contents could have been disclosed to you previously at leisure.

Does the fact that you viewed them invalidate the content of the letters? It is arguable, but rationally the answer should be no – what is written in the letter cannot be modified by you, the non-author, and you as a student can only chose to either take or leave the whole letter, without picking the good parts and disposing of the rest (we will later learn that a task similar to this is done by the premed advisor when writing the composite committee letter as described in the *Undergraduate Year 3: Letters of Recommendation – Completion of Preparation* section). If you are confident in the recommenders you chose and have found no real reason for concern (which should usually be the case), it is probably best to just waive your right to view and avoid any discomfort that may or may not be felt by the recommender, yourself, your advisor and undergrad premed committee, and the med schools to which you are applying.

TAKE HOME MESSAGE: *Start cultivating your relationships and preparing your recommendations early, such that when your Junior year comes around, it is not a mad dash for letters. Give yourself and your recommenders the necessary time for quality letter-receiving and writing, respectively, so you can take full advantage of the chance to show med schools what makes you special beyond your black-and-white grade transcript and MCAT score.*

IV. The Medical College Admission Test (MCAT) – Beginning to Consider

The Medical College Admission Test (MCAT) is a standardized test required by nearly all medical schools. Currently, MCAT test sessions are held on 25 dates from January through September. Most students take the MCAT in the late spring of their junior year, to then apply to schools that July. Your GPA and your MCAT scores are the two technical measures that med schools use to judge candidacy for admission, so needless to say, the MCAT is very important.

A. Overview of MCAT Content

A brief summary of MCAT content is as follows: (with a detailed description being provided by the later section, *Undergraduate Year 3: The MCAT*)

Four Timed Sections -

- **Physical Sciences** – Physics and General Chemistry; multiple choice format
- **Verbal Reasoning** – English interpretation of prose texts; multiple choice format
- **Writing Sample** – Writing and English; independent writing format
- **Biological Sciences** – Biology and Organic Chemistry; multiple choice format

MCAT content, specifically in the 2 science sections, comes directly from the material you learn in taking the required premedical courses (as previously explained in the *Undergraduate Years 1 and 2: Required and Recommended Premedical Courses* section). Truly appreciating this fact prior to starting these courses should have an impact on the effort and study habits you put forth for 4 subjects in particular: Biology, Physics, and General and Organic Chemistry. The minimum of 2 semesters spent in studying each should be treated as dually important, in that you must perform well to both: 1) maintain a high GPA for these courses which are looked at closely by med schools (as summarized by your BCPM GPA), and 2) truly understand and retain the material covered – it is all important information the MCAT is likely to revisit. Contrary to popular thinking, Organic Chemistry for the premed cannot be just some class to trudge through and forget about when it finally ends.

Although in your first 2 undergrad years you will not have yet covered enough of the science material necessary to tackle the questions asked in the Physical and Biological Sciences sections, it can be helpful to read through these sections in a sample MCAT and get a feel for them (see below for helpful website

links). Gaining a sense of the format, question style, and some of the content will allow you to be informed as to your future and hopefully provoke you to start preparing early.

The best way to start preparing early for the Verbal Reasoning and Writing Sample sections would be to 1) treat your English/Writing courses as important in continuing to build your skills, 2) strive to become comfortable expressing yourself through writing, both casually and formally, 3) read through/complete some practice problems or essay topics from these two sections to get an idea of what will be required of you (sample MCAT problems can be found online (see below), via MCAT prep books or other med school admission books, MCAT preparatory course centers, or through the appropriate college department).

Some helpful links to websites that include practice MCAT exams to browse are as follows:

Free practice tests accessible following the creation of an online account:

- The Princeton Review: **MCAT Practice Exam**
<http://www.princetonreview.com/medical/free-mcat-practice-test.aspx>
- MCAT – Medical College Admission Test, MCAT Practice Online
<http://www.e-mcat.com/>
- MCAT – prep.com
<http://www.mcat-prep.com/?contentID=93&showTitle=1>

Practice tests accessible for a charge:

- MCAT – Medical College Admission Test / AAMC
Practice Tests: Summary of MCAT Practice Test Options
https://www.aamc.org/students/applying/mcat/preparing/85158/orderingpracticetests_mcat.html

A Word of Advice: Save your Biology (namely, Cellular Biology, Genetics, and Human Physiology & Anatomy), General Chemistry, Organic Chemistry, and Physics textbooks! You will need them again your Junior year when you begin to review for the MCAT.

V. Personal Statement – Beginning to Consider

A. Brief Description and Purpose in the Admissions Process

When completing the primary application to either allopathic or osteopathic schools, there is a section devoted to your personal comments, commonly referred to as your Personal Statement. For allopathic schools, your statement can be approximately 1 page in length and for osteopathic schools

it can be a little more than three-quarters of a page (both single-spaced, in 12 pt font). Typically, students type and save their statements in a Microsoft Word document and ensure the proper character count is met, then can just paste the content into the appropriate section when completing the online primary application. Be sure to read through the essay once more in its new format to ensure perfect pasting success.

The personal statement is your opportunity to tell the med schools more about yourself in only a way you know how. Med schools will read your grades and scores, and what Professor X and Undergrad Committee Y say about you in your recommendation letters, but they only get to hear what you say about yourself in the personal statement (and sometimes further in the secondary application essays or interview if granted). You enjoy free range in terms of personal statement content – you could technically write about anything your heart desires. What you could write about and what you should write about, however, tend to be different topics altogether, with it being suggested that personal statements use answers to the following questions as guides for focus:

- **Key Theme:** Why do I want to go to medical school?
- When and why did I decide to pursue a career as a physician?
- Were there any defining moments in my life that influenced my interest in medicine?
- Ponder on which attributes a *good* physician must possess, and ask yourself, which qualities do I have that will help me in striving to become one?
- What makes me *me*? How would a good friend describe me?
- Put bluntly – Why should a med school admit me as opposed to Joe Schmoe, whose application is sitting right next to mine? He claims to be pretty special, too.

In your undergrad years 1 and 2, it is completely normal and expected for you to be pretty clumsy and non-articulate with your answers to the above. They are heavy, meaningful questions whose answers typically require a lot of self-reflection, especially to get to the point where you feel comfortable expressing them in words on paper. It will typically take many, many tries for you to feel like you can capture the essence of yourself and your decision to become a physician through your words, whether it be in your personal statement, later in some secondary application essays, or in your interview. The sooner you start pondering and formulating thoughts on the subject, the better! Also, you can let the knowledge of having to write a personal statement inspire you to achieve. Are there any activities or accomplishments you would like to strive towards, or changes you would like to make in your life? Let the fact that you will be writing a personal statement in 1-2 years serve as a concrete goal and as a catalyst for your motivation.

It is probably best to wait until at least your 3rd undergrad year before you start actually writing and revising your personal statement, so you can fully incorporate the experiences and growth that occurred in your college years. Most students will start writing their personal statements, little by little, midway through their junior year and continue to revise the drafts until it is finally due in the summer months when you submit your primary application (more details to follow in the *Undergraduate Year 3 – 4 and On: Writing Essays* section).

III. Undergraduate Year 3: Preparing to Apply

- I. The MCAT**
 - A. Test Description**
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 - B. MCAT Score Assignment**
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 - D. MCAT Day**
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- II. Letters of Recommendation – Completion of Preparation**
 - A. Preparing Letters as Application Materials**
 - i. Compilation of Letters by Premed Advisor/Committee
 - B. Submitting Letters to Designated Medical Schools**
- III. Roles of the Premed Advisor and Committee**
 - A. Premed Committee Letter of Endorsement**
 - B. Personal Premed Advising**
- IV. The Decision to Apply and Options for Waiting**
 - A. The Decision to Apply**
 - i. Assessing the Potential Competitiveness of Your Application
 - ii. Recommendations for Action in Between Application Years

For the premed, your undergrad year 3 is an important time, with the closing preparations and decision for application occurring. Your preparatory premed coursework will culminate on MCAT test day, around the same time you are also finishing the compilation of your letters of recommendation. Your premed advisor and committee should increasingly become a source of guidance and support, with your final decision to apply reflecting your competitiveness in the admissions process. Section III of the manual details the premed's busy journey through his or her junior year.

I. The MCAT

A. Test Description

As briefly discussed in the previous section, Undergraduate Years 1 and 2: The Medical College Admission Test (MCAT) – Beginning to Consider, the MCAT is a standardized test required by nearly all medical schools. MCAT scores are considered in conjunction with your GPA, acting as a standard by which students from many differing undergrad institutions can be compared. Moderate to heavy weight is given to MCAT scores by med schools in the admissions process.

The computerized Test is taken at designated testing centers, such as select undergrad institutions (depending on the number of people participating). You must sign up for the Test online a little over a month prior to the scheduled test date, and the Test costs approximately \$235.00 paid in advance.

Detailed information about the MCAT can be found by visiting the following links:

- **Official Medical College Admission Test (MCAT) Web Site**
<http://www.aamc.org/students/mcat/start.htm>
- **MCAT Essentials 2012**
<https://www.aamc.org/students/download/63060/data/mcatessentials.pdf>
- **MCAT Exam Frequently Asked Questions**
<http://www.aamc.org/students/mcat/about/faqs.htm>
- **Register for the MCAT**
<https://www.aamc.org/students/applying/mcat/reserving/>
- **MCAT 2015**
<https://www.aamc.org/students/applying/mcat/mcat2015/>

Most students take the MCAT the April of their junior year, to then apply to schools beginning that June. Those waiting until the August MCAT can also apply for that current application year, but their applications will be delayed in completion pending the returning of MCAT scores. Thus, taking the MCAT in August puts your application at a disadvantage in that it will not be considered complete and ready for review until a few months into the application cycle. This disadvantage, however, does not outweigh the potential harm that can be done by taking the MCAT prematurely in your preparation, *so wait until you feel ready and confident* (even if that means waiting until August or the following application year).

The MCAT is a full day event lasting around 7-8 hours, with over 5 hours of actual test taking, an hour lunch break, and a few 10-minute breaks in between sections.

The MCAT consists of four timed sections testing knowledge in particular subject matter:

- ***Physical Sciences*** – Physics and physically-related chemistry (General Chemistry)

- **Verbal Reasoning** – English interpretation of prose texts
- **Writing Sample** – Writing and English
- **Biological Sciences** – Biology and biologically-related chemistry (Organic Chemistry)

- **Physical Sciences:**

The Physical Sciences section is designed to test your knowledge of basic concepts and problem solving in the areas of Physics and physically-related chemistry, in other words, the material covered in your Physics I & II and General Chemistry I & II courses. The Physical Sciences section is the first section taken on Test day, consisting of around 77 multiple choice questions and lasting 100 minutes. The bulk of the questions, approximately 62, are those that should be answered in conjunction with their provided text passages. There are 10-11 text passages, with 4-8 questions being drawn from each passage. Approximately 15 questions are independent knowledge questions, which are designed to be answered given only the information provided in that question.

Improving your score in the Physical Sciences section is arguably the most attainable, given a comprehensive review of Physics I & II and General Chemistry I & II course material. Review of basic concepts and the performing of practice Physical Sciences sections in mock MCATs are essential in working to improve your score in this section.

- **Verbal Reasoning:**

Following the completion of the Physical Sciences section and a 10-minute break, the Verbal Reasoning section is administered. This section can be thought of as a reading comprehension section, consisting of 9-11 text passages with 6-10 multiple choice questions based on each. Passages are around 500 words in length and are based on topics that are usually of only vague familiarity in the subjects of the humanities, social sciences, and natural sciences.

Improving your score in this section is not easy; simply reading more or performing critical reading exercises can certainly help, but typically practice Verbal Reasoning sections are the most efficient method. Perform the timed practice section, then, with the right answers available, check over your work, striving to understand why you got the incorrect answers wrong *and* the correct answers right. This way you can get accustomed to the question style and how to navigate the text passages efficiently in the allotted time, which is often half the battle.

- **Writing Sample:**

After the Verbal Reasoning section is completed, a 1-hour lunch break is provided, and upon returning the Writing Sample is administered. This section requires you to write 2 essays in an hour time span, allotting 30 minutes to each essay. Essay topics are provided in the form of short quotations, and directions are given as to the goals to accomplish in your writing. First, you should interpret the central idea and meaning of the quotation, then take another perspective on the interpretation, and then conclude by trying to resolve any conflicts that have arisen. This is a lot to accomplish in a 30 minute essay, and the graders appreciate that reality and gauge expectations accordingly. There is simply not time for multiple drafts and tedious revisions; a quick (~5 minute) outline of your sequence of main points is usually the only luxury there is time for. You must work quickly yet efficiently to accomplish the required tasks in an organized, logical, and meaningful manner, while also following the proper grammatical practices.

Improving your score in the Writing Sample section is best achieved through timed practice essay writing. Hours of practice is the only proven method for becoming skilled in the art of time-constrained

and pressure-heavy essay writing, which needless to say easily dampens a creative spirit. The more practice under your belt, the more prepared and comfortable you will be Test day, ready to tackle the essay tasks you have become accustomed to dealing with.

As of 2013, the writing sample will be removed from the MCAT. For those taking the exam in 2013 and 2014, a trial section (not scored) will be given to collect data in preparation for the new 2015 MCAT.

▪ **Biological Sciences:**

Following the completion of the Writing Sample and a 10-minute break, the Biological Sciences section is administered as the last section of the Test. This section is designed to test your knowledge of basic concepts and problem solving in the areas of Biology and biologically-related chemistry, in other words, the material covered in your Biology and Organic Chemistry I & II courses. The Biological Sciences section consists of around 77 questions and lasts 100 minutes. The bulk of the questions, approximately 62, are those that should be answered in conjunction with their provided text passages. There are 10-11 passages, with 4-8 questions being drawn from each passage. Approximately 15 questions are independent knowledge questions, which are designed to be answered given only the information provided in that question.

Improving your score in the Biological Sciences section is arguably the most achievable, given a comprehensive review of Biology (namely, Cellular Biology, Genetics, and Human Physiology & Anatomy) and Organic Chemistry I & II course material. Review of basic concepts and the performing of practice Biological Sciences sections in mock MCATs are essential in working to improve your score in this section.

i. The MCAT as of 2015

In 2015, the MCAT will be restructured into 4 new sections entitled: *Biological and Biochemical Foundations of Living Systems*, *Chemical and Physical Foundations of Biological Systems*, *Psychological, Social and Biological Foundations of Behavior* section, and *Critical Analysis and Reasoning Skills*. The new exam will continue to test the topics of physics, general and organic chemistry, and biology, upon the addition of behavioral and social sciences and advanced science concepts in biochemistry.

Even though there will no longer be a Writing Sample, the additional content material being tested will make the MCAT about 90 minutes longer than the current exam – taking about 7 hours as opposed to the current 5 ½.

B. MCAT Score Assignment

The raw score received on each multiple choice MCAT section, that is, the number of correct answers marked in each section, is converted into a 15-point scaled score. The scaled score for each section ranges from 1 (low) to 15 (high). The score from each of the three sections is commonly added together to provide the total MCAT score value.

The score received for the Writing Sample section is also scaled score, ranging from the letters J (low) to T (high). A minimum of 2 different graders read each of the Writing Sample essays and assign a score, with those multiple scores then being combined to provide just one overall score for both essays. MCAT scores are typically communicated by referring to the summed score of the three numeric sections, followed by the letter grade (eg – an MCAT score of 29P).

The 15-point scale used to score the Biological and Physical Sciences and Verbal Reasoning sections is designed to minimize the differences in test scores between persons of equal ability or knowledge. This means that although two persons may have slightly different raw scores, the scaled scores can be identical. Also, scaling scores down to only a 15-point range makes comparing candidacy for med school admission simplified and consistent.

The scaled score for the Writing Sample section, as it is drawn from averaged multiple scores from at least 2 readers, is designed to aid in minimizing subjectivity and personal biases in score distribution.

When the MCAT Report of Scores is received, scaled scores as well as their corresponding percentile scores are provided. Percentile scores are designed to allow each examinee to compare his or her scores to those achieved by other test-takers nationwide during that same test administration date.

Each multiple choice question, regardless of its difficulty level, is of equivalent value. Do not waste time struggling to solve difficult questions, skip them by guessing an answer and move onto the next. Mark a circle around the ones you would like to come back for, and return to them at the finish if you have time to spare.

Raw scores, which translate into your scaled score, are based solely upon the number of correct answers marked in each multiple choice section of the Test. You are not penalized for incorrect answers, so mark an answer for every question. Leaving answers blank is to your disadvantage, probability says you may get it right by merely guessing!

C. MCAT Preparation

Ideally, you should begin preparing for the MCAT upon beginning your first required premedical courses, namely, your Biology, General and Organic Chemistry, and Physics courses. The material covered in these courses make up the bulk of what you will encounter on the MCAT. A point belabored in the previous section, *Undergraduate Years 1 and 2: The Medical College Admission Test (MCAT) – Beginning to Consider*, premeds should strive to truly understand, and thus learn to retain, the information taught in these courses. Make it easier on yourself in the long-run by putting forth the effort and understanding this important information the first time around!

Formal preparation for the MCAT, that is, focused and time-intensive studying, should begin at least 6 months to 1 year in advance of your expected Test date. For instance, since most will opt for taking the end-of-April MCAT, make sure you start or have preparations already underway by November at the latest, then being able to use Christmas break an opportunity for extra study time before returning to college for the next semester. Upon starting your Spring semester that January, in-depth MCAT studying

and practice test-taking should become a part of your everyday routine. Understandably, this will be difficult given your already time-consuming undergrad coursework. If it is possible to lighten your Spring semester coursework by taking fewer courses or opting for less time-consuming courses, it is highly recommended that you do so. Commonly, students take 3 courses instead of 4 courses their Spring semester, treating MCAT preparation as their “4th course.” Lessening your course load for the Spring semester, however, means that it will be heavier another semester or summer. ***This trade-off will be worth it, as evidenced by a higher MCAT score – do not underestimate the great amount of preparation most students require in order to achieve competitive MCAT scores.***

A popular route for lessening your Spring semester course load in order to leave more time for MCAT preparation is to perform summer laboratory research or internships for undergrad credits. Gaining some extra credits in your first couple undergrad years will allow you some breathing room with your course load the Spring semester of your Junior year, with picking up some extra credits your Senior year being a last resort in meeting your required-for-graduation credit count.

Basically, MCAT preparation consists of reviewing all of the material covered in your Biology (namely, Cellular Biology, Genetics, and Human Physiology & Anatomy courses), General Chemistry I and II, Organic Chemistry I and II, and Physics I and II courses. If this seems like a massive amount of information to know – it is – but there are certain topics that are more tested for than others. Those topics are sometimes (and not helpfully) referred to as the “big ones,” which does not do much in narrowing down the focus. For an easier way to determine which topics are the “big ones” worthy of extra attention, you can first consider the topics that your Biology, Chemistry, and Physics professors concentrated on in class and on exams. Also, any fundamental topics (typically taught early in the course) on which further topics are built upon can automatically be considered important and worthy of review. Refer to the following link for a comprehensive list of the topics (as well as key equations) which are fair game for the Physical and Biological Sciences sections:

- **MCAT – Medical College Admission Test**
Topics for Biological and Physical Sciences Sections of the MCAT – Effective April 2003
<https://www.aamc.org/students/download/85566/data/bsttopics.pdf>

Consistently performing practice problems and timed mock MCATs are essential preparatory techniques and their importance cannot be stressed enough. It is easy to think that you know certain concepts, but being able to apply that knowledge in solving MCAT-style questions can be a different and often times difficult feat. Do not let yourself skim over topics because you think you already know the material “well enough” – perform practice problems to prove it to yourself. You may be surprised to find that although you are comfortable with the concept being tested, question style or “tricks,” as well as time-constraint, can cause you discomfort and lead to error. Strive to comprehensively review WHILE ALSO becoming accustomed to applying that knowledge MCAT-style.

There is no magic number of study hours that should go into preparing for the MCAT; a certain number of hours per week is not guaranteed to raise your score a specific point amount. Hours and type of preparation as they relate to score improvement are variable. The best advice is to find time *everyday* to study, whether it’s just a half hour or many hours; reading flash cards, memorizing equation sheets, or

listening to an MCAT-prep audio CD (yes, they're available!) before bed can be a great way to achieve the daily minimum on those extra-busy days.

i. Commercial MCAT Preparation

Commercial test-preparatory programs are commonly employed methods for MCAT preparation, with those offered by Kaplan Test Prep and Admissions and The Princeton Review being the most popular.

Links to the Kaplan Test Prep and Admissions and The Princeton Review web sites:

- **Kaplan Test Prep and Admission Home**
<http://www.kaptest.com/>
 - **Kaplan Complete Preparation for the Computer-Based MCAT**
<http://www.kaptest.com/MCAT/Home/which-course-is-right-for-you.html>
- **The Princeton Review Home**
<http://www.princetonreview.com/home.asp>
 - **MCAT Courses and Tutors**
<http://www.princetonreview.com/medical/mcat-test-preparation.aspx>

Kaplan and The Princeton Review offer MCAT preparatory classroom courses and private tutoring, as well as online programs, books, software, and medical school admissions consulting.

Classroom courses are perhaps the most popularly employed method, costing approximately \$1,700.00 and lasting 3 – 7 months, varying in number of hours per week. The prep courses are held at designated locations of your choosing, with the local commercial center or the classrooms of your own undergrad institution being the most convenient locations. Classroom courses are taught by an instructor(s), usually an older student who has previously taken the MCAT successfully.

Included in the cost of the course are preparatory study manuals, guides, and practice tests prepared by that commercial program in both paper and web-access format, as well as free access to their local center's library of preparatory tools (namely, additional practice tests with answers/explanations). This direct access to huge amounts of preparatory tools can tremendously work to your advantage if utilized appropriately. The study guides provided typically consolidate all of the MCAT-important information from your Biology, General and Organic Chemistry, and Physics courses into organized study manuals.

Knowing yourself as a student, if you prefer to work on a fixed schedule or think you may be tempted to procrastinate your MCAT studying, participating in an MCAT preparatory course is highly recommended. Weekly meetings, assignments, and practice tests will push you to progress with your studying and assess your scoring improvements. Simply carrying out the minimum required by the

course, however, will not be sufficient preparation for the majority of students, so be ready for a lot of independent study work.

D. MCAT Day

The MCAT is usually administered Thursday-Saturday with the option of either a morning or afternoon starting time. Depending on how many people are signed up to participate in the Test session at your location, there may be a number of different testing rooms assigned according to last-name alphabetical order. Because you will not know your designated testing room until the morning of the Test, make sure you arrive early to allow yourself adequate time and comfort. Arriving at least 20-30 minutes ahead of the scheduled Test time is highly recommended.

Anxiety on MCAT test day is completely normal and expected, yet you must work to focus your attention on the test-taking. Yes, your MCAT score is an important part of your application to med school, but all anyone can do is their best given the amount of preparation committed. Try not to stress yourself on Test day, and take the appropriate measures to avoid doing so. If you know you tend to become nervous before big exams, be sure to take many practice (and timed) MCATs to simulate the real one – you will be thankful for the preparation Test day.

i. Items to Bring Test Day

After registering to take the MCAT, a confirmation letter should arrive via the mail, verifying the test details and providing the appropriate form to complete and turn in to the proctors on Test day. The form consists of identification information, including a 1) photograph of yourself and 2) a box for your fingerprint, which will be taken by the proctors on Test day prior to the start of the session. The wallet-sized, head-photograph of yourself should be pasted onto the form and be ready to hand-in on Test day morning, so make sure you prepare it prior to. Scrambling around for a photo of yourself the morning of the test will only add extra strain to your day, so do yourself a favor and prepare the paperwork early.

An hour lunch break and a few 10-minute breaks are provided in between sections, and you are encouraged to bring snacks and beverages, and a packed lunch if you chose (all to be put aside during testing). Bringing a bottled drink will allow you to avoid having to search for the water fountain if your testing center is an unfamiliar building. Similarly, packing a lunch means you will not have to go far from your test building in search of restaurants, which can be constrained since the lunch break is only 1 hour in length. Just be careful not to pack anything that may spoil easily, since it will have to sit for a few hours until the lunch break time rolls around.

Scratch paper, pencils, and ear covers are provided. You may bring your own earplugs, in an unopened package, for additional noise reduction. The writing section is computerized, as well, so there is no longer a need to bring any writing materials with you.

A personal wristwatch can be used in addition to the official timing performed by the proctors, as long as the device is completely silent. Any type of beeping is understandably not allowed, given its disturbance of the other test-takers.

E. Assessing MCAT Score

Approximately 30 days following Test day, MCAT scores are posted over the internet at the Official MCAT Online Testing History System, with the official paper results arriving through the mail shortly afterwards. The online score posting only provides a brief summary of your scores, whereas the official results provide the complete score report (including your percentile scores).

- **AAMC: The New MCAT...**
https://www.aamc.org/students/applying/mcat/releasingscores/164578/testing_history_faqs.html
- **AAMC Testing History (THx) System**
<https://services.aamc.org/mcatthx/>

i. Score Quality

Because MCAT scores are scaled scores, (as described in the previous section, *Undergraduate Year 3 – The MCAT: MCAT Score Assignment*), the average MCAT scores for matriculating students into each med school do not vary considerably from year-to-year. Thus, score quality – which scores are commonly considered as excellent, good, fair, above average, average, or below average – tend to be fairly consistent.

Table 3. Total MCAT Scores and Corresponding Score Quality / Percentile Rank Ranges as Commonly Considered. Although arguable and subject to vary according to school competitiveness, the following table categorizes ranges of total MCAT scores and Writing Sample scores to provide you with a simplified view of score quality.

<u>Score Quality</u>	<u>Total MCAT Score Ranges</u>	<u>Writing Sample Score Ranges</u>	<u>Approximate Percentile Rank Range</u>
<i>Excellent</i>	33 and above	S and T	89 – 99.9
<i>Good</i>	30 – 32	Q / R	75 – 89
<i>Fair</i>	28 – 29	P / Q	64 – 75
<i>Above Average</i>	26 – 27	P	51 – 64
<i>Average</i>	25	O	48 – 51
<i>Below Average</i>	24 and below	J – N	0 – 45

Striving to achieve a MCAT score of 30 or above, with a score of 10 or better in each section, is a commonly held goal. A MCAT score at or above this “threshold” number will be considered competitive by most med schools, typically representing a score in the 75 – 80 percentile rank range.

Ideally, one wants to achieve similar scores for the 3 multiple choice sections, such that for a sum score of 30, there is a score of 10 for each section. Showing a well-roundedness and adaptability by achieving similarly good scores in each section is a plus, but obviously each person has individual strengths and weaknesses. A couple point difference in between section scores is normal and poses no real need for concern, however, big discrepancies, although usually rare, may. For instance, a science-focused student who struggles with reading and writing may easily score highly in the Physical and Biological Sciences sections but low in the Verbal Reasoning and Writing Sample sections. Although the student's total MCAT score may be considered good or excellent, it is lopsided, and med schools may show their reservations by either not granting an interview or inquiring into the reasons for the skewness during the interview. (By taking practice MCATs early in one's preparation, lopsidedness in scoring between sections can be noted and extra attention paid to the challenging section or sections).

Score quality also depends upon which particular med schools one would like to seek admission. Each school, varying slightly from year-to-year, has an average MCAT score as calculated from that year's matriculating first year students. Although the statistic represents the mean and not the median, you can safely assume that about half of the matriculating class scored below that average MCAT value. Despite this, think of the school's average MCAT score as a good rule-of-measure for your score's competitiveness for admission into that particular school. If your score is more than a few points lower than the average, your score may or may not be competitive enough, depending on the weight assigned to the other factors for admission.

If you have a specific caliber of school you only want to seek admission to, and your MCAT score falls below their averages with the other admissions factors not being able to weight out the discrepancy, commit yourself to re-preparing for second try at the MCAT.

To find out the average MCAT scores for a particular school, visit the school of medicine's website. Usually in the "Admissions" section and under the headings "Class Profile" or "FAQ's" (Frequently Asked Questions), you can often find the self-reported average MCAT scores for the matriculating first-year classes over the past several years. In addition, there are a number of "unofficial" webpages that list the average MCAT scores and GPA's for each school, which can be helpful in quickly comparing your MCAT and GPA to a list of the many med schools in your area and across the country.

ii. Impact of Score on Decision to Apply

Moderate to heavy weight is typically placed on one's MCAT score during the admissions process, with variable attention also being paid to the following factors: undergraduate GPA, undergraduate course selection and difficulty, volunteer and employment experience, health-related volunteer and employment experience, research experience, extracurricular involvement, letters of recommendation, and the personal interview.

All of the factors listed above are taken into consideration during the selection-for-admission process, with each tending to complement and build upon the other. An excellent MCAT score will not hold much weight if you have no health-related experience, just as tons of extracurriculars cannot outweigh a low

GPA and MCAT score. A *well-rounded* application will be the best received by the admissions committee, and evaluating the balance that you have achieved in your undergrad years usually holds the key in deciding to apply for the current application year.

One should strive to take the MCAT only one time. Be committed to that one testing year and prepare as if it is your only shot (which it is if you want to apply that application year). Ideally, one should strive to take the April MCAT, but if April starts to roll around and your practice tests scores are not competitive to your liking, then do not be afraid to push your test date back to August to give you those extra few months preparation. If by August your practice scores are still not where you think they should be, and you are willing to take “time-off” in between college and med school, then push your MCAT test day back to that following April to apply in that application year.

There are certain circumstances, however, where retaking the MCAT is merited. For instance, if your practice tests tended to be around where you would like them, and you took the MCAT only to discover you achieved much lower than expected, you may want to continue preparation and retake the MCAT to possibly become eligible for admission to more competitive schools. Or if you simply feel as though you were prevented, for whatever reason, from doing your best the first time around.

The downfall comes in that MCAT scores take 30 days to be returned after the Test date. Take this common situation: One takes the MCAT in April, and while waiting for the results to be returned, starts to complete the primary application for admission required by essentially all med schools (which can be completed by around May 1st and submitted by June 1st at the earliest). In mid-June, when the MCAT results are finally made available, one realizes that the score is not quite where it should/could be. Now, already near the end of June, there is not much time to start re-preparing for the August MCAT. The options become: 1) apply for the current application year with your April MCAT score, 2) rush to prepare and take the August MCAT to apply for the current application year, or 3) decide to wait until the following April to retake the MCAT and apply for that application year, taking a year off in between college and med school.

**If you decide to retake the MCAT under any circumstances, you should absolutely spend time – a great amount of quality time – re-preparing. Scoring worse the second time around may be harmful to your application. One can take the MCAT three times, with special permission being required for testing after that point.*

GPA and MCAT score are the two numeric measures that med schools rely on in the admissions process. Typically, those that have achieved a high GPA throughout their undergrad years are similarly capable of performing well on the MCAT. For those that hold high GPA's (namely BCPM GPA's) but struggled with the MCAT, one of two things is probably to blame: lack of quality preparation *or* trouble with standardized testing. A premed in this position must evaluate his or her available options, deciding the best route for future commitment. Depending on the exact value of the score, and if lack of preparation is to blame for the discrepancy between MCAT and GPA, one may decide to commit to adequate preparation the next time around and retake the MCAT. Most likely a higher score will be achieved and possible admission to more competitive med schools can be attempted. If trouble with standardized testing was the culprit, however, the options are less black and white. Although varying from school-to-

school, some will likely place more emphasis on your consistently high GPA, being more prone to overlook your low MCAT score (assuming your other factors in the admissions process are adequate). Depending on how high your GPA is and how low your MCAT score is, one can decide to either apply for the current application year, or retake the MCAT. Having struggled with standardized tests in the past, and deciding that retaking the MCAT is your best option, special preparatory measures must be taken. Examples of such measures could include taking full-length, timed practice tests in a formal setting, or working to alleviate the nerves that may have affected your performance on MCAT day – try to pinpoint the problems in your standardized testing experience and solve them if possible.

Oppositely, a premed may achieve a high MCAT score, but hold a low GPA. The common reason for this type of discrepancy would be a non-fulfilling of potential and lack of consistent application of one's ability to coursework. Once again varying from one to the other, some med schools may be willing to place emphasis on the good MCAT score and overlook the lackluster GPA (assuming the other factors in the admissions process are adequate). Depending on how high the MCAT score is and how low the GPA is, and how competitive of a school the premed is striving to attend, one may wish to retake select courses in an attempt to give the GPA a boost.

TAKE HOME MESSAGE: *Comprehensively prepare for the MCAT, striving to only have to take it one time. If you receive a competitive score, proceed by completing your primary application to the med schools in your correspondingly competitive range. If your score is slightly below where you desired, you may choose to still apply, or you may choose to retake the MCAT that year or the following to then apply with the new (and hopefully improved) score. If your score is much lower than desired, commit yourself to the re-preparation and retake the MCAT when you feel comfortable and practice MCAT scores have been consistently in your desired range.*

II. Letters of Recommendation – Completion of Preparation

*Please refer back to the previous section, *Undergraduate Years 1 and 2: Letters of Recommendation*, for a detailed description of requesting and preparing individual letters of recommendation.

As detailed in the previous section, *Undergraduate Years 1 and 2: Letters of Recommendation*, letters on your behalf must be prepared and included in your application materials for med school admittance. Ideally, collecting letters began your freshman and sophomore years as you encountered recommenders, and junior year can be a time to compile the remaining few. By the end of your junior year and prior to leaving for summer vacation, all letters should be complete. Typically, the letters should be stored in a central location, such as the Career Services office or the like at your college, to allow your premed advisor/committee access to them (as detailed in the following section). Alternatively, the applicant themselves can choose to store them, which may occur if the undergrad institution lacks a premed advisors/committee or the applicant chooses against using their services, or if the decision to seek admittance to med school comes later in life.

A. Preparing Letters as Application Materials

Once the task of collecting all of the letters in a central location has been completed, one of two possible events should happen next:

1) if you are currently attending an undergrad institution which offers a premed advisor/committee and you are choosing to use their services, the premed advisor/committee will consolidate all of your individual letters into one, large composite letter (as described further in the following subsection, *ii. Compilation of Letters by Premed Advisor/Committee*), or

2) if you are not using the services of a premed advisor/committee for whatever reason (eg – later-in-life premeds, students of colleges not offering a premed advisor/committee, or those students who choose to opt out of using the services offered), individual letters of recommendation should be available in multiple copies to then be sent to each school directly from the applicant. Most schools will put a specific limit on the number of individual letters that can be sent in directly from the applicant, sometimes requesting that they be from a particular type of recommender (eg – at least one from a science professor).

A Word of Caution: For students attending colleges that offer premed advisors/committees, it is highly recommended that you participate in the services offered.

The composite letter of recommendation compiled by the premed advisor/committee allows the opportunity for many recommenders to speak on your behalf in one all-exclusive fashion. Not only does this make the process of evaluating letters for each candidate easier on the admissions staff (less paperwork), but the many facets of YOU can be presented most effectively.

Med schools want to know that you are committed to the process of becoming a physician, so if you choose to not use potentially valuable resources available to you – the premed advisor/committee – they will want to know about your motivations for declining. Be prepared for that question if granted an interview.

i. Compilation of Letters by Premed Advisor/Committee

Before departing for summer break at the end of your Junior year (and assuming that you are planning on applying to med school in the summer months), your compiled recommendation letters must be made available to your premed advisor/committee. This may consist of you physically handing them in to the appropriate individual, or simply keeping them in an accessible file in the career services office or the like of your college (the latter being the most common).

Early into summer break (typically in May), the premed advisor/committee will retrieve your letters and prepare the one composite letter that will be submitted to the schools on your behalf and with their endorsement. Typically, your premed advisor (or other appropriate individual) will evaluate each

individual letter, choosing quoted excerpts of special interest which can be orderly combined to form one large composite letter of recommendation. Thus, the composite letter will be a collage of all of your letters, organized to emphasize your characteristics and unique qualities. When completed, the composite letter will be stored in the appropriate location at your college (typically via computer format in the biology or premed office) until requested by you to be sent to the designated medical schools.

B. Submitting Letters to Designated Medical Schools

Upon reaching the secondary application step of the admissions process, your composite letter or your individual letters of recommendation should be mailed into each designated med school by either your college (if composite letter prepared by premed advisor/committee) or by you yourself (if individual letters not involving premed advisor/committee). On each school's secondary application, there will be section requesting that your letter(s) of recommendation be mailed in, asking by whom it was prepared. If you are using a composite letter then you will be asked to specify the college which prepared it, then you can proceed to request (eg – email) that the appropriate individual/office (eg – premed secretary) at your college mail your composite letters to the particular med schools' admissions departments (address will be specified on applications). If you have individual letters prepared, the application may set a limit as to how many you may submit and from whom they should be from (eg – at least one from a science professor).

To ensure the proper matching up of your application with your letters of recommendation (since arriving separately), letters being sent to allopathic schools should have your AMCAS ID number clearly displayed, with the same going for your social security number on letters going to osteopathic schools.

TAKE HOME MESSAGE: *Strive to gradually collect your letters of recommendation over your first three college years as recommenders become available, storing the letters in a central location. By the end of your Junior year (in the month of April at the latest), make sure that all letters are complete. If a premed advisor/committee is available to you, it is highly recommended that you participate in the services they offer, namely the compilation of your individual letters into one composite letter. As you begin to complete each school's secondary application for admission, your recommendation letters should be mailed to the Admissions department of each school to be placed in your application file.*

III. Roles of the Premed Advisor and Committee

As described in detail in the above section, *Letters of Recommendation* – ii. *Compilation of Letters by Premed Advisor/Committee*, one role of the premed advisor/committee is to merge all your individual letters of recommendation into one large composite letter more efficiently showcasing your characteristics. The premed advisor/committee serves additional roles as well, including your college's endorsement of your application and personal guidance in your journey.

A. Premed Committee Letter of Endorsement

To precede the composite letter of recommendation sent to each designated medical school, the premed committee at your college will typically prepare a letter of endorsement on behalf of your application. Towards the end of your Junior year or in the early summer months, the committee, with your personal premed advisor as your “spokesperson,” will come together to meet and discuss each premed applying that application year. Evaluation of each candidate will usually consist of reviewing the student’s coursework, GPA, extracurriculars, and performance in, if conducted, the mock interview (MCAT scores are often not available in time for the meeting). A level of endorsement will be established based on committee consensus on the candidate’s credentials and potential for succeeding in med school. A letter will be prepared stating the level of endorsement (eg – “Recommended with Confidence”) and the reasons behind the decision, along with variable other information unique from college to college (perhaps a word on the breadth of the premed coursework offered, for instance).

Upon requesting that your composite letter of recommendation be sent to the designated med schools, the premed committee letter of endorsement will be attached as well, acting as an introduction.

B. Personal Premed Advising

Personal premed advising is available for premed students at most colleges. Ideally, each student should be assigned a premed advisor the first semester of his or her first year. Some colleges, however, choose to wait until the third year to assign advisors (in this case, the major advisor may be of assistance or the student may have to request informal advising from another knowledgeable individual, or rely heavily on premed resources, such as this manual).

Premed advisors can be a great resource if appropriately informed, available for consultation, and enthusiastic about aiding you in your application for admission. Some colleges employ staff solely devoted to premed advising, while others have staff performing multiple other roles with premed advising being one. Because of increased specialization, the former may allow finer counsel to be provided. For premeds of colleges operating on the latter advising system, do not hesitate to seek outside guidance if the need arises.

Some specific preparatory steps in the admissions process that premed advisors can be particularly helpful with are the writing of the personal statement and personal interview practice. You should prepare multiple drafts of your personal statement, and having your advisor available to read and critique each can be a great way to impel your revisions. Also, performing a mock interview with your advisor can be an effective way to prepare for the personal interviews required by all med schools for admission. Becoming more accustomed to voicing your thoughts in a mock, yet formal, interview is highly recommended – do not be afraid to make mistakes, make them then so you can better pinpoint the corrections to make prior to the real interview.

Although seemingly underestimated in their “job description,” one of the most important roles premed advisors should take on is that of a friend and advocate. For many students, preparing and applying to medical school can be a discouraging process; a number of students will be forced to take steps to improve their application before they can be successful in gaining admittance. Even a little support can go a long way in a frustrated premed’s efforts. If you are feeling as though your advisor is lacking in the fulfillment of his or her role, do not hesitate to seek other routes of guidance (eg – visit another

IV. The Decision to Apply and Options for Waiting

A. The Decision to Apply

Typically, the earliest time for students to start applying to med schools is the summer in between the third and fourth college year, with preparations to apply ideally starting your first year, to then reach a peak in the third year. If entering college already having made the decision to seek med school admittance, it is recommended that one strive to apply in the year 3 – 4 summer, leaving more leeway in terms of time if it becomes necessary to postpone application. Gradually carry out the preparatory steps your first few years (as detailed in the previous sections, *Undergraduate Years 1 and 2* and *Undergraduate Year 3*), assessing your competitiveness in the admissions process the latter part of your Junior year and into the summer months when your MCAT scores may finally be received.

i. Assessing the Potential Competitiveness of Your Application

Your primary application(s) for admission can begin being filled out approximately May 1, to then be submitted approximately June 1 at the earliest (deadline date varying from October 15 – December 15), despite that your MCAT scores will not be available until mid to late June if the April MCAT was taken or mid to late October if the August MCAT was taken. You should start filling out and possibly submit your primary application before the MCAT scores are even made available. In other words, all of the factors in the admissions process may not be available for assessment by the time you should start the application procedure; this can make the decision to apply a bit tricky.

Throughout your college years, and namely your third year just prior to seeking admittance, assess your competitiveness in the admissions process by weighing your fulfillment of the factors involved. You can begin by asking yourself questions similar to those summarized below:

- How competitive is my GPA in comparison to the averages (average GPA for matriculating students) for the schools I would like to seek admittance to? In general, how does my GPA compare with those summarized in the previous, *Table 2. National GPA Statistics for Medical School Matriculants in 2005*?
- How competitive were my MCAT practice test scores (assuming that practice test scores serve as an approximate to the real MCAT score)? How did my practice test scores compare to the previous, *Table 3. Total MCAT Scores and Corresponding Score Quality / Percentile Rank Ranges as Commonly Considered*?
- What type (quantity and *quality*) of extracurriculars, namely health-related volunteer or employment experience, have I gained? Consider, at the very least, one clinical experience as required – how else can you even know that a career in medicine is for you?

- How supportive are my letters of recommendation? Are my letters from a broad array of writers – such as professors, a physician, employers, and volunteer supervisors? Were those writers enthusiastic about recommending me, which will then show in my meaningful letters?

If you find your credentials to be strong in fulfilling all of the above questions, you will be competitive in the admissions process and action to continue with applying should be taken. Applying early will put you at an advantage, considering the huge amount of applications med schools receive each year. If you feel as though your application will be slightly competitive, it is your personal choice as to the next step; you could still apply and perhaps modify the caliber of school to which you seek admission, or you could work to improve your application to apply in future application years.

Applying to med school will require the completion of at least one primary application to be sent to all the schools which you attend to seek admittance to, followed by the completion of one or more secondary applications for each school (detailed information on the application procedure to follow in the section, *Undergraduate Year 3 – 4 and On: Application Procedure*). Each school has its own secondary application that it sends to candidates requesting additional information. The primary application and each secondary application requires the payment of a fee, and depending on how many schools you apply to, the process can get very expensive. In addition to monetary expense, filling out applications (namely, writing the essays) is a time and energy consuming process. Before making the final decision to apply, realize that the application procedure is energy-, time-, and money-consuming, so ensure that you are committed to the process before you proceed.

ii. Recommendations for Action in Between Application Years

A number of students will find themselves positioned in the “waiting period,” where steps must be taken to improve their applications before becoming competitive enough to gain admittance the following application year. Specific action will vary from individual to individual, depending upon which factors in the admissions process need improving. Retaking the MCAT or certain premed courses are common examples of how candidates can work to strengthen their application, with many also simultaneously holding part-time jobs to ensure financial security in the downtime.

Another growing option for improving one’s application is the enrollment in a special post-baccalaureate program specifically targeted towards premeds wishing to seek admittance to med school. Often one year in length, these programs offer an opportunity for students who previously struggled with premed courses or for later-in-life premeds seeking preparation. Research your local graduate (often medical schools) to see which offer these helpful post-bac programs (names of programs can vary, eg – Biomedical Science Program).

On most secondary applications, a question asking if you have ever completed an application for admission in previous years will appear. For those who are re-seeking admission to the same school(s), a common request will be to state what improvements have been made to your application, sometimes more simply stated as a request for a description of what you did with your time in between college and the present. The admissions staff will want to see how successful you were at improving your application, so

do not be fooled by the common phrase of taking “time-off” used to describe that in between application years. ***Work to improve your application.***

IV. Summer of Undergraduate Years 3 – 4 and On: Application Procedure

- I. Primary Application for Admission Procedure**
 - A. Completing the AMCAS and AACOMAS Primary Application**
 - i. AMCAS Primary Application Sections**
 - ii. AACOMAS Primary Application Sections**
 - a. Choosing Schools
 - b. AMCAS and AACOMAS Primary Application Fees
- II. Secondary Application for Admission Procedure**
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 - A. Primary Application Essay – Personal Statement**
 - B. Secondary Application Essays**
- IV. Approximated Application Timeline**
 - A. Early Decision Program Information**
- V. Checking Status of Applications**
 - A. Checking the Status of Your Primary Application**
 - B. Checking the Status of Your Secondary Applications**
- VI. Interviewing**
 - A. Attire**
 - i. Specifics for Women**
 - ii. Specifics for Men**
 - B. Accommodations**
 - C. Preparation**
 - i. Mock Interviews**
 - D. Interview Day**
 - i. Interview Goals**
 - ii. Interview Technicalities**
- VII. Handling Admission Decisions**
 - A. Options When Not Extended an Offer**
 - B. Handling Acceptances**
 - C. Waitlist Status**

Once the decision to apply in the current year is made, a cascade of application requirements is set into motion. First, at least one primary application to be sent to all the medical schools to which you intend to apply must be completed, with a Personal Statement essay being included. The completion of a varying number of secondary applications is then requested, each being unique to the school. Secondary applications often also include the writing of additional essays. Once reviewed, and if considered competitive for admission, a personal interview will be granted and decision on admittance made.

I. Primary Application for Admission Procedure

The first step in the application procedure consists of filling out a primary application for admission. Virtually all med schools require that the primary application be completed through a centralized application service found online. Allopathic schools require you to complete your primary application through The American Medical College Application Service (AMCAS), whereas osteopathic schools require it through The American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS). Applications through AMCAS and AACOMAS differ in format but are analogous in content, with the only notable difference being the emphasis in the Personal Statement.

Basic information about each candidate is gained through the completion of the primary application. One section of the primary application is devoted to identifying the medical schools to which you want to apply, and it is the job of AMCAS or AACOMAS to distribute your primary application (for a fee) to these schools. After receiving your primary application, most schools will ask you to complete a secondary application which asks school-specific questions whose answers usually cannot be found on your primary application.

A. Completing the AMCAS and AACOMAS Primary Application

The AMCAS and AACOMAS primary applications are filled out online at the following web sites:

- **AMCAS – The American Medical College Application Service (Home)**
<http://www.aamc.org/audienceamcas.htm>
 - AMCAS – The American Medical College Application Service (Applicants Home)
<http://www.aamc.org/students/amcas/start.htm>
- **AACOM – American Association of Colleges of Osteopathic Medicine (Home)**
<http://www.aacom.org/>
 - AACOM Application Service (Apply to Osteopathic Medical School)
<https://aacomas.aacom.org/>

In order for AMCAS and AACOMAS to begin processing your primary application, your official grade transcripts for every college attended must be mailed in to AMCAS and/or AACOMAS so that your course work information can be verified. Because it will take some time for your college(s) to prepare and mail out the transcripts, request them to be sent when you start to complete your primary application(s). By the time you are ready to submit it, your transcripts will already be on their way or have already arrived, allowing AMCAS or AACOMAS processing to begin quickly.

If at any point during the application process you wish to update your coursework information, log-in to your AMCAS and/or AACOMAS primary application account, update the coursework section, re-submit your application, and send out the newly-updated transcripts so the content can be verified and made available to the designated med schools.

Both applications become available for filling out approximately May 1st, but cannot be submitted for processing until approximately June 1st.

Deadline dates for submitting the AMCAS primary applications vary from school-to-school, with the earliest being November 15 and the latest being December 15 (refer to the following links).

- **AMCAS Medical Schools Application Deadlines**
<https://www.aamc.org/students/applying/amcas/deadlines/>

Deadline dates for submitting the AACOMAS primary application also vary from school-to-school, with the earliest being October 15 and the latest being April 15 (refer to the following link, then click on “Instructions” under the “Help” menu to view the deadlines for applying).

- **AACOM Application Service, Help – Instructions, General Instructions: Deadlines for Applying**
<https://aacomas.aacom.org/>

Being the first step in a cascading application procedure, striving to submit your primary application(s) early is important, especially when also considering the huge amount of applications each school receives every year.

i. AMCAS Primary Application Sections

The AMCAS application consists of the following sections and subsections:

- ***Identifying Information***
 - Legal and Preferred Name, Alternate Names, ID Numbers, Birth and Sex
- ***Schools Attended***
 - High School, Colleges, Previous Matriculation, Institutional Action
- ***Biographic Information***

- Contact Info, Citizenship, Legal Residence, Ethnicity and Race, Languages, Disadvantaged Status, Dependents, Parents, Siblings, Felony Conviction
- ***Course Work***
 - (Must list all courses taken at the schools listed in the ***Schools Attended*** section)
- ***Work/Activities***
 - (Must enter all work experience/activities)
- ***Medical Schools***
 - (Must select all medical schools you wish to apply to)
- ***Essay(s)***
 - Personal Comments
- ***Standardized Tests***
 - MCAT Scores, Other Tests

ii. AACOMAS Primary Application Sections

The AACOMAS application consists of the following sections:

- ***Identification***
- ***Biographical Information***
- ***Parental & Family Information***
- ***Applicant Personal Data***
- ***Additional Information***
- ***MCAT Information***
- ***Undergraduate Colleges Attended/Planned***
- ***Graduate/Professional Colleges Attended/Planned***
- ***Academic Course Work***
- ***Professional Course Work***
- ***College Designations***

a. Choosing Schools

Under the AMCAS and AACOMAS section headings of ***Medical Schools*** and ***College Designations***, respectively, a list of schools to which you want to apply is requested. Deciding which schools and how many schools to place on this list can be a challenging task. Every school is unique, but only research about each will reveal those differences. With 137 allopathic and 29 osteopathic medical schools in the United States alone, learning about each would simply be too time-consuming. Asking yourself some targeted questions can be the first step in narrowing down the scope of your choice:

- Do I want to apply solely to Allopathic schools, solely to Osteopathic schools, or to some combination of the two?
- Which program of study do I want to pursue? The regular 4-year M.D. or D.O program, or a joint program for a longer period (eg – M.D. or D.O./PhD, M.D. or D.O./MBA)? Which schools offer the program(s) I am interested in?
- In considering my credentials (namely, GPA and MCAT score), which caliber of school should my application be considered competitive for admission?
- Do I prefer to stay in my home state? If out-of-state, do I still want to be close in proximity to my home state, or is moving cross country a plausible possibility?

Applying to too few schools may result in a narrowing of potential options, a limited number of acceptances, or in no acceptance at all. Applying to too many schools, on the other hand, may cause a wasting of resources (money, time, and effort). Striking a medium between the two extremes, for most candidates, depends upon assessing the competitiveness of one's credentials in comparison to the those averagely held by the matriculating students entering the schools of interest. If you estimate your overall application to be very competitive, your number of targeted schools can probably be safely small (5-10). If estimated to be moderately or slightly competitive, you will want to apply to a larger number, since it will be more difficult to judge the odds of your application being successful (at least 10 but preferably above in number; 12-15 is commonly quoted).

An important initial question to ask yourself when preparing to apply concerns the two types of schools of medicine – allopathic schools which confer the degree of M.D. (Doctor of Medicine) or osteopathic schools which confer the degree of D.O. (Doctor of Osteopathic Medicine). The following link can provide a detailed description of the osteopathic approach to medicine, and its differences from the traditional allopathic approach:

- AOA – American Osteopathic Association: About Osteopathic Medicine
http://www.osteopathic.org/index.cfm?PageID=ost_main

In brief, the actual medical teaching provided by both allopathic and osteopathic schools are analogous, with the difference lying in the emphasis in overall approach and extra training osteopaths receive in manipulative techniques. Osteopathic schools tend to hold slightly lower averages in terms of the mean GPA and MCAT scores of matriculating students, with other factors in the admissions process often being given more weight (Note: osteopathic schools are also often thought to appreciate the later-in-life premed). Many candidates, who do not hold a strong preference as to which type of school they want to attend, and who consider their application to be in the slightly – moderately competitive range, often apply to both allopathic and osteopathic schools to better ensure acceptance(s).

For the most part, only apply to schools whose typical matriculating students possess averages (GPA and MCAT) similar to your own, with the exception for a few “reach” schools commonly being made. If your averages are well below their typical, the odds at your application being successful are slim – even if

Remember, to find out the average GPA and MCAT scores for a particular school, visit the school of medicine's website. Usually in the "Admissions" section and under the headings "Class Profile" or "FAQ's" (Frequently Asked Questions), you can often find the self-reported average GPA and MCAT scores for the matriculating first-year classes over the past several years. In addition, there are a number of "unofficial" webpages that list the average MCAT scores and GPA's for each school, which can be helpful in quickly comparing your MCAT and GPA to a list of the many med schools in your area and across the country. Refer to the links below:

- **MCATtestscores.com: US Medical Schools**
<http://www.mcattestscores.com/usmedicalschooismcatscoresGPA.html#pennsylvania>

Med schools search engines that can match the school's statistics to your own may also be helpful:

- **Studentdoc.com – Medical Student's Research Guide: Medical School Search, Are Your MCAT Scores Competitive**
<http://www.studentdoc.com/medfind.html>

other factors (eg – extracurriculars, recommendation letters) are excellent, they often cannot outshine lacking numbers.

Another, although often overlooked, factor that should bear weight on your choosing of schools to apply to is each school's preference for accepting in-state versus out-of-state residents. Many med schools receive financial aid from their state, and therefore must favor in-state residents in the admissions process. In other words, a comparatively large percentage of open seats in the entering class are reserved for in-state residents, with the remaining being distributed to applicants from other states or countries. As an out-of-state applicant, competition for those fewer seats will be great, with accepted out-of-state candidates usually having high (that is, higher than the school's averages) GPA's and MCAT scores. The degree to which each school favors in-state versus out-of-state candidates should be weighted, along with how one's GPA and MCAT compares to the school's averages, in order to determine the competitiveness of your application. Often times, candidates will apply to schools in his or her home state, and then start choosing out-of-state schools to apply to, without realizing that generally they have the greatest chance of being accepted to a home-state school.

It is highly recommended that you investigate the interviewing and acceptance rates for in-state versus out-of-state resident applicants for every school to which you may apply. The statistics can be staggering, with some schools even accepting zero out-of-state residents (an important detail often not communicated clearly until resources have already been invested). Remember, a little research about each school can save a lot of time, effort, and money; skimming the school's entire website can usually take only 15 minutes. If you are considering applying to a large number of out-of-state schools, or are having difficulty locating the proper statistics, the Medical Schools Admission Requirements (MSAR) manual is a great resource available for purchase from the AAMC web site. Follow the below link:

- **AAMC Medical School Admissions Requirements (MSAR)**
https://www.aamc.org/students/applying/requirements/msar/faq/180170/how_purchase_msar.html
- **AAMC: MSAR**
<https://www.aamc.org/students/applying/requirements/msar/>

With a new edition each year, MSAR provides, (along with other helpful information) comprehensive statistics on the total number of applicants each school receives for that given year, how many were from in-state and out-of-state, how many were interviewed from in-state versus out-of-state, and how many seats in the class were actually filled by in-state versus out-of-state candidates.

For a list of general application resources as organized by AAMC, refer to the following link:

b. AMCAS and AACOMAS Primary Application Fees

The *Medical Schools* section of the AMCAS application and *College Designations* Section of the AACOMAS application cannot be considered complete, and thus able to be submitted, until at least one medical school is selected to which to apply. The fee for applying to the first school is \$160.00, with every additional school thereafter each costing \$33.00. On average, many students apply to somewhere between 15-20 schools.

II. Secondary Application for Admission Procedure

Upon submitting your primary application and having your grade transcripts sent to AMCAS or AACOMAS, your primary application for admission is processed and sent to the designated schools. Then, usually within a matter of weeks, each school will either make a secondary (supplementary) application for admission available for completion or decide that additional information will not be necessary and no interview offer will be extended. Some schools send a secondary application to ALL candidates whose completed primary applications they received, whereas other schools only send it to those deemed to be competitive for admission based on a review of the primary application. With the former being the more common practice, many candidates will find themselves having to handle an influx of secondary applications to be completed.

Secondary applications are tailor made by each school, and are designed to seek answers to questions typically not already found on the primary application. Commonly, a section of the application is devoted to your letters of recommendation, asking from whom it will be mailed in and whether it is in the form of individual letters or a premed advisor/committee composite letter. Secondary applications are also where the writing of any essays (in addition to the Personal Statement essay included in the primary application) is requested, with some form of the following being a popular short essay question:

- “Why did you apply (or what makes you want to attend) the X School of Medicine?”

Other essay topics vary from school-to-school, with some forms of the following also being commonly asked:

- Why a career in medicine?
- What have you learned from your clinical/volunteer experiences?
- Describe yourself.
- Write about yourself, not including any information already found in your Personal Statement.
- Where do you see yourself in 10 years?
- Which characteristics that you possess will lead to the making of a good physician?
- Describe a difficult situation you have been in, and how you handled it.
- Explain any inconsistencies in the grades you have received.

Required with each secondary application is also a fee (in addition to that paid to AMCAS or AACOMAS for the primary application). The fee for each school ranges in price from approximately \$50.00 to \$115.00, with a common fee amount being \$75.00. Needless to say, much money can be spent in the submission of secondary applications, so once again, focus your time/money/effort towards schools where your application will be found competitive.

III. Writing Essays

A. Primary Application Essay – Personal Statement

The *Personal Comments* and *Personal Comments/Personal Statement* sections are essays required for the completion of the AMCAS and AACOMAS primary applications, respectively. These sections are popularly referred to as your Personal Statement(s). **The previous section, *Undergraduate Years 1 and 2: Personal Statement – Beginning to Consider*, should be referred back to for an introduction to the Personal Statement essay, its content, and its role in the admissions process.**

The AMCAS Personal Statement allows 5300 characters available space, or around one full page, single-spaced, 12 pt font, with 1” in margins. The AACOMAS Personal Statement allows 3000 characters available space, or around 500 words or $\frac{3}{4}$ of one full page.

For applicants applying to both allopathic and osteopathic schools, two Personal Statements will be required. The osteopathic Personal Statement can be similar to the allopathic one, except that it is shorter in maximum length and should include in it why you want to attend an osteopathic school in particular. Many applicants will choose to write the allopathic Personal Statements first, and then edit out a paragraph or two to compensate for the reduced length and added in osteopathic information.

Your Personal Statement(s) should be a work in progress. Revising multiple drafts is highly recommended, as is getting “second opinions” from others. Your premed advisor may be the first person to approach, since him or her may have broader suggestions that will require the most revision. Friends, family, and professors are examples of some other individuals whom may be helpful in providing tips for revision.

The following links provide sample Personal Statements and tips for writing that you may want to browse. It will be helpful to read how others approached their writing, as well as general tips for doing so given by those holding authority on the subject.

Personal Statement Essay Samples:

- Essay Edge.com: Sample Medical School Application Essay
<http://www.quintcareers.com/collegegate7.html>
- Accepted.com – Medical Sample Essays
<http://www.accepted.com/medical/sampleessays.aspx>

Personal Statement Essay Writing Tips:

- Carnegie Mellon Health Professions Program: Tips for Writing a Personal Statement
<http://www.cmu.edu/hpp/achieve/pstips.html>

B. Secondary Application Essays

For an introduction to the secondary application procedure, as well as the essays sometimes required and their popular content, refer back to the previous section, *Summer of Undergraduate Years 3 – 4: Secondary Application for Admission Procedure*.

The following web site link provides detailed information and tips about the Personal Statement Essay for both AMCAS and AACOMAS primary applications, as well as the school-specific secondary application essays.

- **U Michigan – Career Center; Medical School Application Essays**
<http://www.careercenter.umich.edu/students/med/mapersstmt.html>

IV. Approximated Application Timeline

The following details an approximated timeline for an application cycle year (for regular – not early decision – applicants):

May 1: Begin to fill out AMCAS and AACOMAS primary application

June 1: AMCAS and AACOMAS primary application submission date (earliest)

July 1: Completion of secondary applications begins

August – April: Interviews held; acceptance/decline/waitlist decisions made throughout

May 15: Final admission decision requested from schools to applicants (any applicant holding multiple acceptances is asked to commit to only one)

Early-mid August: School-year begins; last opportunity for off-waitlist acceptances

A. Early Decision Program Information

Information on the early decision programs offered by select schools can be found by referring to the following links:

- **AAMC Early Decision Program**
https://www.aamc.org/students/applying/amcas/faqs/146568/other_faq_questions_landing_page.html

V. Checking Status of Applications

A. Checking the Status of Your Primary Application

The status of your primary application(s) can be checked by logging into your AMCAS or AACOMAS online account with the username and password previously used when filling out the primary application (<https://www.aamc.org/students/applying/amcas/>). Around the same time you submit the primary application, a request for transcripts should be made to the necessary colleges (all those where you partook in courses). Each college will send in your official transcripts to AMCAS and/or AACOMAS, with the processing of your application not beginning until those transcripts are received. To avoid delays in processing and thus all future application tasks, it will be important to check on the status of the transcript(s) arrival (communicating with the transcript colleges or AMCAS/AACOMAS as required).

Once all of the official transcripts have arrived, AMCAS and/or AACOMAS processing can begin, usually taking a few weeks (depending on time period in the application cycle; with the earliest being ideal). Only following processing do AMCAS and/or AACOMAS send out your completed primary application to the designated schools, so it will also be important to check on the status of your processing (communicating with AMCAS/AACOMAS as required). Typically within a matter of weeks, notification from the designated schools as to the next application step (usually the completion of a secondary application) should be received via email or mail.

B. Checking the Status of Your Secondary Applications

The status of your secondary application(s) can be checked by phoning the admissions office or, for those schools where it is available, logging into the school's website using a designated ID/username and password. Many schools are moving towards the submission of secondary applications online, with these schools typically also being the ones with online status check pages. Your interview status and the post-interview acceptance decision can usually be accessed via these pages, which is helpful in reducing phone call volume for both the applicant and the admissions office.

Following the submission of your secondary application(s), review for the granting of an interview will begin. An interview can be granted at any point during interview season, with the secondary application status being "on hold" or unresolved for potentially long periods of time. Many applicants will experience an extended period of time in between the submitting of secondary applications and an interview decision – be assured that waiting is normal. Med schools receive staggering numbers of applications each year, with each having to be sorted and reviewed.

VI. Interviewing

The personal interview is an important piece in the admissions puzzle, perhaps being considered the last filtering step in the process. The interview allows the interviewer(s) (typically a member(s) of the admissions committee) personal interaction with the applicant, with topics ranging from application details to ethical issues in the medical field. The interviewer typically acts as the applicant's representative during the admissions committee review of the candidate, passing on the information learned through the interview. Given moderate weight in the admissions decision, the interview can be used to separate the standing of applicants with similar other admissions factors (eg – GPA, MCAT) from one another.

The interview season varies from school-to-school, but typically runs from around September to April. Some schools hold interviews everyday of the week, whereas others only one to a few days a week (depending on volume of applicants interviewed). Applicants can be invited for an interview via mail or email, with email invitations growing in instance (school's online application status check page will be updated with interview offer/information). An interview date will either be suggested by the school or be left open for the applicant to choose, being either scheduled online by the applicant directly or via phoning the admissions office.

A. Attire

Interview appearance should be formal, business attire paired with clean-cut grooming – anything less runs the risk of negatively affecting your application.

Note: Since many candidates will bring cell phones on interview day, make sure the power is turned off during the actual interview (as well as kept mostly quiet for the other interview day activities).

i. Specifics for Women

Most women opt for wearing a tailored dress jacket and knee-length skirt or dress pants. Solid black is the most popular color, but other dark colors like navy or gray are also common. Busy patterns are best avoided, with simplicity being a better approach. Flesh-colored pantyhose under skirts are recommended, as is some type of solid-colored tank or undershirt under the dress jacket. Shoes should be formal and closed-toe, and low in the heel (around 2 in or less), with a black pump being the most common. A small, simple purse can be carried if needed.

Jewelry should be kept to a minimum: 1 pair of stud earrings, small necklace and one ring if desired, and watch. Hair is best simple, pulled back out of face is recommended, with a low ponytail or bun for those with longer hair being common options. Makeup and perfume should be minimal, if at all.

ii. Specifics for Men

Most men opt for wearing a suit, dress shirt, tie and belt, and dress shoes. Solid black is the most popular color, but other dark colors and pinstripes are also common. Most men will keep any necessary belongings on their person, but a small bag if necessary can also be carried.

Jewelry should be kept to a bare minimum: a watch and possibly one ring or cufflinks; earrings at all are not recommended. Hair should be freshly cut and kept out of face if longer in length. Facial hair should also be freshly groomed. Cologne should be minimal, if at all.

B. Accommodations

Many applicants will find themselves having to travel a distance to interview destinations. If the school is any more than a 1-2 hour drive away from your home, it is recommended that you drive or fly the distance prior to and spend at least one night in a lodging close in proximity to the school. Interviews typically take place in the morning hours, and because it is important to be early or on time, reducing travel time the morning of may be an easy way to promote punctuality.

With school address in hand, choosing a hotel to stay in can be conveniently researched online. Locate the hotels near the school, and then, according to specific needs (eg – number of beds, price range), you can choose and sometimes even book your room online.

Also, certain schools offer on or near campus opportunities for interviewees to lodge with current students. Benefits to this type of arrangement may include: a free night's stay, proximity to interview location, and knowledge of the school as communicated by current students. If interested in finding out if your interview school offers this type of lodging, more information can be gained on the school's website (commonly found with the interviewing information) or via communication with the admissions office.

C. Preparation

Perhaps the most common advice given to those preparing for an interview is to, “be yourself;” however, one should actually strive to be a well-informed version of themselves.

Consider preparation prior to the interview day as required; namely, research into the school holding the interview. Nearly every interviewer, at some point during the interview, will ask of the applicant some version of the following question: “Do you have any questions for me?” Strive to have at least one

Refer to the following link for a list of sample questions one may want to ask during his or her interview:

- **AAMC: Questions I Wish I Had Asked**
https://www.aamc.org/students/applying/requirements/109762/35_questions.html

question to ask them – you will appear more interested and involved in the interview process. To be safe, you could prepare a few questions prior to the interview and keep them in mind, asking any towards the close of the interview that were not already addressed.

There are some classic interview questions that are commonly asked, in one way or another, with a few appearing below. In preparing, one should think about how they would answer these questions

eloquently, practicing writing the answers and saying them aloud. Be careful not to sound too rehearsed or stiff – strive to be natural and have your answers flow. Most questions will focus on learning more about you, but other questions may focus on medical and ethical issues.

General “About You” Questions:

- Why medicine? Why do you want to become a physician?
- Why do you want to attend our schools? Why did you apply?
- What clinical experience have you had? What did you learn from it?
- How come you did poorly in this class?
- How do you think you performed on the MCAT?
- Which field of medicine are you interested in? Why that field? What experience have you had with the field?
- When did you decide you wanted to become a physician?

Questions Unique to Osteopathic School Interviews:

- When did you first learn about the osteopathic approach to medicine?
- Why did you choose to apply to an osteopathic medical school?
- What is osteopathy? How does its approach to medicine differ from the allopathic approach?
- What has been your experience with osteopathic physicians?

Medical/Ethical Questions:

- What do you think is the biggest problem facing medicine today?
- Questions focusing on persistent ethical issues; (eg – abortion, physician-assisted suicide, stem-cell research) what is your opinion on this topic and which evidence do you use to support it. (There is no right or wrong answer to these questions typically, the manner in which you support your argument is what can be under review).
- Questions pertaining to current events in medicine, and often how they relate back to the persistent ethical issues facing the medical field (eg – Terri Schiavo case and the attention it brought to end-of-life decision-making).

A number of websites list potential interview questions, and it is recommended that you read through a few to become familiar with the popular interview subject matter. Refer to the links below:

- Essay Edge.com: Medical Interview
<http://www.essayedge.com/medical/admissions/interview.shtml>
- Sample Interview Questions
http://www2.ups.edu/community/hpa/interview_questions.htm

- Harvard University: Examples of Medical School Interview Questions
http://lowell.harvard.edu/advising/pre-med/common_interview_questions.pdf

General Interview Tips can be found by visiting the following web sites:

- About: Medical School Interviews
<http://chemistry.about.com/library/weekly/aa013102a.html>
- Princeton University Health Professions Advising: **Interviewing**
<http://www.princeton.edu/hpa/med-school-applicants/interviewing/>

As a final preparatory exercise, it may be helpful to refer to the Student-Doctor Network web site:

- **SDN – The Student Doctor Network (Home)**
<http://www.studentdoctor.net/>
- **Interview Feedback**
<http://studentdoctor.net/reference-materials/interview-feedback/>

This website provides interview feedback from former interviewees at nearly every medical school. Just select that school you have an interview scheduled for, and you can read, in descending date order, information about the interview day according to other interviewees. Information will include select questions asked during the interview, among other helpful tips.

i. Mock Interviews

A great way to prepare for your interviews is through the performance of mock interviews with professors, friends, or family. Some colleges will require you to perform a mock interview with one or more faculty members (with your premed advisor typically being one of them), with your performance possibly becoming a factor in the premed advisor/committee review of your candidacy (as communicated through their introduction letter proceeding your composite letter or actually in your composite letter of recommendation).

Although just a mock interview, think of it as the real-thing. Strive to achieve that mindset and perform maximally, even dressing in formal attire to achieve the full effect. The mock interview may act as a “wake-up call” to some applicants, in that they will realize answering the typical interview questions can be difficult. The questions asked often require a lot of thought, so articulating answers without doing so can be straining, with that strain reflecting in the quality of the answer. Whether it is through a mock interview, through writing, or even through talking in front of a mirror, practice articulating your answers to the commonly asked questions described in the text and links in the above section.

Specific interview details will be received with the interview invitation or can be found on the school's website, usually under the "Admissions" and "Interview" headings. This information should include the exact location, schedule of events, parking guide, and accommodation recommendations, among other things. Ensure that you have these details organized prior to the interview day.

D. Interview Day

Upon the arrival of interview day, the effort invested in preparing and pondering will come to a close, and one must try to relax, listen, and supply thoughtful questions and answers. Interview day consists of much more than just the actual interview – a tour of the campus, meetings with the admissions staff and financial aid office, breakfast or lunch with the other interviewees and current students, are common activities included on interview day. Only the interview itself will factor into the admissions decision and is thus the only required activity of the day, however, it is highly recommended that one participates in all the scheduled events (virtually all interviewees do; those trying to "duck out" in between events may find themselves in an uncomfortable situation).

i. Interview Goals

The purpose of the personal interview in the admission process is multi-faceted. Applicants can finally put a live personality to their black-and-white application, as well as learn about the school and its offerings. The school, as represented by the admissions staff, will assess the applicant further based on the candidate's personal presentation, as well try to "sell themselves" as a school worthy of attendance. The interview should not consist of the interviewer firing questions at you – you, the applicant, also have a responsibility to ask some questions in striving to learn if their school is the school for you. Interviewers will respect your interest in becoming more informed, not to mention it will give you the opportunity to listen as someone else answers questions.

Strive to let your personality shine on interview day. Nervousness, however, will be normal, and the admissions staff will expect this and strive to make the day as relaxed and comfortable as possible. Perhaps the best way to ensure a level of personal comfort is to arrive *prepared*, as discussed in the previous section.

The campus tour will be given by current med students, and is a great opportunity to learn about the school straight from those whose position you will be in if you choose to attend. Ask them questions; namely, those you may have forgotten or felt uncomfortable asking your interviewers.

ii. Interview Technicalities

Needless to say, being punctual and arriving on time interview day is extremely important. Being at least fifteen minutes early is highly recommended, with some time to relax and collect yourself prior to the start of the day being helpful.

An applicant may be interviewed one-on-one or by a few interviewers, by themselves or with other applicants. Each school varies as to interview style, with descriptive information usually being found on the school's website. Interviewers include members of the admissions staff and committee, professors, physicians, and medical students, with the interviewer usually fulfilling more than one of those roles (eg – a physician practicing at the university hospital who is also a member of the admissions committee).

If you are being interviewed by more than one person, strive to make eye-contact with each to provide a group dynamic (even if silent interviewers – that is, ones that only observe).

If your interviewer is a current med student, do not underestimate his or her authority in the admissions process. Because they will most likely be close in age to you, you may be more inclined to open up or “pal around,” which is okay (and even recommended to a certain extent) as long as you remember that it is still a formal and professional interview.

VII. Handling Admission Decisions

Following your interview day, and anywhere from one week to many months, an admission decision regarding your application will be made available (via mail or the school's online status check page). An admission decision can consist of an acceptance, a rejection, or a place on the waitlist, or usually put more politely as, the extending or the failure to extend (either never – rejection – or at the immediate time – waitlist) an offer for a seat in the entering class.

A. Options When Not Extended an Offer

The decision to decline a candidate's application for admission can occur prior to the completing of a secondary application, following the completion of the secondary application but before an interview, or following the interview. If the interview stage is reached, one can assume that his or her application was fairly competitive in the admissions process. Schools usually cite the large applicant pool as the main reason that prevents the extending of offers to more interviewees.

In becoming better informed as to why your application may have been declined, select schools offer a brief evaluation at an applicant's request to pinpoint ways in which one's application can be improved. This can be a helpful and free-of-charge service to take advantage of for those seeking guidance – question the admissions office of each prospective school to determine its availability and conditions.

B. Handling Acceptances

Following interview day and via mail or email, an acceptance for admittance will bring with it a decision to be made by the applicant. Approximately 30 days from the time of the acceptance, most schools will require a deposit to hold one's seat in the class (refund policy and price varies – usually between one to a few hundred). The larger, nonrefundable deposit to confirm one's seat in the class will be due at a later date, typically May 15, when any applicants holding multiple acceptances should commit to only one school (deposit price varies around a few thousand).

Choosing which school to attend when holding multiple acceptances can be a difficult decision, with many factors needing to be considered. Learning about each school via detailed research is recommended, investigating which can serve your wants most completely; following your instincts usually also factors in.

C. Waitlist Status

The third possible admissions outcome that can be reached following interview day is that of waitlist or alternate list status, whereby one's acceptance is essentially placed on hold either temporarily or permanently for the given application year. As offers are extended and declined by other applicants, seats in the class will become open again – some of which being offered to those on the waitlist. Typically, applicants can stay under waitlist status over the summer months and into the first week of the school term (orientation), over which time an offer could be extended at any point. After orientation week for the first year class is over, and if an offer has not become available, it can be assumed that the waitlist status time has run out.

Movement off of the waitlist will reach a peak shortly after May 15, when those applicants holding multiple acceptances chose one school (committing the large, non-refundable seat deposit). Schools will always place more applicants on the waitlist than can possibly be extended offers, so the outcome of being granted waitlist status could swing either way. One's actual position on the waitlist will typically not be divulged. If one finds themselves in the position of anticipating the waitlist outcome, it is best to be safe and carry out other admissions decisions in case of rejection (eg – accepting an existing offer from another school).

V. Conclusion: Now the Journey Begins...

-- A note from the editor

If you are reading these concluding remarks, then you are likely about to embark on one of the most exciting and challenging experiences of your academic career, and future professional life in the medical community. In creating this manual, we intended it to support our founding mission at the Athena Institute for Women's Wellness of working to improve the quality of healthcare for women. And as a guide to premed students, it will hopefully be a catalyst to medical school admission and ultimately, a shared sense of mission to serve others.

It was a tremendous personal experience to work as an editor with Athena Institute intern, Suzanne Smith, during the summer. Her commitment to the Searching for Admission manual, as well as the clarity and substance of her writing, was exceptional. I believe that any reader will find the manual she drafted a serious but enjoyable and accessible reference guide. From complex details about the MCATS tests to tips about 'what to wear' for interviews, 'Searching for Admission' can only help inform and empower students striving for a medical school acceptance letter. So in the amazing race towards becoming a doctor, this manual may give you the strongest start out of the gate.

Suzanne and I would like to thank the special colleagues of Athena Institute who contributed their time and comments to the Searching for Admission manual. As Dr. Cutler mentioned in her foreword, our intention for this (extensive) manual is to periodically update the information and improve upon it. I look forward to any feedback or helpful ideas at ggould@athenainstitute.com

Best Wishes and See You in Your Scrubs!

Glynis Gould
Athena Institute
Research Relations and Manuscript Editor