

I. The Role of Admissions Officer

The admissions officer has administrative responsibility for the operation of the admissions office, the admissions process, and the admissions committee. In some schools, the admissions officer is appointed by the dean, while, at others, the admissions officer is selected by a faculty governance group as its representative in the admissions process. In some institutions, the administrative appointment is for a defined period; at others, the appointment does not carry a specific term. The admissions officer is, at some schools, a member of the tenured faculty in the basic or clinical sciences; at others, he or she may be a clinical faculty appointee or an administrative staff member. The appointment as admissions officer usually includes an identified salary, or an administrative salary supplement for a faculty member, and sufficient staff support to carry out admissions-related activities.

A. Understanding the Mission of the Institution

The admissions officer in each medical school directs the process appropriate to the mission, goals, and culture of the institution whereby applicants are recruited to the institution, assessed for potential admission, and offered an acceptance, and then matriculate in the first-year class. Each school must decide for itself which applicants will benefit most from the school's educational program, contribute best to the school's learning environment, and best serve the needs of patients and the profession. This decision entails taking an inventory of the strengths and resources of the school and the community it serves, as well as making decisions about the mission and goals of the institution. Most medical schools share a commitment to education, research, and patient care. The emphases given to these three areas of endeavor will differ from institution to institution, based upon the mission of the school and the resources available to the academic medical center.

The following examples of mission statements from three medical schools show the range of missions and goals:

“The University educates health professionals who have the unique skills, knowledge, and commitment needed to improve the lives and health of the medically underserved.”

“To educate future physicians and foster their capacity to make discoveries and lead innovation in the science and practice of medicine.”

“To further the healing and teaching ministry of Jesus Christ ‘to make man whole.’”

These three schools seek students who will succeed academically and serve the needs of society. However, their mission statements lead them to look for applicants and students who have developed a track record that demonstrates the knowledge, skills, attitudes, and behaviors that will best prepare them to fulfill particular challenges. Most important to the first school will be applicants who demonstrate a track record of service to communities marginalized by the current healthcare system. Of greatest interest to the second school will be applicants who have demonstrated creativity and independent productivity in scholarly activities. The third school will evaluate applicants, in part, for their commitment to the school's religious values and beliefs. Because applicants' personal characteristics differ from their academic achievements (e.g., grades and MCAT scores), the admission criteria, policies, and procedures for each of these schools will also differ.

B. The Admissions Office

The admissions officer is responsible for the office of admissions, including staffing; record keeping; communication of committee decisions to applicants; development (in collaboration with committee members) and dissemination of admission policies; communication with interested faculty, staff, and public agencies and constituencies; and periodic reports to the dean and members of the faculty and administration.

1. Staffing

The number and the types of personnel needed to staff the admissions office depend entirely upon the size of the applicant pool, the institutional admissions process, the number of dual-degree programs, the budget, and the other duties and responsibilities of the chief admissions officer. At a minimum, the office may have a receptionist, one to two records clerks, and a secretary. The most important aspect of the admissions office is the training of staff members since they are the first persons to greet and interact with the public (applicants, applicants' family members, public officials, faculty and staff, etc.). It is crucial that they understand the importance of confidentiality, general admissions policies, how to cope with disappointed and sometimes demanding individuals, and, above all else, how to remain calm in stressful situations.

The admissions office staff should:

- a) Understand that information about an applicant should not be provided to a third party, including applicants' parents and other family members and friends.
- b) Be familiar with application deadlines.
- c) Have a mastery of general requirements for admission.

- d) Understand the implications of the Federal Educational Rights and Privacy Act (FERPA) and the school's technical standards for admission and graduation (i.e., as they relate to applicants with disabilities).
- e) Know when to ask for assistance and direction from supervisors.

2. The Electronic Office

With the introduction of the electronic transmission of application materials, many schools have developed other procedures that take advantage of the Internet. These include:

- Creating electronic records.
- Developing electronic secondary/supplemental applications.
- Receiving electronic letters of recommendation.
- Scanning letters of recommendation into the electronic record.
- Web-based tracking for applicants.
- Committee member review of online applications.
- Online composition and submission of interview reports.
- Holding committee meetings via “chat rooms.”

The extent to which schools use computer systems varies, usually based on the amount and quality of IT system support available to the admissions office. Schools that employ IT personnel within the dean's office or personnel who are “IT-savvy” tend to have more sophisticated and elaborate computer systems in place.

a. Transmission of admissions decisions

Admissions decisions may be communicated in person, by telephone, or by other electronic means. Most schools communicate a final decision to each applicant in writing to the applicant's permanent address. While electronic mail communication is fast and reliable, the confidentiality of this mode of communication is not always secure, although confidentiality may improve with time. Telephone conversations leave no permanent record of the content of the conversation and therefore offer little evidence if the information that was communicated comes into question. On occasion, it is important to be able to point to a specific document sent to an address designated by the applicant if and when an admission decision is contested.

3. Record Keeping/In-House Processes vs. the Use of External Vendors

Admissions offices will have a choice to make if they decide to adopt a Web-based application process. The medical school's IT department could develop the program to manage the application process on site, or a commercial vendor could customize its standard process to fit the school's needs.

Commercial vendors generally will charge up-front development costs and will keep a certain percentage of the application fee as their charge to build and maintain the program. With an in-house development team, the school benefits from building a program specifically customized to the school's needs, where the developers and maintenance personnel are immediately available and the complete application fee can be applied to the cost of development and management. On the other hand, building an institution-specific program from scratch is a difficult task that requires significant in-house expertise, a large up-front investment, and some reassurance of stability in the IT department so that the program can be properly maintained over time.

4. Reports

Although another office may direct the program to orient new students to the institution, the admissions office will be expected to provide data on the incoming class. Since some information is used for news releases by the public information office, accuracy and completeness are important, and school policies about data release and confidentiality must be understood and followed.

- a) The admissions office should compile a list of matriculants by name. It is wise to collect phonetic pronunciations from candidates in case there is a "roll call" at any special ceremony. AMCAS (see AAMC section of this manual) data will provide information neither about pronunciation of names nor about a student's current address. Incoming students should provide this information on a form designed for this purpose. Any data containing individual student names or any other type of information can be used only for internal purposes unless prior releases have been collected from the students.
- b) The admissions office should collect demographic data about the class that includes:
 - i) Gender and state-of-origin percentages. Some schools also produce reports containing statistics derived from students' racial and ethnic self-descriptions.
 - ii) A listing of undergraduate schools attended by the entering students.
 - iii) A brief note of any interesting "factoids" such as married couples, twins, and students with interesting personal and professional backgrounds and experiences. The admissions office should obtain permission to use this information from entering students because institutional public information officers and news reporters will sometimes seek them out for "human interest" stories in local media.

Some schools also collect marital status and spousal information, especially if there is an organization for spouses on campus.

C. Committee on Admissions

The admissions officer typically assumes responsibility for the training and administrative support of admissions committee members. The medical school dean, in consultation with a faculty committee or governance group and/or the chief admissions officer, frequently selects committee members.

1. Role and responsibilities of the committee on admissions

The admissions committee reviews applications and interviews and selects applicants. Committee members are responsible for ensuring that the application and admission processes, policies, and procedures conform to the mission and goals of the institution. For that reason, the committee develops policies and procedures that will select students in a fair and equitable manner. One policy component includes the criteria by which each applicant will be evaluated.

2. Composition of the committee

It is desirable that the committee broadly represent the diverse interests of the school of medicine. Representation of both basic scientist and clinical faculty members, men and women, and, based on institutional policies, other persons, including students, residents, and members of the community at large, is essential. Since a diverse student body makes up a core value in medical education, the admissions committee should also include members of groups underrepresented in medicine. Every committee member should help fulfill the institutional goal of diversity in the educational environment.

What characterizes all committee members is that they are volunteers with busy lives who work in academia, patient care, and/or research and have personal responsibilities that limit their time commitment for committee service. When the supply of available committee members appears to have been exhausted, some schools also utilize emeritus and retired faculty members for committee work.

The committee chair can be elected or appointed, and the chair may be either a faculty member or the associate or assistant dean for admissions. It is important for the new admissions officer to determine his or her voting status on the admissions committee since this status differs from school to school. At some schools, the admissions officer chairs the committee and has a vote, while at other schools the committee chair has an ex-officio, non-voting position on the committee.

3. Methods of selecting committee members

Medical school admissions committee members include, but are not limited to, paid and volunteer faculty, community physicians, medical students, residents, representatives of the parent university, and others.

Committee members are generally not relieved of their usual duties for their committee service. This fact makes committee work a challenge for some members, particularly junior faculty, and requires a rotation system to ensure that all members of an institution's faculty share committee responsibilities equitably. Therefore, most admissions committee members serve on the committee for a time-limited term, and some institutions have created systems for the medical school to recognize committee service at the time of consideration for promotion and/or tenure. Unfortunately, some schools do not have a formal mechanism for assigning "credit" for committee work and similar school activities. In addition, institutions rarely reimburse committee members or their home departments for the time and effort that departmental administrative staff members expend on committee work.

Medical schools rely on their faculty to volunteer for admissions committee efforts, but in many schools (particularly smaller medical schools), faculty resources are sometimes insufficient to meet the need. In these instances, many deans will ask their department chairs to designate a certain percentage of their faculty's time for service on committees, including the committee on admissions. While most committee members enjoy serving on the admissions committee, the method of appointment of committee members sometimes leads to faculty members' being assigned to committee tasks for which they may not be fully prepared. It then becomes the responsibility of the admissions officer to prepare all committee members for service on the committee and to evaluate the performance of committee members to ensure that applicants for admission are assessed fairly and comprehensively.

4. Defining admissions criteria

Once the medical school has established educational goals, admissions committee members are responsible for creating the process that identifies applicants whose personal characteristics, level of educational achievement, and professional and career goals conform to those of the institution and who are most likely to contribute to, and benefit from, the school's learning climate. Criteria for admission must take into account the applicant's ability to demonstrate mastery of the skill set, as well as the attitudes, behaviors, and personal attributes, that promote success in medical school, in the future practice of medicine, and in service to society.

Consider the previously cited example of an institutional mission statement:

“To educate future physicians and foster their capacity to make discoveries and lead innovation in the science and practice of medicine.”

This school’s admissions committee would most likely establish admissions criteria by describing the characteristics of an ideal “future physician.” Society expects its physicians to aim toward the highest standards of excellence in the practice of medicine, in the generation and dissemination of knowledge, in sustaining the interests and welfare of patients, and in responding to the health needs of society. Medical groups have listed among the professional attributes they expect of medical students and practicing physicians altruism, accountability, responsibility, excellence, duty, honesty, integrity, and respect for others. A school’s admissions decisions must be based on evaluating these attributes and attitudes in its applicants.

In addition, the “capacity to make discoveries and lead innovation in the science and practice of medicine” demands that admissions committee members seek in applicants evidence of independent thinking, creativity, and sustained productivity. This process requires a review of applicants’ achievements in their scholarly pursuits and a critical review of letters of support from their mentors.

Other schools with different institutional missions and educational goals establish criteria by which they assess their applicants on the basis of the attributes that characterize the students and physicians they wish to teach and graduate.

The Supreme Court’s recent decisions on the University of Michigan affirmative action cases support the notion of a diverse student body as an important educational goal and the right of a university to use a race-conscious admissions process in achieving this goal. Taking race and ethnicity into account as one of many desirable factors in creating a student body is an important obligation of the committee on admissions, except when prohibited by state law.

5. Policy development

Translating the mission statement of a medical school into a specific set of admissions policies and developing the best methods to implement the policies are difficult tasks. Since a school’s mission statement typically declares a rather broad statement of purpose, it is important to translate that statement into a set of educational goals and objectives, each of which will have implications for the selection of entering students. Committee members should welcome the opportunity to create a set of internal policies to guide and manage the admissions process.

a. Technical Standards for Admission and Graduation

As part of the accreditation (or re-accreditation) process, the Liaison Committee on Medical Education (LCME), the joint accreditation committee of the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC), will ask to see a copy of the school's technical standards for admission and graduation.

In the Rehabilitation Act of 1973, as amended, Section 504 specifies that "no otherwise qualified handicapped individual...shall, solely by reason of his/her handicap be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance." The Americans with Disabilities Act (ADA) afforded new rights and protections to persons with disabilities and heightened awareness of the needs of this population.

The AAMC published a handbook in 1993 entitled "The Disabled Student in Medical School: An Overview of Legal Requirements" intended to assist medical schools in reviewing and refining institutional policies.

Each school must define the minimum essential functions or requirements needed to complete its educational program. The admissions officer should ensure that admissions committee members are familiar with the technical standards at the school and that potential applicants can access them in school publications and on the school's Web site. In some shape or form, they should also be a prominent part of the packet sent to students applying to each school.

b. Disability issues

The admissions officer should be familiar with the ADA and relevant case law.

The purpose of the ADA is to provide opportunities for persons with disabilities. Once applicants with disabilities are accepted to a medical school, the medical school must provide certain accommodations to those persons so that they can enjoy the same services, benefits, and opportunities as those without disabilities. The law requires "reasonable" accommodation, but the meaning of the word in this context has been subject to many interpretations.

Each school should develop a form stating its established procedures and timetables for any accepted student who will require special accommodations, and include this document in the acceptance packet. The school should also provide guidelines as to the documents required to determine the nature and extent of the disability and the type of accommodation required.

The admissions office should ask the student to request the accommodation in writing, within the deadline dates established and announced by the institution.

For any issues relating to the ADA and/or technical standards, it is always advisable for admissions committees to consult with their institution's general counsel's office.

6. Committee training and orientation

Every admissions committee member who makes an admissions recommendation or decision should have a thorough familiarity with the mission and educational goals of the institution. There is no substitute for an in-depth orientation program for new committee members, one in which they can test their decision-making skills with a group of seasoned file reviewers and interviewers. "Best practices" can be discussed and implemented, and simulated admission exercises can be presented and reviewed. It is also desirable to have a forum for discussing and modifying policies. Each institution should offer a manual that explains its application and admissions process in detail and that clarifies school policy. This manual is usually developed by the admissions officer in collaboration with committee members, and it is disseminated to all members of the committee for reference.

D. Admissions Process

The admissions process includes all procedures related to the recruitment, application, review, interview, selection, and matriculation of students for the school. It also includes the policies, procedures, events, and actions related to these activities. Each school develops its own set of standards and guidelines. The admissions officer is responsible for ensuring that committee members and applicants understand the policies and that the policies apply fairly and transparently in all recruitment and admission functions. Brochures, Web sites, handbooks, and any other media used to inform the general public about admission to the medical school should clearly state the school's admission policies.

1. Recruitment

A school's stance on the recruitment of potential students is an important philosophical issue that should be discussed and determined by the admissions officer immediately upon his or her assuming the position.

The number of applicants to medical school has been relatively large for many years, even during periods of relative decline. At some schools with an already large applicant pool, the idea of "recruiting" additional applicants in the tradi-

tional sense of that term is anathema. For schools with relatively small applicant pools or schools in states with several schools, recruitment of competitive students may be a primary responsibility of admissions office personnel. A clear understanding of institutional expectations in this area is extremely important.

Even at a school that does not support recruitment efforts, applicant education can still be very important since it is in a school's best interest to recruit those applicants who will be a good "fit" for the school. It is helpful to applicants, to their pre-professional advisors, and to the committee on admissions to assess applicants the school would like to enroll. Visits to undergraduate schools and recruitment fairs and meetings with premedical advisors and their committees will help to broadcast the message about the qualities that the school seeks in matriculating students. The time and energy saved by these interactions may be enough to convince deans and committee members that, while "recruitment" in the traditional sense may not be necessary, educating potential applicants is important.

a. Feeder schools

One of the most important tasks facing a new admissions officer lies in identifying the primary "feeder" schools from which the school receives the largest number of applicants. Reports of applicants by undergraduate institution (either from AMCAS or a school-specific database) will help in determining the feeder schools. Also of interest are the school's decisions about those applicants. Does the school receive many applications from a given college, but rarely accept any of them? In this instance, it would be important to contact that college's premedical advisor and investigate the source of the problem. Are there colleges from which the school receives a significant number of applications, accepts a significant number of applicants, but actually matriculates only a few of the accepted applicants? A visit to the premedical advisor at that school may provide very useful information that could enhance "yield" for the medical school from that college.

A second important issue, once feeder schools have been identified, is to become very familiar with those colleges' premedical advising systems, curricula, and other unique characteristics. Does one of the schools, for example, have a highly competitive and academically rigorous engineering program? If so, then perhaps the admissions committee should modify its expectations of GPAs from applicants who are engineering students at that school. Only by visiting the school, talking with its faculty members, and developing some insight into its culture and educational programs can a medical school admissions officer create a meaningful link to a feeder school.

Finally, it is wise to identify those schools in the region from which the medical school does not receive sufficient applicants. Could some effort produce more candidates for the school? Would the medical school benefit from the type of students who typically attend those schools? Do the undergraduate institutions have a sizable population of students from groups underrepresented in medicine that remains untapped? Answers to such questions will help the admissions officer decide whether to visit these schools even if they have never previously provided a single candidate to the medical school.

b. College fairs and other programs

Many undergraduate schools have “Graduate and Professional School Day” programs or “Career Fairs.” Some larger high schools also include various career options in their “College Nights.” The choice of whether or not to participate in these types of programs will depend on each school’s culture. Some admissions offices are so understaffed that attendance at these programs is impossible. Others will choose to attend selectively. A good rule of thumb is that, if a school’s resources for recruitment are scarce, it is often more cost-effective to talk to premedical societies and other focused student groups than it is to attend a large college fair.

Many schools use medical students to staff some of these programs. A school’s own students and alumni are often wonderful resources to extend the reach of recruitment efforts. However, schools that choose to enlist students and alumni as medical school ambassadors and recruiters need to provide sufficient training so that the recruiters understand current admissions policies and practices. An orientation program, including the opportunity to attend a committee meeting or two, may make them much better recruiters for the medical school. Alumni participation in recruitment will be addressed more fully in a later section.

It is important to consider carefully the materials distributed at these events. Most schools have a small exhibit that they can transport. It should contain photographs of the campus, laboratory, classrooms, and clinical facilities, as well as materials about the application and admission process. These materials can be as simple as cards with the school’s Web site URL or a printed sheet of AMCAS information. Students at these fairs might also be interested in special programs, so information about joint and dual-degree programs would make a valuable addition to the exhibit.

Ambassadors and recruiters should be prepared to respond to students who will want information about related health programs at the medical school’s parent university (e.g., nursing, physical therapy, pharmacy).

Helping interested students obtain information about these careers will create a good impression for the university as well as the medical school.

A general knowledge and understanding of the medical school's curriculum, graduation requirements, and residency Match statistics are essential in the job of an admissions officer.

c. Open houses

If the admissions officer chooses not to attend fairs and recruitment events away from the medical school campus, then it is important to consider holding an open house or recruitment day event on the medical school campus. Depending on the arrangements for these campus events, open houses can be very successful. A school can sponsor an open house for premedical advisors or for prospective applicants. Either type of event requires several months of advance preparation.

Preparing for an open house calls for the following steps:

- 1) The admissions officer, having estimated different budgets for various levels of programming, should approach the dean and other important faculty to ascertain “buy-in” and request time and money to administer this program. The admissions officer can “sell” the program to a dean by explaining how it will limit the need for travel and how it can showcase the institution's educational programs, facilities, and accomplishments.
- 2) Once potential participants have been identified, the admissions office can plan a program within the budget approved, including the types of sessions to be offered, speakers, panelists, and guides. Session topics could include a curriculum overview, a tour of research and clinical facilities, panels of medical students, hands-on visits to faculty laboratories and computer learning facilities, overviews of educational enhancements from appropriate faculty and staff, panels on current health system and healthcare issues, sessions on financial aid, and sessions on the school's specialty and career selection advisory processes. Prospective applicants would find a session on “tips” about how to apply to medical school and what the school seeks in its applicants both interesting and important.
- 3) A comprehensive program plan affords the opportunity to fine-tune the event's budget. The plan should include refreshments, lunch, and parking in the budget.

- 4) Contacting local and regional premedical advisors can assess their interest in such a program. They, in turn, could encourage their students to participate. If there seems to be significant interest in the program outline, the admissions officer can discuss with all involved the best timing of the program, taking into consideration all the external issues that could prevent people from attending (MCAT administrations, spring breaks, religious holidays, midterm examinations, faculty retreats, etc.). Conflicts in the medical school's calendar could also prevent students and faculty members from participating.

d. Recruitment materials

The admissions officer should annually review and update all school publications and other tools for their effectiveness.

- 1) A user-friendly Web site for prospective applicants is essential. The Web site should be visually pleasing and colorful to capture interest, but easy to navigate. It should contain the essentials of the application process, as well as helpful information about the school, its curriculum (including a list of affiliated hospitals and links to their Web sites), and any other special features. The link to the admissions page within the institutional Web site should be easy to access, especially if applicants will communicate with the admissions office electronically.
- 2) It is advisable to print business cards with the school's Web site URL, the admissions office e-mail address, and additional bullet points. Admissions representatives can distribute these cards to potential applicants at different events.
- 3) Some schools continue to provide printed brochures or "view books." Admissions officers should make certain that these publications present current and accurate information.
- 4) Videos are another popular information tool. Because video production is complex and costly, however, schools must decide on an individual basis whether videos are effective tools for the school's goals. Schools that choose to produce a video should try to include information that does not become out of date too quickly.
- 5) With desktop publishing capabilities, admissions offices can produce very useful newsletters or other flyers that are easily edited and that can serve recruitment purposes.
- 6) Compact disks are also a fast-growing medium to introduce students to a school.

e. Students and alumni

Some of the most effective recruiters for a medical school are its own students and alumni. Perhaps the most common way for schools to solicit involvement is to use medical students as tour guides on interview days. Developing and managing a comprehensive tour guide program can be a complex undertaking. Each admissions officer must decide what works best for the institution. Some schools believe that fourth-year students make the best guides; others use second-year or even first-year students. Some schools have small group tours, others large groups. Training tour guides and managing their schedules also vary from school to school. Consultation with colleagues at regional GSA meetings can help in arriving at an appropriate model for each institution.

Medical school alumni are often pleased to speak to college and high school groups in their own communities. Asking the dean and/or the alumni office for help in soliciting graduates is important since this offers a key way to involve them in school activities (which can also lead to greater alumni involvement as clinical preceptors and/or scholarship donors). The alumni or development officer may identify alumni who would be particularly interested in recruitment. Again, the success of these efforts relies on appropriate training and the development of training manuals. Inviting alumni back to campus for meetings with the admissions committee is frequently very useful. It is critical that alumni not be misled into thinking that they will actually have influence on the admission of individual applicants to the medical school and that they, in their turn, do not mislead prospective applicants about their role, which is primarily to help identify and recruit talented and gifted students to the institution. Some schools do use alumni as adjunct interviewers, but that represents a commitment entirely different from recruitment activities.

f. Scholarships

If there is a single area that can generate hours of spirited discussion among admissions officers, it is the use of the “recruitment” scholarship. Most admissions officers do not manage financial aid awards, but they are often deeply involved in selecting possible recipients of non-need-based scholarships used for recruitment purposes. The admissions community is divided over the wisdom of using scholarships to recruit highly attractive candidates, with credible arguments made on both sides of the issue. Admissions officers should determine the prevailing culture at their institution and study the reasoning behind the policy. They can solicit opinions from the dean and members of the admissions committee. Furthermore, they should meet early on with their school’s financial aid officer to study the school’s financial aid policy and packaging process.

g. Recruitment of special populations

All medical schools have special populations of students they would like to recruit, based on the institution's mission statement. Consequently, it is important to learn from the outset how the dean and admissions committee members view the school's mission. Some schools may focus almost completely on recruiting as many rural candidates as possible. Others focus on those interested in research/academic careers.

Most U.S. medical schools have also made a commitment to identify and encourage admitting students from groups underrepresented in medicine. The role of the admissions officer in this effort will be determined by the school's policies, which, in part, will be based on the laws of the state and on the school's status as a public or private institution. Most new admissions officers will be expected to work closely and in concert with the school's minority affairs officer. At some schools, these officers already have an ongoing recruitment program in place and will need only limited assistance. At other schools, the minority affairs office is understaffed and seeks collaboration in identifying and recruiting attractive applicants.

2. Premedical advisors and committees

The previous discussion lays out the importance of the premedical or pre-health advisor or committee to the medical school. Web sites for local/regional undergraduate schools offer information about those institutions. Many sites list the name and telephone number of the pre-health advisor, along with a description of the advising process at that institution. Information can also be obtained through discussions with members of the admissions committee or with faculty members regarding colleges of potential interest, their students, and the quality of premedical advising. Armed with this preliminary information, the next step is to contact the pre-health advisor and arrange a personal meeting, based on the advisor's preference, either at that school or at the medical school.

In visiting an undergraduate institution, it is important that the admissions officer show interest in cooperation and collaboration and in a mutual exchange of information and expectations. Over the years, some medical school personnel have been perceived as arrogant and patronizing, and it obviously does not serve the admissions officer well to validate any of those perceptions. Asking for help in meeting a school's faculty members, staff, and students will usually allow the admissions officer to initiate a very positive and collegial relationship with the school's advisor. These advisors have a stake in their students' future opportunities and well-being and feel a real desire to help them.

Most advisors will welcome the admissions officer to their institutions. For admissions officers who encounter the rare advisor who does not enjoy the advisory role and who might have limited time for premedical students, the best recourse is to seek other ways to connect with students at that school. Sometimes other college faculty can be of assistance; at other times, it is best to wait for someone from that institution to approach the admissions office for information or help. A current medical student who attended the school could offer advice. As word gets around (and it always does) that the admissions officer is available to visit schools and meet with enrolled students, someone from that school will step forward.

Most schools have established premedical or pre-health organizations or societies, and the obvious way to get information about a medical school to prospective applicants is to participate in one of their periodic programs. Most clubs invite admissions deans and directors to speak at evening or afternoon meetings. Admissions officers should be prepared to discuss general topics regarding application and admission to medical school, as well as the application and admission processes specific to their own school and the unique features of the medical school. If there are other medical schools in the immediate vicinity, it is often worthwhile for admissions officers from several medical schools to provide a panel program for premedical students that takes into consideration the undergraduate institution's best interests.

A key feature of any relationship with undergraduate pre-health advisors is to become a resource to them by telephone or e-mail for private consultations about candidates that are of concern to them. Admissions officers should take advantage of opportunities to speak to the state or regional organization of pre-health advisors or to host a meeting at the medical school, providing a complete program for them. An admissions officer could feature a panel of academic or curricular affairs officers or a panel of medical students at such a meeting. It is always wise to provide a basic tour of the facilities at the school, allowing time for the advisors to interact with each other. The National Association of Advisors for the Health Professions (NAAHP, www.naahp.org) may suggest particular issues or topics of national importance that could be addressed at an advisors' meeting on the medical school campus.

3. Evaluating applicants

About 97 percent of all allopathic medical schools participate in the central application service administered by the Association of American Medical Colleges—the American Medical College Application Service (AMCAS). Information about AMCAS appears later in this handbook. Medical schools that use this service receive applications wherein applicants' academic

transcripts have been verified. The AMCAS application provides extensive information, including an essay, biographical information, an academic record, MCAT scores, and a record of the applicant's personal experiences.

State-supported medical schools in Texas belong to a separate application processing system, the Texas Medical and Dental Schools Application Service (TMDSAS), that handles applicants to the first-year entering classes at participating Texas medical, dental, and veterinary medical schools. TMDSAS simplifies the application process by providing one standardized form, relieving students of the need to complete multiple applications in the state of Texas. TMDSAS-participating schools benefit by receiving uniform information on all applicants. TMDSAS serves only as an information clearinghouse and does not influence the schools' review, interview, or selection of applicants. For the 2004 entering class, seven medical schools in Texas participated in TMDSAS. Baylor College of Medicine does not participate in TMDSAS because it is a private institution. TMDSAS does not handle advanced standing or transfer applicants. A list of TMDSAS-participating schools can be found at: www.utsystem.edu/tmdsas/schools/schools.htm.

a. Determination of recipients of secondary application materials

As applications arrive, admissions office staff create files (physical or electronic) so that applicants may be evaluated and ranked. The first decision to be made is whether the applicant should receive a secondary/supplemental/school application. Secondary applications vary in content and format, from requesting additional personal information to requiring one or more additional essays. Many schools provide their secondary applications on the Web.

The decision to send a secondary application may be a critical one in that some applicants are rejected at this point. This selection is usually based on academic achievement (threshold levels such as college Grade Point Average [GPA]) or MCAT scores and/or personal qualities, which indicate the applicant is not a good "fit" for the medical school. Some schools will send secondary materials to all applicants and review the complete application in depth prior to making acceptance decisions. There should be a clear institutional policy about this step of the application/admission process, and it should be conveyed to all applicants.

b. Letters of recommendation

The number of required letters of recommendation is a decision left up to each school. Typically, schools request either three letters—perhaps two from science faculty and one from a non-science faculty—OR a letter from the premedical advisor or premedical committee at the undergraduate school. If the applicant is enrolled in a graduate program, a letter may be requested from the applicant’s graduate advisor. This last letter is particularly important if the medical school has a policy of not accepting an applicant unless he or she will have completed the graduate degree program prior to medical school matriculation.

Each medical school should publish institutional policies and procedures regarding letters of evaluation and recommendation and letters from third parties that are not solicited by the applicant. Frequently, persons writing letters of evaluation and recommendation at the request of a medical school applicant require that the applicant sign a waiver of his/her right to see such letters. For that reason, many medical schools place a waiver statement on their evaluation and recommendation forms so that it is immediately apparent to medical school staff and admissions committee members whether the applicant has or has not waived the right to see the letter. The applicant may choose not to waive the right to see the letter. However, the letter writer may also refuse the applicant’s request for a letter of evaluation or recommendation if the applicant does not agree beforehand to waive the right to see it.

Some medical schools will include in an applicant’s file only letters of evaluation and recommendation from those individuals specifically identified by the applicant, while other medical schools will include letters from third parties who were not specifically named by the applicant. Medical schools should advise applicants of specific policies in these areas, in order to prevent and resolve misunderstandings.

Some undergraduate schools now transmit letters of recommendation electronically. Usually these schools notify the medical school and offer the option of receiving letters electronically or through the traditional manner.

c. Preliminary review/interviewee selection

The admissions office should set guidelines for evaluating application files. The guidelines cover any element of the applicant’s transcript from all educational experiences; scores on standardized tests; “legacy” status; racial and ethnic self-descriptions or other measures of diversity; community service activities; scholarly activities; leadership roles; work experiences; and disad-

vantaged status or other measures of the educational context for assessing the applicant's achievements. The file review form may include quantitative scoring that reflects the relative importance of each characteristic.

Some schools take an alternate approach of establishing a threshold for academic performance and standardized test scores to choose the fraction of the applicant pool that will be given further consideration. This initial screening score may be determined by a simple computer program that assigns the highest weights to those variables found to be most predictive of future scholastic performance in the individual medical school (e.g., the science GPA and the Biology MCAT score). Once all applications are ranked, the applications ranked above the threshold score will then be ranked according to those personal characteristics and experiential factors that the individual school has identified as important.

The medical school may offer the candidates with the highest ranked scores an interview. The number of candidates offered an interview depends on both the class size and the capacity of the admissions committee workforce. As a general rule, schools will typically interview a total number of applicants equal to about five times the size of the entering class. The purpose of the interview day is usually two-fold—to document and confirm the candidate's credentials and characteristics and to give the applicant a first-hand look at the school; thus the interview day has both evaluative and recruitment functions.

d. The interview process

The interview serves several purposes:

- i) *To evaluate the applicant's academic and personal readiness to enter medical school.*
- ii) *To afford the applicant the opportunity to acquire information about the medical school.*
- iii) *To recruit students to the medical school.*

Given that the interview can serve as both an evaluative process and a recruiting tool, the interview day should serve both functions. The activities should highlight the strengths of the medical school, including a tour of facilities, the opportunity to attend a class, and lunch or other informal time to meet with current medical students in a non-evaluative setting and ask questions. A wrap-up session at the end of the day with an admissions office member ensures that the information obtained by the applicant is correct, answers last-minute questions, and gets feedback.

Interviewing at a dozen or more medical schools may present a financial

challenge for many applicants. Airlines in the past have provided discounted fares for this purpose. Hotels may also provide discounted rates for students. It would be beneficial to provide applicants with up-to-date information regarding best travel arrangements to the school with their invitation to interview. Some schools have organized a student hosting program in which current students provide overnight housing for candidates during the interview trip and receive a nominal fee either from the applicant or from the school for their efforts. Many applicants consider this their most enjoyable time, and in the right circumstance the overnight visit may be a useful recruitment tool.

Schools that perform regional interviews without an actual visit by the applicant to the medical school campus will miss the opportunity to showcase the school's facilities. These schools should consider a substitute activity, such as a revisit or preview weekend for accepted applicants.

Interviews may take very different formats:

- One interview per applicant
- Two interviews (or more) per applicant
- Group interviews (one interviewee with multiple interviewers)
- Multiple interviewees with multiple interviewers
- Interviews with students, either alone or with faculty interviewers

All of these interview scenarios have merit; the method adopted by each institution should best fit its assessment and decision-making processes.

Interviews may be highly structured or relatively free form. Some institutions use one interview to evaluate the academic performance and ability and the quality of scholarly activities, while the second interview will focus solely on interpersonal skills, attitudes, and attributes. Regardless of interview format, the key criteria evaluated should include the following:

Academic skills:

- Evenness of performance (success) in undergraduate/post-baccalaureate/graduate coursework
- Performance in upper-level science coursework
- Consistent or improving GPA during college
- MCAT scores that meet established thresholds; each school should conduct its own research to decide which scores predict success at that school.

Personal qualities:

- Coping skills
- Leadership skills
- Communication skills
- Motivation for medicine
- Exploration of medicine as a career
- Maturity
- Self-identification of strengths and weaknesses

i. Interview report

The interview makes up an important component of the admissions process. It must provide adequate information to enable the committee to make a final decision regarding the applicant. Although it would seem easy to give a final summation in the report, including the applicant's responses to questions is far more helpful than trying to interpret what the applicant meant. This type of reporting will give the committee a better sense of the applicant's strengths and weaknesses.

The interview report itself should provide the most important information for the committee's use. What are the criteria most important to the school and to meeting its mission? The admissions officer should work closely with the committee in developing the document.

The interview report should not include any inappropriate information. At the beginning of each admissions cycle, admissions committee members should meet with a representative of the school's general counsel's office to identify areas that interviews should not address and that should not appear in a written report. (See Legal Issues chapter below.)

The interview report should include new information and a recommendation.

e. Committee decisions

The committee has several decision options for an applicant who has been interviewed:

- Accept
- Hold (This list may become an alternate list at some point in the process.)
- Reject
- Place on alternate list (Many medical schools formulate an alternate list from which applicants will be selected during the summer or after May 15.)

Admission decisions are difficult, and this process should not be taken lightly. Committee members will often take part in lengthy discussions as they seek to select the best students for their schools.

They may use a numerical scale; a scale of 1 to 5 or 1 to 7 is typical. Other types of scales may also work well (e.g., Accept, Hold, Reject). There are many ways to rank applicants, but the most important issue is to use a system that ensures that the admissions officer knows whom to accept and in what order; who should be accepted at a later time and in what order, and who will be rejected.

4. Notification of decisions

Applicants should learn of committee decisions in a timely manner. Many schools use e-mail and or written correspondence for these notifications. Please see the Electronic Office section below. It is in the best interest of the admissions office to let the applicants know when the committee is going to be making decisions—on a weekly or monthly basis, by a specific deadline, etc. Publishing this information will save the admissions office from receiving numerous phone calls.

Notification of decisions is also governed by a published set of AAMC recommendations, commonly referred to as the “traffic rules” (see Appendix and www.aamc.org/students/applying/policies/).

5. Evaluation of the admissions process

Each medical school should set up a mechanism to evaluate whether its admissions decisions yield the type of student that the committee and school believe would benefit most from, and contribute most to, the learning environment of that school. Committees may accomplish this goal informally through normal reporting procedures, including the annual report to the dean and faculty, when the committee chair can receive feedback regarding the consistency of admission practices and how consistent outcomes are with the mission, goals, and values of the school. Alternatively, in collaboration with the alumni association or the committee on student performance, the admissions committee could study whether the academic progress of enrolled students and their specialty and career choices are consonant with the school’s mission. Both endpoints may guide the committee as it formulates policy to attract and matriculate a student body with a better “fit.” Consulting with medical schools that have similar values and missions could reveal expected outcomes.

6. Delayed/deferred matriculation

Deferred/delayed matriculants are applicants accepted to one year's medical school entering class who request a deferral of their acceptance to a future year's entering class. Some schools do not limit the number of years an accepted applicant can defer matriculation, while other schools place a limit of one or two years on the deferral. Still other schools do not grant deferral of matriculation under any conditions. Some schools are quite liberal in granting deferrals in that they do not require documentation of any special reason for the deferral. Other schools publish a list of circumstances for considering requests for deferrals.

Some schools granting delayed or deferred matriculation require the accepted applicant to commit to their school for the following year's entering class and forbid the applicant from applying to any other medical schools in the interim. Other schools grant deferrals without such conditions or contingencies. In either situation, the school should ensure that the applicant understands the specific conditions associated with the offer. In addition, it is advisable for the school to have a specific deadline for the accepted applicant to make a decision about the offer of deferral. Finally, a written offer of deferral and a written response to the offer (perhaps including a signed statement of any contingencies or conditions of the offer) enhance communication between the school and the applicant and reduce the opportunity for future misunderstandings.

In all cases of delayed or deferred matriculation, the school should maintain communication with the applicant and check the applicant's AMCAS or other application information for accuracy.

7. Other admissions processes

a. Transfer applicants

Admissions officers should consult the GSA Guidelines for the Consideration of Applications for Transfer or Advanced Standing (www.aamc.org/members/gsa/transferguide.htm). (See Appendix C)

While, in general, it is expected that students will graduate from the medical school at which they initially matriculated, sometimes compelling circumstances require students to seek transfer to another medical school. These circumstances frequently relate to students with complex marital or family situations.

Each medical school should have an established policy regarding advanced standing applicants (even if it is that no transfer or advanced standing applicants will be considered), including which office within the institution will accept, and make decisions about, such applicants. At some schools this responsibility falls to the admissions office, while at other schools it is the responsibility of the student affairs or academic affairs office. If it is the admissions officer's responsibility, he or she should keep in close contact with the registrar's office, the office that typically is most aware of the number of places actually available for transfer students in any given academic year. A school's transfer policy should be published in its literature and on its Web site. The policy should include requirements for transfer or advanced-standing admission (i.e., those documents required for application and, in the consideration of applicants to the third year, information about any requirements for a passing score on USMLE Step 1).

Two types of questions come to mind when considering a policy on transfer applicants:

- i) Will the school consider applicants from foreign medical schools, dental or osteopathic schools, Canadian schools, and/or only from LCME-accredited allopathic medical schools?
- ii) Does the school's curriculum permit transfer into the second year or does the school consider applications only for transfer into the third year?

The AAMC maintains a Web site with information on the transfer policies of all LCME-accredited medical schools at www.aamc.org/students/medstudents/start.htm.

A school that accepts an applicant for transfer in any given year must notify the student affairs or academic affairs dean at the school from which the student is transferring. It is also essential to request a written statement regarding the current enrollment and academic standing of the applicant from the school at which the transfer applicant is currently enrolled.

It is the receiving school's responsibility to inform the AAMC of any transfer applicants accepted to the school.

b. Combined/joint-degree programs

Many schools provide one or more combined or joint-degree programs. These programs permit students to achieve an additional degree to the

M.D. degree. Some examples include:

- M.D. and M.B.A.
- M.D. and J.D.
- M.D. and M.P.H.
- M.D. and Master's in humanities.
- M.D. and Ph.D. degree in one of the basic sciences.

These programs often entail a separate or complementary application and admissions process and are usually coordinated with other colleges in the university or other programs within the medical school. The selection process typically includes faculty from both degree programs. The combined-degree approach affords the student the opportunity to achieve the joint degrees together in less time than it would take to obtain two separate degrees. The faculty of both programs adjust the curriculum to help the student meet the graduation requirements of both degrees by developing a flexible course schedule. The joint-degree approach allows the student to gain both degrees by completing both programs with little or no curriculum flexibility and therefore within the time to achieve both goals.

The selection process, by necessity, involves answering several questions:

- What is the role of the admissions committee?
- Will students from these combined or joint degree programs be included in the final tally for the entering class?
- Where will the admissions and academic records of these students be maintained?
- What is the role of the dean?
- Who is responsible for the recruitment function?
- Which school's or program's academic policies and regulations will determine the academic standing of these students?
- Who supplies the personnel and financial resources needed to fund the program?

E. Matriculation Process

1. First-Year Orientation

The admissions office frequently bears responsibility for organizing the orientation program for entering students.

It is the admissions officer's responsibility to report the dates of school orientation programs to the AAMC and, when the time arrives, the list of matriculating students and the date of matriculation. The following suggestions can help in managing the orientation program.

a. Orientation Programs

Orientation programs vary widely. Some schools hold a one-day event; others host multi-day or week-long activities.

Most schools highlight social events, a White Coat ceremony, science-based update courses, ethics discussions and professionalism seminars, and team-building exercises. It is important to introduce members of the support staff at the medical school so that members of the entering class will understand what services are available to them. These services usually include campus security, the medical library, information technology, the counseling center, the student health center, various student organizations, and the honor council.

Running a large-scale orientation program will require placing some of the ongoing admissions functions on hold. Applicants for the next year's class should be aware that admissions office personnel might be temporarily unavailable during this time.

2. Records Transition

The admissions office should have a plan in place for the orderly transfer of all applicant files to the registrar/student records office. Reviewing the plan each year can make sure that the plan is an efficient one and that the transfer moves smoothly.

Application files should be purged of all admissions information that is superfluous and/or confidential after acceptance. It is most important to purge letters of recommendation from the files: they are confidential and are provided to the school for purposes of admissions only.

Some schools' admissions offices maintain control of the new student files until all materials have been received from accepted applicants. For example,

some immunization records may arrive in the admissions office after orientation week so that file transfers often continue into the first semester. Other schools make the transfer immediately upon matriculation and orientation. Since that time of year is particularly hectic in the admissions office, developing a plan that minimizes confusion is paramount.

F. Confidentiality/Legal Issues

Admissions officers and members of their admissions committees could confront a range of legal issues as they fulfill their institutional responsibilities. This section is not intended to constitute legal advice. Medical school admissions officers are strongly encouraged to consult with their institutional legal offices for advice about institutional policies and procedures and about responses to individual situations.

Each medical school admissions officer should be aware of specific state laws that relate to the application and admissions processes. For example, some states' laws prohibit supplying certain types of applicant demographic information to admissions personnel as they assess application files and make admission decisions. Other states' laws define the ratios of applicants to be selected from specific geographic regions.

In addition, several federal laws relate to medical school application and admission processes.

1. Federal Civil Rights Statutes

Federal law prohibits all colleges and universities from discriminating on the basis of race, color, national origin, sex, disability, and age. The Office of Civil Rights of the U.S. Department of Education enforces several federal civil rights laws in programs or activities that receive federal financial assistance from the Department of Education. Additional information can be found on the Department of Education Web site at www.ed.gov/offices/OCR/know.html.

2. Federal Educational Rights and Privacy Act (FERPA)

a. Purpose

The Federal Educational Rights and Privacy Act (FERPA), sometimes referred to as “the Buckley Amendment,” governs students' right to privacy and access regarding their educational records. The law applies to all schools receiving funds from the U.S. Department of Education. It was enacted to ensure the accuracy, integrity, and confidentiality of students' educational records maintained by colleges and universities.

Under FERPA:

- A student is entitled to know what educational records the college/university maintains.
- A student is entitled to inspect most education records containing his/her name or personally identifiable information.
- A student is entitled to correct erroneous education records.
- A university is obligated to use educational records only for their intended purposes.
- A university may release educational records to third parties only under prescribed circumstances.
- College/university officials who maintain educational records are obligated to take reasonable precautions to prevent the misuse or unauthorized disclosure of educational records. Disclosure includes communication by any means—oral, written, or electronic.

FERPA relates to the educational records of enrolled students and not to the files of applicants.

b. Enforcement

FERPA is enforced by the Family Policy Compliance Office at the U.S. Department of Education in Washington, D.C. The Web site for information about FERPA and its implementation can be accessed at www.ed.gov/offices/OII/fpc/; the e-mail address for FERPA inquiries is ferpa@ed.gov.

c. Age of student

FERPA relates to parents' rights to see their child's educational records when the child is less than 18 years of age. When a child reaches the age of 18 or enters a postsecondary institution at any age (and thus becomes an "eligible student"), the parents' rights vis-à-vis FERPA "transfer" to the student. Nevertheless, a school may disclose information from an eligible student's educational records to the student's parents, without the student's consent, if the student is a dependent for tax purposes. Neither the age of the student nor the parent's status as a custodial parent is relevant. If a student is claimed as a dependent by either parent for tax purposes, then either parent may have access under this provision.

d. Disclosure

In general, a school must have written permission from the eligible student in order to release any information from his/her educational record. However, FERPA does permit a school to disclose those records, without consent, to the following parties or under the following conditions:

- School officials with legitimate educational interest.
- Other schools to which a student is transferring.
- Specified officials for audit or evaluation purposes.
- Appropriate parties in connection with financial aid to a student.
- Organizations conducting certain studies for or on behalf of the school.
 - Accrediting organizations.
 - To comply with a judicial order or lawfully issued subpoena.
 - Appropriate officials in cases of health and safety emergencies.
 - State and local authorities, within a juvenile justice system, pursuant to specific state law.

e. Directory information

A school may also disclose, without consent, “directory information.” A school must tell the eligible student, however, about the directory information and give the student a reasonable amount of time to request that the school not disclose directory information about him/her. (See “Definition of Terms” below.)

f. Annual notification of a student’s rights

A school must notify the eligible student annually of his/her rights under FERPA in a manner that is left to the discretion of the school. The annual notice must inform the eligible student of the right to:

- Inspect and review his/her educational records.
- Seek amendment of his/her educational records that he/she believes to be inaccurate, misleading, or otherwise in violation of his/her privacy rights.
- Consent to disclosures of personally identifiable information contained in his/her educational records, except to the extent that the act authorizes disclosure without consent.
- File with the Department of Education a complaint concerning alleged failures by the educational agency or institution to comply with the requirements of the act.

The notice must include all of the following information:

- The procedure for exercising the right to inspect and review education records.
- The procedure for requesting amendment of records.
- A specification of the criteria for determining who constitutes a “school official” and what constitutes a “legitimate educational interest,” when the educational institution has a policy of disclosing education records to such individuals.

Model notification of rights under FERPA for postsecondary institutions:

A model notification form can be downloaded from the U.S. Department of Education Web site at www.ed.gov/offices/OII/fpco/ferpa/ps_officials.html.

g. Definition of terms

The following terms are defined by FERPA:

- Eligible student: A student who has reached 18 years of age or is attending an institution of postsecondary education.
- Record: Any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche.
- Educational records: Those records that are directly related to a student and maintained by an educational agency or institution or by a party acting for the agency or institution. The term does not include:
 - Records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record
 - Records of the law enforcement unit of an educational agency or institution
 - Records relating to an individual:
 - Who is employed by an educational agency or institution, that:
 - Are made and maintained in the normal course of business
 - Relate exclusively to the individual in that individual's capacity as an employee, and
 - Are not available for use for any other purpose
 - Records relating to an individual in attendance at the agency or institution who is employed as a result of his or her status as a student are education records and not excepted under paragraph (b)(3)(i) of this definition.
 - Records about a student who is 18 years of age or older, or is attending an institution of postsecondary education, that are:
 - Made or maintained by a physician, psychiatrist, psychologist, or other recognized professional or paraprofessional acting in his or her professional capacity or assisting in a paraprofessional capacity
 - Made, maintained, or used only in connection with treatment of the student, and
 - Disclosed only to individuals providing the treatment. For the purpose of this definition, "treatment" does not include remedial educational activities or activities that are part of the program of instruction at the agency or institution, and
 - Records that only contain information about an individual after he or she is no longer a student at that agency or institution (e.g., alumni records).

- Directory information: Information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy, if disclosed. It includes, but is not limited to, the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, dates of attendance, grade level, enrollment status (e.g., undergraduate or graduate; full time or part time), participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received, and the most recent educational agency or institution attended.
- Personally identifiable information: Includes, but is not limited to, the student's name; the name of the student's parent or other family member; the address of the student or student's family; a personal identifier, such as the student's Social Security number or student number; a list of personal characteristics that would make the student's identity easily traceable; or other information that would make the student's identity easily traceable.

h. Transition from applicant to student

As the admissions office transfers an applicant's file, at the time of his/her matriculation in medical school, to the student records office, it is important to realize that FERPA affords enrolled students the right to review their educational record. For this reason, each medical school should implement policies and procedures defining the components of the applicant's application file that will subsequently become part of the enrolled student's educational record. For example, while the medical school may choose to maintain an applicant's application form in the educational record, it would be inappropriate to maintain the applicant's letters of evaluation/recommendation. These letters are generally considered to be confidential by their writers, and applicants have generally waived their rights to review these letters. In addition, these letters have already served their purpose when the decision was made to accept and enroll the applicant in medical school. If these letters were to become part of the educational record, then the enrolled student would have the right, through FERPA, to review them. For that reason, most medical schools destroy these letters and other confidential information in the applicant's application following his/her matriculation in medical school and prior to creation of his/her educational record.

i. Other institutional responsibilities

More specific information about institutional responsibilities regarding students' educational records (e.g., policies and procedure development and publication, records retention/ destruction) is published in the Handbook for Student Records Administrators published in 2001 by the

GSA National Committee on Student Records. Copies of this handbook were distributed to GSA representatives in 2001 and are also available from the AAMC Section for Student Affairs and Programs.

3. Americans with Disabilities Act (ADA)

The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination on the basis of disability by employers, state and local governmental agencies (including public colleges and universities), and public accommodations (including private undergraduate and postgraduate schools and other places of education). ADA requires both equal treatment of, and equal opportunity for, disabled persons. ADA was intended to incorporate, and be consistent with, Section 504 of the Rehabilitation Act of 1973, which states that “no otherwise qualified handicapped individual...shall, solely by reason of his/her handicap be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.”

According to the ADA, an individual is disabled if he/she satisfies any one of the following three definitions, i.e., he/she:

- Has a physical or mental impairment that substantially limits one or more of the individual’s major life activities, or
- Had a record of such an impairment, or
- Is regarded as having such an impairment.

a. Accommodations

ADA requires that reasonable accommodations be provided to a qualified person with a disability unless the institution can demonstrate that providing such accommodations would impose undue hardship on its operations. In the case of medical schools, accommodations must be provided to both applicants and students with disabilities, whether the disability was present before admission or developed following admission. Reasonable accommodations include modifications or adjustments:

- To the application process that may be necessary so that an applicant with a disability can be considered for admission
- To the environment and/or the manner in which students are required to demonstrate the essential physical and mental abilities, skills, attitudes, and behaviors, and
- That allow/enable students with disabilities to enjoy benefits and privileges of their education equal to those enjoyed by other students without disabilities.

Reasonable accommodations include, but are not limited to, modifying existing facilities to ensure that they are accessible and usable; removing architectural and transportation barriers; making adjustments or modifica-

tions to examinations, teaching materials, and teaching aids; providing qualified readers or sign-language interpreters; and modifying or adjusting equipment or devices.

The level of accommodation must be determined on a case-by-case basis and will vary by the essential functions associated with the student's year in school, the student's disability and resulting limitations, and the degree of hardship placed on the school.

It should be noted that the institution as a whole, rather than the school, is responsible for bearing the cost of required accommodations. For example, if a medical school is a component of a larger university, it is the university's resources that must be brought to bear in providing the accommodations rather than the resources solely of the medical school.

b. Pre-admission inquiries

ADA prohibits pre-admission inquiries of applicants thought to have a disability. Therefore, schools should not include questions on application forms related to medical history or disability status. Even in those cases where the disability of an applicant is apparent (e.g., the use of a guide dog), school staff involved with the application and admission process are prohibited from asking about the disability.

c. Definition of terms

The following terms are defined by ADA:

- **Qualified individual with a disability:** An individual with a disability who, with or without reasonable accommodation, can perform the essential functions of the employment (or educational) position that he/she holds or desires and who does not pose a direct threat of substantial harm to the health or safety of others.
- **Physical impairment:** Any physiologic disorder, or condition, cosmetic disfigurement, or anatomic loss affecting one of more of the following body systems: neurologic, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.
- **Mental impairment:** Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.
- **Major life functions:** Include, but are not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, sitting, lifting, reading, and learning.
- **Record of impairment:** An individual may meet the definition of

disability if he/she has a history of impairment, regardless of whether or not she/she is currently limited substantially in a major life activity. In order to have a record of impairment under ADA, the record must meet the requirements for a disability.

- **Substantially limits:** The determination of whether an individual has a disability is not necessarily based on the diagnosis, but rather on the effect the impairment has on the life of the individual. The nature and severity of the impairment, duration or expected duration of the impairment, and permanent or long-term impact should be considered in determining whether an individual is substantially limited in a major life activity.

d. **Technical standards for admission and graduation**

Schools should establish, review at regular intervals, and publish “technical standards for admission and graduation.” These technical standards should set forth the essential functions that must be performed by medical students and the essential requirements that must be fulfilled to earn the M.D. degree. Many medical schools specify that candidates for the M.D. degree must have abilities and skills in at least five areas: observation, communication, motor coordination, intellectual ability, and behavioral and social attributes. While a medical school is prohibited by ADA from asking about an applicant’s disability status during the application process, schools are permitted to ask each applicant if he/she can perform the essential functions and fulfill the essential requirements of a medical student, with or without accommodations. Such an inquiry, however, should be made of all accepted applicants rather than only of an applicant thought to have a disability.

Each essential function and requirement identified in the technical standards should be the focus of (a) specific attempt(s) at assessment for all enrolled students at some interval(s) during the educational program. To require an applicant for admission to be able to perform a function that is deemed “essential,” but then never to assess that specific function during the undergraduate medical education program, could legitimately result in questions about how “essential” that function actually is for a graduate physician.

Many medical schools distribute these technical standards to applicants and accepted applicants, with a request that the accepted applicant sign a statement to the effect that he/she meets these technical standards, with or without accommodations.

It is the responsibility of the applicant or student who believes that he/she has a disability to pursue an assessment to determine if an impairment exists. The applicant or student is also financially responsible for the costs of such an assessment.

e. Post-admission inquiry

Applicants with a disability should be assessed for admission on the basis of the same intellectual and psychosocial criteria as any other applicant. After an applicant has been found to have demonstrated evidence that he/she is otherwise qualified for admission and has been made an offer of admission, then the medical school can ask each accepted applicant about disabling conditions that may adversely affect his/her ability to perform the essential functions and fulfill the essential requirements of a medical student.

Each medical school should develop and publish policies and procedures regarding the process by which accepted applicants can request special accommodations. In addition, each medical school should develop and publish related procedures and timetables, as well as contact information for institutional personnel responsible for receipt and processing of requests for accommodations.

f. Identifying accommodations

If an accepted applicant indicates the presence of a disabling condition and requests (an) accommodation(s), then the medical school has an obligation to provide reasonable accommodations to the disabled student and assist him/her in successfully performing the essential functions and fulfilling the essential requirements of a medical student. However, a school is not required to accommodate a disabled student if the accommodation(s) would fundamentally alter the nature of the education program or if the accommodation would present a direct threat to the health or safety of others. In a case where an offer of admission is revoked based on an accepted applicant's disability, the medical school will be expected to be able to demonstrate that the decision was based on educationally relevant, necessary, and justifiable grounds.

4. Affirmative action

In its 2003 *Grutter v. University of Michigan* decision, the U.S. Supreme Court upheld the legitimacy of the use of affirmative action by institutions of higher learning to enhance the quality of education for their students and to achieve an adequately diverse student body. Among the approved benefits of diversity were “cross-racial understanding” and “better prepar[ation of] students for an increasingly diverse workforce and society, and better

prepar[ation of] them as professionals.” The court did not approve, however, of the use of affirmative action for the purposes of achieving “racial balancing” in the make-up of classes, i.e., through programs that call for explicit numerical goals or quotas with respect to racial and ethnic class composition. An educational program must value diversity broadly, and race and ethnicity should only be two of many diversity factors considered in institutional decision-making about admission. Each applicant’s application file must receive a full and individualized review. In addition, an institution’s affirmative action program should be of limited duration (the court mentioned a specific time frame of 25 years), and the institution should periodically review the continuing need for its affirmative action programs.

G. School Policies

1. International students

Each school should have a published policy relating to the admission of international students. An international applicant is a student who is not a U.S. citizen or a permanent resident of the United States and who is seeking (or has achieved) Immigration and Naturalization Service (INS) permission to study in this country. They can apply from abroad or be in the United States completing undergraduate (and/or graduate) studies, having entered the country with a student visa (F status).

NOTE: There might be other applicants who do not fit exactly in the “international student” definition given above; that is, they are not U.S. citizens or permanent residents of the United States, but they are seeking student (F) status. They can fall under other special INS categories, such as “refugees” or “political asylum grantees,” or simply have a “priority date” to be granted permanent resident status. This last category is the most complicated one from the point of view of admissions—the “priority date” simply tells when the applicant’s petition for permanent residence was approved. Then the applicant has to wait until his/her number comes up. The length of the wait depends on the country of origin and the number of annual applications for residency from that country. In the interim, the applicant is not eligible for federal financial aid.

Public medical schools generally either limit their enrollment to state residents or permit the matriculation of a small percentage of non-resident students (as long as they are U.S. citizens or permanent residents of the United States). Few public medical schools accept international students.

Most private medical schools do consider for admission, and accept, international applicants. The best available reference in terms of the policy at each allopathic medical school can be found in the Premedical Advisor's Reference Manual published by the NAAHP.

From the academic perspective, some schools require that international applicants complete a minimum number of hours at an American undergraduate or graduate college/university (usually at least the equivalent of one full-time academic year), so that an assessment can be made of their ability to perform academically in the U.S. educational system. Other schools do not set such conditions.

The main problem faced by international students is that the school accepting them has to certify to the INS not only that they are fluent in English and meet the requirements for admission to the M.D. program, but also that they have the financial means to support themselves for the duration of the program. The appropriate school representative needs to provide an accepted student with a Form I-20 certifying the above information to the INS, so the student can obtain a student visa. Since the federal government does not provide financial aid (grants or loans) to international students, international students must document that they either have private means of support (here or abroad) or scholarships/loans from their government or another agency/bank in their home country or in the United States. If a student's funds are abroad, it is advisable to find out about currency restrictions in his/her home country.

In general, to fulfill the INS rules regarding financial status, medical schools may require one of the following: 1) simple proof of the student's financial ability to support himself or herself during the four years of medical school (e.g., by bank statements, employer certification of earnings from the student's sponsor, or a letter of guarantee from a government agency), or 2) proof of financial ability and at least one year's prepaid tuition, or 3) proof of financial ability and all four years' tuition either prepaid or deposited in an escrow account.

For options 2 or 3, the school's legal counsel should develop a document that accounts for all unforeseen circumstances (i.e., different types of withdrawals, leaves of absence, etc.).

Canadian citizens who are not permanent residents of the United States are considered international students from the point of view of the INS.

However, they receive special consideration at some medical schools. Their educational credentials are equated to those of American students, and there are fewer financial restrictions. Canadian citizens have access to a Canadian loan fund and private loan programs.

2. Legacy issues

One of the most controversial issues in admission is the response to applicants who are children (or grandchildren) of school alumni, residency alumni, or faculty members. These constituencies, in one way or another, believe that they have a special relationship with the medical school and, as a consequence, their children (and other close family members) should be given special consideration.

Each medical school should develop policies regarding the handling of legacy applicants. Clarification of school policies in advance of these situations permits the admissions officer to respond consistently and proactively to these situations.

There are different ways to handle these applicants, depending on the medical school's relationship to its alumni and how far the school is willing to go to maintain their support.

With respect to the interview process for legacy applicants, schools can:

- a) Consider them in an identical manner as they would any other applicant in the pool.
- b) Grant them an interview, even if they are not otherwise competitive (i.e., a "courtesy interview").
- c) Interview only those applicants who are competitive in comparison with other members of the applicant pool and offer an "advisement session" to those who are not considered competitive.

Since each of these possible options has pros and cons, the decision on which to follow should take the medical school's long-term best interests into account.

With respect to admissions committee decisions on the admission of legacy applicants, schools can:

- a) Consider them as they would any other applicant in the pool, or
- b) All things being equal, give them preference for admission.

One way to increase good will among the children of alumni or faculty who are not considered competitive for admission is to include an offer of personal counseling in the letter of rejection (see paragraph on counseling rejected applicants).

3. Handling political inquiries

These types of inquiries are more difficult for public medical schools. There are basically three types of inquiries: the person who wants to influence the outcome of a specific applicant's application and/or the person who inquires about the status of an applicant in the process and/or the person who wants to "put in a good word" on behalf of an applicant. A firm policy of not giving out information over the telephone and requesting that the inquiry (or "good word" about an applicant) come in writing will assist in easing these situations. Most inquirers will make a phone call, but will think twice about writing a letter.

To avoid conflicts of interest and possible misunderstandings, it is advisable to channel all inquiries from political figures to the same person in the admissions office, preferably the dean/director of admissions or his/her assistant. When receiving a telephone inquiry, the staff member should get all the necessary information regarding the person calling (full name, title, position, mailing address, telephone number) and the name of the applicant on whose behalf the call is being made. It helps to explain, very cordially, that staff members are bound by institutional policies and procedures and cannot give any information about an applicant over the telephone, but that they will convey the caller's interest to the dean/director of admissions.

Each inquiry should be acknowledged, in writing, by the dean/director; paper trails can be very helpful. An appropriate response (e.g., a generic letter in which only names of applicants and recipient addresses are changed) would thank the politician for bringing that particular applicant's name to the school's attention, but also explain the competitiveness of the applicant pool and the challenges involved in making decisions on admission due to the ratio of applicants to places in the school. Politicians frequently wish only to be able to reassure constituents that they took a personal interest in recommending an individual, and being able to provide written proof of this expression of interest (in the form of the dean's response) is generally sufficient. The pressure sometimes increases with the importance of the constituent, but politicians try, for the most part, not to cross certain boundaries.

It is important to remember at all times that the information provided by an applicant is confidential, as are the results of the interview(s) and the admissions committee discussion. It is important to have the support of the dean in this area.

4. Counseling applicants and rejected applicants

Many admissions officers are expected to provide both pre- and post-application counseling. Again, schools vary in their willingness to engage in applicant counseling, and the admissions officer will probably decide how much or how little counseling and advisement office personnel provide. Admissions officers with no background in counseling sometimes find the concept of advising an intimidating task.

- a) The most common pre-application session with a candidate will cover the admissions and selection processes, including AMCAS issues and institutional nuances. Staff can discuss resources to help in preparing for medical school. Some students will want clarification about health care or other volunteer experience sought by the medical school. Others will be more concerned with how to obtain good letters of recommendation and will want to know what the admissions committee is looking for. The most common post-application session will cover “what I can do to improve my file.” It is wise to focus these sessions on areas recommended for improvement rather than getting into any justification or explanation of the committee’s decision.
- b) Sometimes in the course of either of the above types of sessions, the admissions staff person may confront issues that are beyond his/her level of professional competence. These may be test-taking, disability, or psychological issues. The most common challenges are the students who do not really want to go to medical school, students whose psychological stability seems questionable, and students with a history of drug use or mental illness. It is important to have a list of experts these students can consult. Most schools have educational and counseling experts on campus, and usually psychologists in the community provide similar services. The admissions officer should also have one or two specialists in career counseling for possible referral. Subtlety is the name of the game here. One of the most important considerations when counseling an applicant who needs professional help is to make sure that advice does not hint in any way that an admissions office staff member’s concerns led to a rejection. Usually a good career counselor has the skills and background to assist applicants with some of the larger issues.
- c) One service the GSA offers is a mentoring program at the regional GSA level. Since applicant counseling is frequently one of the more difficult tasks, the new admissions officer might seek a mentor to help him or her identify strengths and weaknesses in this area.

The admissions dean/director must decide whether the office has enough trained staff with time to counsel rejected applicants. Depending on the size of a school's applicant pool, the task can become overwhelming. If word gets out that a school's admissions officer is willing to counsel applicants individually, there may be no respite.

One option is to refer rejected applicants back to their premedical advisors for advice. In deciding whether to undertake the task of counseling rejected applicants, because it can be a recruitment tool or because of a desire to offer assistance, one golden rule that should be followed: Never give specific reasons for the admissions committee's decision. The approach should be that "there are more competitive applicants than places in the medical school and I can only try to provide recommendations for improvement, with no guarantees that my recommendations will ensure future medical school acceptance." It is beneficial to keep written notes on the counseling session and any recommendations made and to maintain these notes in the applicant's file. In the case of a reapplication, one can then determine how much heed the applicant paid to the advice provided. Furthermore, the notes might be useful in the future if the applicant has a different recollection of the content of the counseling session than the admissions staff member does.

In deciding whether a school has the resources to counsel a small number of applicants, it may be good for the school to concentrate these efforts on rejected applicants who are children of alumni or faculty or applicants for whom there are recommendations from individuals with strong ties to the school.

5. Non-traditional students

Non-traditional applicants are those who do not apply to medical school directly from college or shortly after earning a B.A./B.S. degree, either because they had not considered medicine as an option; or because they were premedical majors, but upon graduation from college, they were not sure of their motivation for medicine; or because they did not believe that they had sufficiently competitive credentials to apply to medical school and therefore decided on other career alternatives.

As a norm, "non-traditional" applicants have been away from the undergraduate educational environment for at least two years. However, more and more, there are applicants who have been out of school for five or more years. Non-traditional applicants who were science majors in college may have completed premedical course prerequisites as undergraduates, but they may have been out of school for a number of years. In this circumstance, each institution must decide how recently a course must have been taken to meet institutional

admission requirements. Non-traditional students who were non-science majors usually enroll in post-baccalaureate science courses to meet medical school admission requirements.

Applicants enrolled in post-baccalaureate programs generally do not encounter difficulty getting either individual letters of evaluation or a premedical packet from a premedical advisor. Others who have been out of school for a number of years might have difficulty meeting institutional requirements concerning letters of evaluation, if those requirements specify letters from science or other college professors who taught them in large lecture formats years ago and do not know the applicant. If the applicant presents a solid academic background and has performed well in college, it might be in the institution's best interest to make an exception in the type of required letters of evaluation. Many times letters from colleagues or supervisors can give more valuable insights into the applicant's motivation, work ethic, or personal strengths and weaknesses than a formal and superficial letter from a university professor.

6. Other special interests

Other constituencies that might make inquiries on behalf of an applicant and/or try to influence an admissions decision are donors, faculty members, other college administrators (heads of divisions, department chairs, deans), and current students.

Regardless of the source of the inquiry, admission information is confidential. The same recommendations offered above for handling political inquiries should apply.