



Pre-Professional Advising Center

Health Careers Advising

HCAD 2021 - 2022

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, sign by hand or by typing in your name, save to your computer, and email to HCO@brown.edu on February 17 or 18, 2021 by 4pm Eastern Time. Save as *LAST NAME_FIRST NAME_HCAD2021_2022*. Incorrectly saved documents will be returned to you for an update.. 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 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 High School 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 Birth Sex/Current Gender Identity

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 obtain your records from the appropriate office(s) and 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 public health courses.

Math: Includes calculus, 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 2020- 2021.

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

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Contact Name and Title

Organization Name

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Experience Description

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Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

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Contact Name and Title

Organization Name

City, State, Country

Experience Description

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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 2021- 2022.

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 co-curricular 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 and lower sanctions 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 statuses 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 or inappropriately modified 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. Save as *LAST NAME_FIRST NAME_HCAD2021_2022*. Incorrectly completed and saved documents will be returned to you for an update.
- 2) Upon completion, sign, save to your computer, and email to HCO@brown.edu on **February 17 or 18, 2021**. Please don't send any materials earlier- there is no advantage in that. **The deadline to email the following materials is 4pm Eastern Time on February 18.**
- 3) In addition, email a formal (not professionally taken) photo of yourself as a .jpeg to HCO@brown.edu with your name as title.
- 4) During the week of February 22, we will share with you a Google (or similar) Appointment Calendar so you can sign up for an interview appointment on your own. Please **sign up for only one appointment slot** as the Committee members' availability is limited and you would not want to put your peers at a disadvantage. If you meet all requirements and are placed on a temporary wait list for an interview appointment, you are guaranteed an interview. If you do not sign up between February 17 and 4pm Eastern Time on February 18 you are not guaranteed an interview. A separate wait list will be created for those who miss this sign-up period. The interviews take place between early March and early May. As of Fall 2020 we assume all will be remote.

We anticipate working remotely. Please do not send print materials to our office. For application system information enter the addresses below.

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 on February 17 or 18, 2021 by 4pm Eastern Time.
- Email photo as JPEG to HCO@Brown.edu.

NOTES:

Students and alumni who were not able to tune in to 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 2021- 2022*** not the HCAD 2021- 2022