

APPLICATION FOR ADMISSION
POST-BACCALAUREATE CERTIFICATE FOR PRE-HEALTH PROFESSIONALS
Career-Changer (Option II)

ENTRY TERM: FALL _____
(YEAR)

INSTRUCTIONS: PLEASE TYPE YOUR INFORMATION DIRECTLY INTO THE FORM.

BIOGRAPHICAL INFORMATION

Last Name First Name Middle Initial

Date of Birth (month/day/year) E-mail Address

Street Address City State Zip Code

(____) _____ (____) _____
Home Phone Cell Phone

GENDER

- Female
- Male
- Other
- Decline to state

RACE/ETHNICITY *

- African American/black
- Asian/Asian American/Pacific Islander
- Caucasian/White
- Hispanic/Latino(a) _____
- Native American/American Indian
- Other _____
- Decline to state

*This information is for stipend eligibility purposes per the U.S. Department of Education. All applicants who wish to be considered for stipend support must complete this section.

CITIZENSHIP INFORMATION

- U.S. Citizen
- U.S. Permanent Resident -- Alien Registration # _____ Country of Citizenship _____
- Other (specify) _____

CAREER GOAL (Check all that apply)

- Medicine (Allopathic & Osteopathic)
- Dental Medicine
- Pharmacy
- Veterinary Medicine
- Optometry
- Physician Assistant
- Other (specify) _____

How did you hear about this certificate program? _____

Were you ever the recipient of any action by any college for unacceptable academic performance and/or school code violations?

- Yes (If yes, please explain on a separate sheet)
 No

ALL UNDERGRADUATE COLLEGES/UNIVERSITIES ATTENDED:

INSTITUTION	START AND END DATE	CUMULATIVE GPA	MAJOR GPA	MAJOR	DATE DEGREE RECEIVED

ALL GRADUATE COLLEGES OR PROGRAMS ATTENDED:

INSTITUTION	START AND END DATE	CUMULATIVE GPA	MAJOR GPA	MAJOR	DATE DEGREE RECEIVED

CURRENT EMPLOYMENT

EMPLOYER NAME	POSITION	CITY AND STATE	HOURS PER WEEK

HONORS AND AWARDS

HONOR/AWARD	AWARDING ORGANIZATION	DATE

EXTRACURRICULAR ACTIVITIES (RESEARCH, SCHOOL CLUBS, VOLUNTEER ACTIVITIES)

ORGANIZATION	POSITION	START DATE	END DATE	HOURS PER WEEK

LETTERS OF RECOMMENDATION

Two letters of recommendation are required. List the individuals who will be submitting letters. At least one evaluator should be a faculty member.

NAME AND TITLE	INSTITUTION	PHONE	EMAIL

DISADVANTAGE STATUS (CHECK ALL THAT APPLY)*

- Not applicable (N/A)
- Educationally Disadvantage (If checked, please explain in your personal statement)
- Economically Disadvantage (If checked, please explain in your personal statement)

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Individuals who are considered *educationally disadvantaged** :

- Come from an environment that has inhibited them from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school or allied health program. For example, an applicant is considered educationally disadvantaged if he/she is the first in the immediate family to pursue a BA/BS degree or higher. (Applicants with at least one parent with a BA/BS degree are not educationally disadvantaged.)

Individuals who are considered *economically disadvantaged** :

- Come from a family with an annual income at or below thresholds according to family size, published by the U.S. Bureau of the Census, adjusted annually for changes in the consumer price index, and adjusted by the Secretary for use in all health and allied professions.

*U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Bureau of Health Professions

PLEDGE

I understand that this application and all materials presented in support of this application will be treated as confidential information by CSULA and becomes the property of CSULA. I believe all information submitted in this application to be truthful and accurate.

Applicant's Signature

Date

For Office Use Only:

Date Application Received _____

PERSONAL STATEMENT

In the space provided below please type a personal statement of approximately 500 words addressing the following prompt: **What has motivated you to prepare for a career in Medicine/health profession?** If you are unable to type your essay directly into the space below, type your essay on a separate page adhering to the following guidelines: 500 words, Times New Roman, 12-point font, one inch margins.

Health Careers Advisement Office (HCAO)



Dear applicant,

Thank you for your interest in the California State University Post-baccalaureate Certificate for Pre-health Professionals **Career Changer (Option II) Program**. We welcome your application for review. Please take a moment to review that your application is complete and that your application packet is complete. **All applications materials must be sent in one packet; please do not send materials separately.** For your convenience, an application checklist is provided below. Also, there is a step-by-step process on how to apply to our program. Please note that incomplete applications will not be reviewed. This application and all supporting documents become the property of CSULA and will not be returned. Applications of unsuccessful applicants will be destroyed one year from the date received.

Sincerely,

The Post-baccalaureate Certificate Admissions Committee

Application Packet Checklist:

- Post-Baccalaureate Certificate Program for Pre-Health Professionals Application – Career Changer (Option II)
- Official Transcripts from all colleges attended – One set to be sent to Admissions and Recruitment (step 2) and one set to be sent to Post-baccalaureate Program (step 4). Official transcripts must be sealed.
- Personal Statement (make sure you write your name on your personal statement)
- Two Letters of Recommendation (LOR). The LORs must be sealed and the back of the envelope must be signed by the letter writer.

How to Apply

Step 1

Complete and submit a Graduate Application for Admission through CSU Mentor at <http://www.csumentor.edu/>.

Under "Major/Program Objective", select Certificate - Pre-health Professionals.

Under "Degree Objective", select None.

Step 2

Request that official transcripts of all universities/colleges you attended be mailed to:

California State University, Los Angeles

Office of Admissions and Recruitment

5151 State University Drive

Los Angeles, CA 90032

Step 3

Complete a supplemental Department application (this application)

Step 4

Mail supplemental Department Application and all supporting documents: official transcripts, personal statement, two letters of recommendation in **one packet** to:

California State University, Los Angeles

Post-baccalaureate Program (BIOS 143)

5151 State University Drive

Los Angeles, CA 90032-8201