

# AMCAS 2009 APPLICATION WORKSHEET

The AMCAS 2009 Application Worksheet was created in order to help applicants prepare to complete an AMCAS application for the 2009 Entering Class. While the information you enter on this worksheet is the information you will enter in your AMCAS application, the presentation and layout of the questions on this worksheet do not represent exactly the presentation and layout of the AMCAS application on the Web. **Also, this Worksheet does not include every question that appears in the online application—we have included only those that may take some time for you to answer.** As such, AMCAS recommends that you use this worksheet only as a guide, and that you give yourself ample time to complete and submit the actual application once it becomes available. Many applicants need several hours or more than one sitting to complete the application.

Helpful hints are indicated in **bold**. An asterisk (\*) indicates an item that you will be required to enter in the AMCAS Application. **Do not submit this worksheet to AMCAS.**

## I. Identifying Information

### Names

In addition to your full legal name, you should enter all alternate names that may appear on your transcripts, MCAT scores, previous AMCAS applications, or other supporting documentation that must be matched to your application. **We suggest you check your transcripts and other documents mentioned above to ensure that you enter all possible names and combinations of your legal name. Failure to include pertinent names may delay the processing of your application.**

### Alternate Names

Alternate Names are any variations of your name, such as a family (maiden) name or a nickname that may appear on transcripts sent to AMCAS by one of the schools you have attended.

First	Middle	Last	Suffix

### Required and Alternate ID's

Applicants are required to enter their Social Security Number/Canadian Social Insurance Number and any identification numbers that may appear on your transcripts, MCAT scores, previous AMCAS applications, or other supporting documentation that must be matched to your application. AMCAS strongly encourages you to enter those identification numbers. **We suggest you check your transcripts and the other documents mentioned above to ensure that you know which numbers to enter. Failure to include pertinent Alternate IDs may delay the processing of your application.**

1) SSN/SIN*	3)	5)
2)	4)	6)

## II. Schools Attended

### Colleges

Here you will enter information relative to each college you have attended. Copy this page as often as necessary to include each of the colleges you have attended. **Remember to include every college you attended, even if: you took only one course; whether or not you earned credit or a grade from that course; and whether or not the course was transferred to another school.**

School Name				
Country	State		City	
Program Type (select one)	Junior College	Undergraduate	Post-baccalaureate	Graduate
Dates of Attendance	From:	To:		
Did you attend this school for summer school only?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this a Study Abroad program through this US college, not affiliated with a foreign school?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize AMCAS to release information about your application, including MCAT scores, to school-designated advisors, provided this institution is eligible to receive such information based on the criteria set forth by AMCAS?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you earn a degree at this school?				<input type="checkbox"/> Yes <input type="checkbox"/> No
				If yes, name the degree:
What was your major, if any, at this school? If you had multiple majors, list them all.				
What was your minor, if any, at this school? If you had multiple minors, list them all.				

### Transcript Requests

The Transcript Requests section of the actual AMCAS application allows you to create and print AMCAS Transcript Request forms to send to Registrars at schools from which AMCAS requires official transcripts in order to process your application. **This section also allows you to request exceptions for transcripts that are not required by AMCAS.**

While AMCAS will accept transcripts that are not attached to AMCAS Transcript Request forms, AMCAS is not responsible for transcripts that cannot be matched to your application due to the omission of an AMCAS

Transcript Request form. AMCAS encourages you to utilize these forms, and be sure to inform the Registrars from whom you seek transcripts that this form should be attached to the transcript when it is sent to AMCAS.

**VERY IMPORTANT:** We also strongly recommend that you request personal copies of your transcripts for your use in completing the Coursework section of your application. Review each transcript carefully to be certain that:

- All Coursework to date is listed.
- Any narrative evaluations received instead of grades are attached to your record.
- All final grades are reported correctly.
- All final grade changes have been clearly recorded.
- Any list of other institutions is correct and complete.

The following questions will be asked of you in the Transcript Requests section. Specific directions about transcript requirements are available in the Application Instruction Booklet located on our Web site.

### Transcript Identification

- School Name
- Date Attended
- ID number listed on transcript
- Your name, as it appears on transcript
- Is this transcript required by AMCAS?
- Circle the type of grading system employed by this institution. If you have any questions about your school's grading system, contact the Registrar at that school.
  - Grades only
  - Narrative evaluations only – evaluations will be sent with transcript.
  - Narrative evaluations only - evaluations will NOT be sent with transcript
  - Both grades and narrative evaluations -evaluations WILL be sent with transcript
  - Both grades and narrative evaluations -evaluations will NOT be sent with transcript
  - No grades or narrative evaluations

**School Address Information:** For most schools, address information will appear automatically in the application; however, you should always confirm the current address for your Registrar.

### Previous Matriculation

Answer YES to this question if you have ever matriculated into an allopathic medical degree (M.D.) program at a medical school *regardless of country*. **Your matriculation status may not be dependent upon registration, enrollment, or the initiation/completion of Coursework.** Check with the medical school if you have any question regarding your matriculation status.

Have you ever matriculated at or attended any medical school as a candidate for an M.D. degree?

- Yes       No

If yes, use the space below to explain.

Space provided: 1,325 characters.

### **Institutional Action**

Medical schools require you to answer this question accurately and provide all relevant information. Medical schools understand that many individuals learn from the past and emerge stronger as a result. Full disclosure will enable the medical schools to more effectively evaluate this information within the context of your credentials.

You must answer YES to this question if you were ever the recipient of any institutional action resulting from unacceptable academic performance or a conduct violation, even if such action did not interrupt your enrollment or require you to withdraw. You must answer YES even if the action does not appear on or has been deleted from your official transcripts due to institutional policy or personal petition.

Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation?

- Yes       No

Space provided: 1,325 characters.

## II. Biographic Information

### Preferred Mailing Address

This is the address to which all printed AMCAS and medical school correspondence will be sent. This information is very important and must be kept up to date throughout the application process up to the date of matriculation – you may log into your application even after you have submitted it to AMCAS to change your contact information. **E-mail is the primary mode of communication between AMCAS and the applicant. AMCAS correspondence is sent only by e-mail, and will not be sent to you unless you provide an e-mail address. Many of the medical schools will also use e-mail as the primary mode of communication.**

Country *		
State/Province *	County *	City *
Street Address *		
Zip/Postal Code *		
Daytime Phone *	Evening Phone	Fax
E-mail *		

### Permanent Mailing Address

This address is used only if correspondence sent to your Preferred Address is returned by the postal service.

Country *		
State/Province *	County *	City *
Street Address *		
Zip/Postal Code *		
Daytime Phone *	Evening Phone	Fax
E-mail *		

### Alternate Contact

If you enter an alternate contact, you authorize AMCAS and your designated medical schools to release information to this contact relevant to your application and/or admissions status. However, AMCAS and the medical schools are under no obligation to release information to your Alternate Contact(s). An alternate contact may be especially important if you expect to be out of the country or in an area with limited phone and/or e-mail access.

### Alternate Contact

Name *		
Relationship		
Country *		
State / Province *	County *	City *
Street Address *		
Zip/Postal Code *		
Daytime Phone *	Evening Phone	Fax
E-mail *		

### Disadvantaged Status

Do you wish to be considered a disadvantaged applicant by any of your designated medical schools, which may consider such factors (social, economic or educational)?

- Yes       No

If you answered yes, please answer the following related questions.

**A.** In what area did you spend the majority of your life from birth to age eighteen? Check only one.

- Yes                       Don't Know  
 No                          Decline to answer

Country	State/Province
County	City
Description. Check only one:	
<input type="checkbox"/> Military or Government Installation	<input type="checkbox"/> Suburban
<input type="checkbox"/> Other	<input type="checkbox"/> Urban
<input type="checkbox"/> Rural	

**B.** Do you believe that this area was medically under-served?

- Yes                       Don't Know  
 No                         Decline to answer

**C.** Have you or members of your immediate family ever used federal or state assistance programs?

- Yes                       Don't Know  
 No                               Decline to answer

**D.** What was the income level of your family during the majority of your life from birth to age eighteen? Circle the answer that applies.

Don't know	\$10,000 - \$12,499	\$25,000 - \$29,000	\$50,000 - \$59,000
Less than \$5,000	\$12,500 - \$14,999	\$30,000 - \$34,999	\$60,000 - \$74,000
\$5,000 - \$7,499	\$15,000 - \$19,999	\$35,000 - \$39,999	\$75,000 or more
\$7,500 - \$9,999	\$20,000 - \$24,999	\$40,000 - \$49,999	Decline to Answer

**E.** Did you have paid employment prior to age eighteen?

- Yes                       No                       Decline to answer

**F.** Were you required to contribute to the overall family income (as opposed to working primarily for your own discretionary spending money)?

- Yes                       No                       Decline to answer

**G.** How many people who lived in your primary household during the majority of your life from birth to age eighteen?

**H.** How have you paid or did you pay for your post-secondary education? For each of the applicable options below indicate the average percentage contribution towards your post-secondary education. The percentages entered should equal 100%.

Academic scholarship	%
Financial need-based scholarship	%
Student loan	%
Other loan	%
Family contributions	%
Applicant contribution	%
Other	%
<b>TOTAL</b>	<b>100 %</b>

**I.** Do you believe that you have faced any hardships from birth to the present that interfered with your educational pursuits? If yes, briefly explain on a separate sheet of paper. The available space for each description is 1,325 characters (including spaces), or approximately 1/4 full page. Hard returns ('enter' key) count as two characters.

### Felony

Have you ever been convicted of a Felony?

Yes       No

Space provided: 1,325 characters.

### III. Coursework

In this section, you will enter all courses in which you have enrolled, regardless of whether credit was earned, for each of the schools you have attended. You must include any course you have ever enrolled in at any U.S., U.S. Territorial or Canadian post-secondary institution, regardless of whether credit was earned. This includes, but is not limited to:

- Courses from which you withdrew.
- Courses for which you received a grade of "Incomplete" and for which no final grade has been assigned.
- Courses that have been repeated; **Repeated courses and courses removed from your transcripts or GPA as a result of academic bankruptcy, forgiveness, or similar institutional policies should be entered exactly as they appeared on the transcript issued prior to removal/repeat.**
- Courses that you failed, regardless of whether they have been repeated.
- Courses in which you are currently enrolled or expect to enroll in prior to entering medical school.
- Remedial/developmental courses.
- College-level courses you took while in high school even if they were not counted toward a degree by any college.

- Courses taken at an American college overseas.
- Courses removed from your transcripts or GPA as a result of academic bankruptcy, forgiveness, or similar institutional policies.

You must:

- Enter courses exactly as they appear on the transcript of the school where they were originally attempted, not as they appear on the transcript of any school which may have accepted the courses in transfer. Only specific types of special courses qualify for an exception to this rule.
- Enter courses in chronological order. Within each term, list the courses in the order in which they appear on the official transcript.

While there is no way to replicate exactly the manner in which you will enter your course information in the AMCAS application, we urge you make certain you have the correct information at your disposal once the application becomes available. You will be required to list the following information for each course you have taken:

- Academic Status (Freshman, Sophomore, etc.)
- Course Number (as it appears on transcript)
- Course Name (as it appears on transcript)
- Course Classification (Math, History, etc.)
- Course Type (Advanced Placement, Withdrawal, Repeat, etc.)
- Credit Hours
- Official Transcript Grade

## IV. Work / Activities

The Post-Secondary Experiences section of the application is designed to give you the opportunity to include in your application any work or extracurricular experiences, awards, honors or publications that you would like to bring to the attention of the medical schools to which you are applying. **You will be able to enter a maximum of fifteen experiences when completing the AMCAS application.**

Only significant experiences should be included, and medical schools have indicated that they are more interested in quality than quantity. **Enter each experience only once. Repeated experiences should only be entered once. For example, applicants who make the Dean's List for multiple terms should enter this experience only once; applicants can indicate that the experience was repeated in the explanation field.**

For each experience entry, choose from the following list the experience type that best describes each experience.

- |  |                                      |
|--|--------------------------------------|
| • Paid Employment— Not Military                    | • Conferences Attended               |
| • Paid Employment—Military                         | • Presentations/Posters              |
| • Community Service/Volunteer—Not Medical/Clinical | • Publications                       |
| • Community Service/Volunteer—Medical/Clinical     | • Extracurricular/Hobbies/Avocations |
| • Research/Lab                                     | • Leadership—Not Listed Elsewhere    |
| • Teaching/Tutoring                                | • Other                              |
| • Honors/Awards/Recognition                        |                                      |

Include the following information for each experience you decide to enter. Copy this page as many times as needed so you can complete the information for each experience you intend to enter into your application:

Type (see list above) *		
Dates* From (month/day/year)*		To (month/day/year)*
Organization Name		
Average hours per week		
Country	State/Province	City
Contact Name		Contact Title
Contact Daytime Telephone Number		Contact E-mail Address
Experience Description: The available space for each description is 1,325 characters (including spaces). Hard returns ('enter' key) count as two characters.		

## VI. Personal Comments

Consider and write your Personal Comments carefully; many admissions committees place significant weight on this section.

- The available space for this essay is 5,300 characters (including spaces), or approximately 1 full page. Hard returns ('enter' key) count as two characters.
- Proofread carefully! No changes (including grammatical or typographical errors) may be made after your application is submitted to AMCAS.
- You cannot run a spell check in the AMCAS Application.
- Applicants who plan to cut & paste their essays into the application should draft their essays in a text-only format, preferably in text-only word processing software such as Microsoft Notepad. Copying formatted text into the application may result in formatting issues that cannot be edited once your application is submitted.
- Applicants should enter all text responses in the application just as they would like the medical schools to see them, avoiding use of all caps or all lower case. Medical schools have indicated that they prefer to receive applications that evidence normal writing practices regarding case.
- Plagiarism or misrepresentations will prompt an investigation.
- It is not necessary to repeat information reported elsewhere on your application.

Some questions you may wish to consider while drafting this essay are:

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**DO NOT SUBMIT TO AMCAS. THIS IS A WORKSHEET ONLY,  
AND IS INTENDED TO BE USED SOLELY AS A PREPARATION TOOL.**

- Why have you selected the field of medicine?
- What motivates you to learn more about medicine?
- What do you want medical schools to know about you that has not been disclosed in another section of the application?

In addition, you may wish to include information such as:

- Special hardships, challenges or obstacles that may have influenced your educational pursuits.
- Commentary on significant fluctuations in your academic record, which are not explained elsewhere in your application.

If you indicate that you will be applying to a school's MD/PhD program, you will be required to enter two additional essays: the MD/PhD Essay, in which you state your reasons for wishing to pursue the combined MD/PhD degree, and a Research Experience Essay, in which you describe your significant research experiences.

The available space for the MD/PhD Essay is 3,000 characters and the available space for the Research Experience Essay is 10,000 characters.

## VI. Certification and Submission

In order to submit your application, you must certify the statement below. **Your certification of this statement serves the same purpose as a legal signature and is binding, therefore checking the box below is the same as signing the application.**

" I have read, understand and agree to comply with AMCAS Instructions, including the provisions noting that I am responsible for monitoring and ensuring the progress of my application process, by frequently checking the Main Menu of my application. I understand that I am responsible for reviewing my application after AMCAS processing is complete. I acknowledge that my failure to identify potential processing discrepancies may result in adverse admission decisions, and I understand that I am not eligible for a refund of AMCAS fees if I do not contact AMCAS within 10 days of application processing completion. I also understand that I am responsible for knowing and understanding the admissions requirements for each school to which I am applying, and that I am not eligible for a refund of AMCAS fees if I do not meet the admissions requirements of the medical schools. I acknowledge and agree that my sole remedy in the event of any errors or omissions relating to the handling or processing of my application is to obtain a refund of my AMCAS application fee. I certify that the information in this application and associated materials is current, complete, and accurate to the best of my knowledge. I further certify that AMCAS has my permission to release information, at the request of the medical school(s), to a third-party to pre-populate online secondary applications. "