

**Health Professions Advisory Committee
Procedures and Guidelines**

Health Professions Advisory Committee Registration Form

State University of New York
College at Old Westbury

1. Name: _____ Student ID No. _____
 Last or Family First Middle
2. Street Address (Home) _____ City _____ State ____ Zip Code _____ Tel No. _____
3. Campus/Local Address _____ Tel No. _____ Cell No. _____
4. Email Addresses: Campus _____ Other _____
5. Date First Enrolled at SUNY Old Westbury _____ Current Major _____ Expected Graduation _____
6. Career Objective: Medicine (MD/DO)___ Dentistry __ Optometry__ Podiatry __ Other _____
7. Previous Colleges Attended:
8. Courses Completed or In Progress:

Courses	Taken At		In Progress
	Old Westbury	Other Colleges	
Basic Biological Sciences I			
Basic Biological Sciences II			
Principles of Chemistry I			
Principles of Chemistry II			
Organic Chemistry I			
Organic Chemistry II			
Biochemistry			
Calculus I			
Calculus II			
Physics I			
Physics II			
Statistics			
English (Composition) I			
English (Composition) II			
Psychology			
Sociology			
Adv. Biology			
Adv. Biology			
Adv. Chemistry			
Adv. Chemistry			

_____ Applicant's Signature

_____ Date

HEALTH PROFESSIONS ADVISORY COMMITTEE – GUIDELINES

Students seeking composite letters of recommendation from the Health Professions Advisory Committee (HPAC) must meet the following criteria and requirements:

Undergraduate students must have completed 3 semesters of full-time study at the College at Old Westbury (2 semesters for junior level community college transfer students) or 36 credits of part time study within the past 4 years. Included in this study must be a minimum of 20 credits of courses generally required for admission to the type of health professional school to which the student will apply.

Post-baccalaureate students must complete a minimum of 24 credits of courses at Old Westbury that are generally required for admission to the type of health professional school to which the student will apply.

Transcripts from all colleges attended prior to and subsequent to Old Westbury must be submitted to the committee. These may be unofficial/student copies.

Test scores (MCAT, DAT, OCAT, etc.) obtained within the prior 5 years must be submitted (or released) to the committee.

A copy of the personal statement developed for the student's health professional school applications must be submitted to the committee before application submission.

At least 5 faculty evaluations submitted on HPAC Evaluation Forms must be in the student's file. Letterhead evaluations may accompany the form.

Copies of external evaluations and/or letters from supervisors of extracurricular activities such as volunteer work, summer programs, etc., should be submitted to the committee.

Committee Decisions:

The HPAC, at its discretion, after evaluating the submitted materials may take one of the following actions:

- a. Submit a composite letter of recommendation in support of the applicant.
- b. Submit a letter packet of evaluative materials collected for the applicant.
- c. Decline to submit any committee materials. In this instance the applicant will be advised to seek individual faculty letters of recommendation in support of his/her application to health professional school.



Health Professions Advisory Committee

Waiver Form

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1975, as amended, I waive my right of access to confidential evaluations and letters of recommendation obtained by or prepared by the Premedical Advisory Committee in support of my application for dental school/graduate school/ medical school/ optometry school/osteopathic school/pharmacy school/podiatry school/other health professional school/ scholarships or financial aid. I recognize that this waiver is not a requirement for consideration of my application or any other services or benefits from the College at Old Westbury.

Signature _____

Date _____

Health Professions Advisory Committee Evaluation Form

State University of New York
College at Old Westbury

Applicant Section: This section to be completed by the **applicant**.

1. Name: _____
Last or Family First Middle

2. Type of school applying to: Medical Osteopathic Medical Dental
 Podiatry Optometry Other _____

3. Affidavit of Waiver (Optional): In accordance with the Family Educational Rights and Privacy Act of 1975, as amended, I waive my right of access to this evaluation requested by the Health Professions Advisory Committee to be used in formulating recommendations concerning my applications to schools of the type indicated above.

Applicant's Signature Date

If left unsigned, you will have access to this document after it is completed and returned to the committee. This will not affect the committee's consideration of your application in any way.

Reference Section: This section to be completed by the **recommender**.

The applicant has indicated above whether access to this evaluation has been waived. We appreciate your cooperation. Please remember to **sign the form on the reverse side**. Please **DO NOT** return this form to the applicant.

Please mail this form to: Health Professions Advisory Committee
SUNY College at Old Westbury
NSB Room S247
223 Store Hill Road
Old Westbury, NY 11568-0210

How long have you known this applicant? _____ In what capacity? _____

Please evaluate the applicant for the following qualities using the indicated scale:

Area of Evaluation	Outstanding (Top 10%)	Above Average (Next 15%)	Average	Below Average	Not Observed
Intellectual Ability					
Originality					
Writing Skills					
Verbal Skills					
Motivation					
Independence					
Reliability					
Integrity					
Maturity					
Relations with others					

(Please continue on reverse side)

In the space below, or in a separate letter, please add any comments that will assist the Health Professions Advisory Committee in developing an overall assessment of the applicant's suitability for a health career. Please include a description of any areas in which the applicant has demonstrated excellence and comment on his or her motivation to serve as a health care professional.

SAMPLE

Signature _____ Date _____

Name and Title (print or type) _____

Institution _____ Department _____

Address _____ E-mail _____