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**Application Assessment Form**

**Use this self-assessment to reflect on the strengths and weaknesses of your application. If you would like to make an appointment to review this, please go to:** [Pre-Health Post-Baccalaureate Program – College of Liberal Arts and Sciences (ufl.edu)](https://phpb.clas.ufl.edu/) and make an appointment with the director.  **Email a copy of this form and your AMCAS application prior to the appointment.**

**UFID:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Application Service Used (AMCAS, ADSAS, etc.):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Submission Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Verification Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BCPM GPA (verified):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CUM GPA (verified):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Entrance Exam Score (highest):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Highest Entrance Exam Score:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXPERIENCES**

List your experiences including: Where it was done, length of experience and total hours. Draw a bar graph to represent the length of the experience across time.

|  | **Freshman** | **Sophomore** | **Junior**  | **Senior** | **Growth Year(s)** |
| --- | --- | --- | --- | --- | --- |
| **RESEARCH****Where****Dates** **Total Hours****Graph** |  |  |  |  |  |
| **CLINICAL** **Where****Dates****Total Hours****Graph** |  |  |  |  |  |
| **COMMUNITY SERVICE****Where****Dates****Total Hours****Graph** |  |  |  |  |  |
| **SHADOWING****Where****Dates****Total Hours****Graph** |  |  |  |  |  |
| **EMPLOYMENT/****OTHER****Where****Dates****Total Hours****Graph** |  |  |  |  |  |

**COMPETENCIES ASSESSMENT**

Rate yourself on the following competencies using a scale from 0-5.

**0= None 1= Needs Considerable Improvement 2= Needs Some Improvement 3= OK 4= Very Good 5= Outstanding**

|  |  |  |
| --- | --- | --- |
|  | Rating at Time of Application | Where was the competency best demonstrated in your application (personal statement, letters, etc.)?  |
| 1. Service Orientation |  |  |
| 2. Understand Patient/Family Experience |  |  |
| 3. Ethical Responsibility to self & others |  |  |
| 4. Critical Thinking |  |  |
| 5. Quantitative Reasoning |  |  |
| 6. Scientific Inquiry |  |  |
| 7. Social & Interpersonal Skills |  |  |
| 8. Cultural Sensitivity |  |  |
| 9. Teamwork |  |  |
| 10. Leadership |  |  |
| 11. Oral/Written Communication |  |  |
| 12. Integrity & Ethics |  |  |
| 13. Reliability & Dependability |  |  |
| 14. Resilience & Adaptability |  |  |
| 15. Self-motivation & Perseverance |  |  |
| 16. Capacity for Improvement |  |  |
| 17. Knowledge of Profession |  |  |
| 18. Appropriate Self Appraisal & Assessment |  |  |
| 19. Dental: Manual Dexterity |  |  |
| 20. Pharmacy: Entrepreneurship |  |  |

**SCHOOL CHOICE**

Select your top five schools you applied to and complete the chart below. You may need to use resources like their website or the MSAR, VMSAR, etc. to complete it.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **School** | **Mission Statement Key Words** | **How is their mission reflected in your application?** | **BCPM/BCP****Median GPA** | **Entrance Exam Total/Percentile** | **Exam Section Scores/Percentiles** | **Are your GPA’s & scores in the school’s 10th percentile or above?**  | **In-state vs. out of state demographics** |
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**LETTERS OF EVALUATION**

Select the five letters you used the most in your application and complete the information below.

Very weak (1): Academic letters only discuss the grade you earned in a course. Character letters lack any specific examples of competencies and may present areas of concern or red flags. Length of relationship is often brief.

Weak (2): Academic letters discuss your grade as well as some observed traits or information already included in the application such as your experiences. Character letters have no areas of concern presented, but also lack specificity in describing your competencies or aren’t strongly positive in their assessment.

Average (3): Academic letters go beyond discussing your grade and include observations of your academic strengths and habits. Character letters are positive and present a few specific examples of your competencies.

Strong (4): Academic letters include specific examples of how you’ve demonstrated competencies and are very positive. Length of relationship is usually over 1 year.

Very strong (5): Letter are generally from individuals who have known you over a long period of time and in areas outside the classroom (for academic letters) such as research. They provide specific examples of how you have demonstrated multiple competencies. They are overwhelmingly positive, and the writer can compare you very highly to other students or applicants they have worked with in the past.

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommender** | **Type of Letter Required****(Science Lecture, Non-science Lecture, Character)** | **How well does the recommender knows you?****Rate 1-5 1 = Not at all; to 5 = Very well** | **Estimated Quality of the Letter****Rate 1-5 1 = Very weak; to 5 = Very strong** |
|  |  |  |  |
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**WRITING COMPONENTS**

Personal Statement

* Did your personal statement convey your ‘Journey, Purpose and Impact or ‘WHY’? YES NO
* Did you get feedback from others who know you well? YES NO
* Could they tell ‘WHY?’ you want to serve others via medicine? YES NO
* Did you get feedback from others who don’t know you as well? YES NO
* Could they tell ‘WHY?’ you want to serve others via medicine? YES NO

Experience Section

* Did you indicate what you did and what you learned? YES NO

Secondary applications

* Did your answers reflect depth and insights of your story, character and competencies? YES NO
* Timing of submissions – When did you submit your secondaries? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a whole, do you think the writing components of your application had a consistent theme? YES NO

If YES, what was that theme?

**INTERVIEWS**

Were you invited to any interviews? YES NO

If yes, how many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how you felt the interview(s) went for you:

**ASSESS**

It is important to step back and assess your profile as an applicant.

* 1. What are your strengths demonstrated in your application?
	2. What areas need further development and attention?
	3. What do you need to do to improve as an applicant?
	4. Was there anything you didn’t put on your application that you wish you had?

**PLAN**

|  | **Senior Year** | **Growth Year 1** | **Growth Year 2**  |
| --- | --- | --- | --- |
| **RESEARCH Where****Dates** **Total Hours** |  |  |  |
| **CLINICAL Where****Dates****Total Hours** |  |  |  |
| **COMMUNITY SERVICE Where****Dates****Total Hours** |  |  |  |
| **SHADOWING Where****Dates****Total Hours** |  |  |  |
| **EMPLOYMENT/****OTHER Where****Dates****Total Hours** |  |  |  |