



**Association of
American Medical Colleges**
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Official Health Professions Advisor Form

Please list any changes for the Official Health Professions Advisor at your institution and send it to the address or fax number below. It is **not** necessary to notify us if there are no changes.

If you are adding a new person, this form must be accompanied by a letter from your President or Provost.

Current Listing to be Removed or Corrected:

Name:
Degree:
Title:
Institution Name:
Address:
Phone:
E-mail:

Listing to be Added:

Name:
Degree:
Title:
Institution Name:
Address:
Phone:
E-mail:

Please return form to: **Jeremy Manus**
Applicant & Advisor Relations
AAMC Medical School Application Services
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