



# Pre-Professional Advising Center

## Health Careers Advising

### HCAD 2019 - 2020

### Health Careers Advising Dossier

**Directions:** Please download and complete this form in its entirety using Adobe Reader or Acrobat. If you have a Mac, **do not use the Preview software**. Upon completion, save to your computer and email a copy to [hco@brown.edu](mailto:hco@brown.edu). Save as *LAST NAME\_FIRST NAME\_HCAD2019\_2020*. Incorrectly saved documents will be returned to you for an update. In addition to emailing the form, you must submit 2 signed hard copies prior to signing up for a Health Careers Advisory Committee interview. Refer to the "Instructions Upon Completion" after section 11 for further information.

#### Section 1. Contact Information

Date Form Completed

Last Name  First Name  M.I.

Banner I.D.  Class Year  Degree

Concentration(s)

Email  Preferred Phone

Home Phone  Permanent Street Address

Permanent Street Address (Continued)

City  State  Zip Code

Country  Place of Birth

Citizenship  Visa Type

Please click here to insert a formal photo of yourself. Email a copy as a jpeg to [HCO@Brown.edu](mailto:HCO@Brown.edu) as well. Picture for internal use only.

## Section 2. Parent and/or Guardian Information

Parent Name 1  Living?  Occupation

Residence  Highest Degree Earned

Parent Name 2  Living?  Occupation

Residence  Highest Degree Earned

Guardian Name  Living?  Occupation

Residence  Highest Degree Earned

Age(s) of Brother(s)  Age(s) of Sister(s)

Your Secondary School  City, State  Year of Highschool Graduation

## Section 3. Self-Description--Optional

- African-American       American Indian       Chicano/a       Mexican American       Puerto Rican
- Afro-Caribbean       Asian American       Hispanic       Native Hawaiian       White or Caucasian
- Alaskan Native       Black       Latino/a       Pacific Islander       Other (specify below)

If other above, please specify  Gender

Do you identify as a first-generation college student?  
AMCAS defines this status as student neither of  
whose parents have an Associate or higher degree.

Do you identify as a disadvantaged applicant?  
AMCAS defines this status as growing up in an  
area that is medically under-served or had  
insufficient access to social, economic, and  
educational opportunities.

## Section 4. Application Type

- Medicine (allopathic and/or osteopathic)       MD/PhD       Dentistry       Veterinary       Other (Please specify) \_\_\_\_\_

## Section 5. Institutional Action

Were you ever the recipient of any institutional action from any college or university for unacceptable academic performance or violation of a code of conduct? Please include any instances of academic warning, serious warning, suspension or disciplinary sanction above the level of Reprimand. We urge you to discuss any cases of institutional action with us even if you believe they are on or below the level of Reprimand and will not be reported on your application.

If yes, please explain below:

## Section 6. Undergraduate Grades and Standardized Test(s)

Semesters completed at Brown

Directions:

1. Under "BCPM Courses," please list the number of "A," "B," "C," and "S" grades for every biology, chemistry, physics and math course taken at Brown .

Biology: Includes most biology (except "Scientific Writing") and neuroscience courses. Generally does not include: psychology and community health courses.

Math: Includes math, applied math (at least 0330, 0340), CLPS 0090, and SOC 1100.

Not included: Most other science courses in geology, engineering, and computer science.

2. Under "All Courses," please list the number of "A," "B," "C," and "S" grades for every course you have taken at Brown, science and non-science. If you took courses at other institutions, please submit unofficial transcripts to the Health Careers Advising Office along with the HCAD 2019- 2020.

3. Under "MCAT/Other Test" please list the aggregate score and sub-scores if you have taken the test. e.g., "Total 510, CPFBS 127, CARS 126, BBFL 128, PSBFB 129". If you have not yet taken the test, this will NOT hold the processing of your HCAD or your interview with a member of the Health Careers Advisory Committee (if applicable).

BCPM Courses				
Enter number of grades received				
	A	B	C	S
#				

All Courses				
Enter number of grades received				
	A	B	C	S
#				

MCAT/Other Test 1

MCAT/Other Test 2

## Section 7. Activities

Instructions: This section gives you the opportunity to tell us about your postsecondary experiences such as internships, volunteer or paid work, community service, travel, research assistantships, teaching assistantships, athletic endeavors, and/or significant hobbies. It is designed to meet the specifications for the work/activities section on the AMCAS application; this format is also applicable to most other health careers application services. There is room for 15 activities. You may group like activities together. The experience description must be 700 characters or fewer. Designate 3 of your activities as most meaningful. You are given 1325 additional characters for those. Spaces included in count. Do not list any high school activities.

Most Meaningful Activity 1

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Most Meaningful Activity 2

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Most Meaningful Activity 3

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description



Activity Type  Dates  Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type  Dates  Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type  Dates  Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type  Dates  Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type  Dates  Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type  Dates  Total Hours

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

## Section 8. Questionnaire

Please list any awards, fellowships, scholarships, or other honors you have received since beginning college (no high school awards and honors). Provide a description of the activities or accomplishments that led to the award ONLY IF you have not listed this information elsewhere in the HCAD 2019- 2020.

What do you think are your two strongest personal characteristics relevant to a career in the health professions? Since beginning college, what activities, courses, experiences, etc. have facilitated the development of these characteristics and how? (2000 characters or less)

What is your concentration, why did you choose it, and what are some important things you have learned from it? (2000 characters or less)

What have you done since beginning college to learn about your chosen profession? (2000 characters or less)

Please list any foreign languages you speak and the extent of your ability in these languages. Choose between Native; Advanced; Good; Fair; or Basic

Language 1

Proficiency

Language 2

Proficiency

Language 3

Proficiency

Please comment if you applied your language skills to some of your extracurricular activities. (1000 characters or less)

If you took any time off while at Brown, either voluntarily or involuntarily, please explain why and what you did during your time away. (2000 characters or less)

Did you participate in a formal study abroad program? If so, please explain briefly when and where you studied and list the courses you took while away. If you participated in a different activity abroad that is NOT listed anywhere else in the HCAD, please comment on the activity, your role and the results of your participation. (2000 characters or less)



Altruism is essential for a career in health and medicine. Illustrate your understanding of this value through an instance when you set your interest aside to assist someone in need. (2000 characters or less)

OPTIONAL: Write a brief biographical sketch of yourself. Include where you were born and grew up and say a few words about your family background. (2000 characters or less)

## Section 9. Personal Statement

This essay serves as a warm-up for the personal statement required by the AMCAS and other health school application services. It also gives us insight into the personal qualities that you will bring to your chosen profession. The personal statement should be no more than 5,300 characters including spaces. We expect that each applicant will submit a good working draft of the personal statement; therefore, you should share a draft with someone who knows something about writing and/or the health professions and who you trust to give you honest feedback. If you are having trouble getting started, seek help from the Writing Center. Health Careers Advising also keeps a binder with several sample essays.

**NOTE:** We have provided 2 text boxes for your ease of use. You are responsible not to exceed the 5,300 character total limit.

**Section 9. Personal Statement (Continued)**

## Section 10. Statement of Understanding-Institutional Action and Integrity in the Admission Process

Applications to medical and other health professions schools will ask you to report and explain your involvement in infractions of University codes of conduct. You will also be asked to report and explain any semesters in which you were not in good academic standing and/or were the subject of suspension for unacceptable academic performance. You must report any institutional action that is above the level of Reprimand even if it does not appear on your academic transcript, did not result in separation from the University, and/or if you believe the offenses to be minor. Reprimands will continue to be part of your Brown internal record as will instances of Academic Warning and Serious Warning.

Besides asking you to report institutional action, some schools and programs will require you to have a Dean at Brown University either certify that you have not been the subject of institutional action or state in writing the facts of any action of which you were the recipient. Direct such requests to our office if you receive them.

In most cases, reporting institutional action such as academic warning or serious warning will not jeopardize your chances of admission as long as you have taken full responsibility for your actions and demonstrate self-reflection and personal growth or have worked through significant challenges. Infractions of the academic or disciplinary codes of conduct, however, are viewed with significant attention and concern.

Truthfulness is integral to being a successful health professional. It is therefore essential that you take seriously your responsibility to report institutional action. ***Failure to report institutional action may be regarded by the health profession schools' admission offices and the Health Careers Advisory Committee at Brown University as a lapse in ethical judgment.***

In addition, you are expected to submit to the Health Careers Advising office and the various application services and admission offices valid and true documentation of your credentials and qualifications for admission. Submission of falsified/bogus documentation is a serious violation of Brown University's standards as well as of the standards set forth by the Association of American Medical Colleges and other health professions organizations. Violation of any of the above may result in denial of the Health Careers Advisory Committee recommendation and/or referral to a Brown Judicial committee.

If you are suspected of submitting false documentation or otherwise misrepresenting yourself in the process, you may be investigated by the application services with a full report of the findings of any such investigation submitted to the admission offices at the schools to which you have applied

I, \_\_\_\_\_, have read the statement noted above and understand that I must truthfully answer questions asked of me on applications and that I must represent myself honestly and accurately in the admission process.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section 11. Health Careers Advisory Committee Waiver**

Sign either A or B

A. All rights of access to the Health Careers Advisory Committee letter of evaluation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended or otherwise, are hereby irrevocably and voluntarily waived.

Signature \_\_\_\_\_ Last name \_\_\_\_\_ Date \_\_\_\_\_

B. I do not wish to waive my right of access to the Health Careers Advisory Committee letter of evaluation.

Signature \_\_\_\_\_ Last name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions Upon Completion:**

1) Please download and complete this form in its entirety using Adobe Reader or Acrobat. If you have a Mac, do not use the Preview software. Upon completion, save to your computer and email a copy to hco@brown.edu. Save as *LAST NAME\_FIRST NAME\_HCAD2019\_2020*. Incorrectly completed and saved documents will be returned to you for an update. In addition to E-mailing the form, you must submit 2 signed hard copies prior to signing up for an interview.

2) E-mail a formal photo of yourself as a .jpeg to hco@brown.edu.

3) In addition to E-mailing the HCAD, **current students** must print and deliver 2 signed hard copies to the Health Careers Advising office in the Pre-Professional Advising Center in in the Hemisphere Building at 167 Angell Street (Ground Level) when they sign up for an interview with a member of the Health Careers Advisory Committee in February. **The sign-up period for current students and alumni close to campus is February 20 - 21, 2019.**

4) In addition to E-mailing the form, **alumni** who cannot come to the office must print and mail 2 signed hard copies to the Health Careers Advising office in the Pre-Professional Advising Center in the Hemisphere Building at 167 Angell Street (Ground Level) when they sign up for an interview with a member of the Health Careers Advisory Committee in February. **The alumni phone sign-up period is February 18-19, 2019.** The HCAD should be received by our office at least a week before the sign-up period. Alumni should mail the form to the address below and email it to hco@brown.edu:

Health Careers Advising/Pre-Professional Advising Center  
Brown University, Box 1996  
Providence, RI 02912

For FedEx/DHL/UPS deliveries, please address mail to:  
Health Careers Advising/Pre-Professional Advising Center  
Brown University, Box 1996  
167 Angell Street  
Hemisphere Building-Ground Level

# HCAD Applicant Checklist

For applicant use. Do not turn this page in.

- Complete HCAD.
- Save copy of the completed HCAD for future reference.
- Email a copy of the HCAD to HCO@Brown.edu.
- Email photo as JPEG to HCO@Brown.edu.
- Turn in hard copy of HCAD during interview sign-up period (for current students). \*
- Mail hard copy of HCAD before interview sign-up period (for alumni). \*\*

## NOTES:

\*\*\*Students and alumni who were not able to attend the mandatory Applicant Seminar #1- The Big Picture are expected to speak with George Vassilev about their application plans prior to HCAD Submission.

\*\*\***Re-applicants** complete the **Re-Applicant HCAD 2019- 2020** not the HCAD 2019- 2020