# Self-Assessment for Health Professions Advisory Committee Letter

# **For Fall 2023 matriculation to medical school**

# ****Due by February 1, 2022**.**

**Purposes:**

1. To reflect on your experiences in order to assess your readiness to apply at this time, and to begin to think about how you will present yourself to medical schools.
2. To provide members of the Health Professions Advisory Committee with information about your background and experiences that will be used in combination with your resume, personal statement draft, transcript(s), and notes from an interview with Leslie Bell to evaluate your candidacy as well as to write your Committee Letter.

**Instructions:**

* Read all of the questions before answering as there could be considerable overlap. Don’t repeat.
* For each category, describe your experiences in chronological order, beginning with the oldest.
* If you have multiple experiences under a given category, please number them.
* For each experience, complete the chart with the information requested, *as applicable* and to the best of your ability. This information helps HPAC members provide category ratings.
* Below each chart, for each of your experiences, explain your motivation for pursuing it and how it prepared you for a career in medicine. Consider how you have developed the 15 core competencies for entering medical students. A description of each can be found at: www.aamc.org/initiatives/admissionsinitiative/competencies/
* Please number your pages and limit the document to no more than six pages.

**Full legal name** *(as it will appear on your application)*:

**First name that you most commonly go by** (if different from above):

**Introduction – Your Background and Important Influences**

*Please provide a brief overview of the* ***formative experiences*** *in shaping who you are today. Examples of information that* ***may*** *be relevant include: where you were born/raised, your parents’ or guardians’ backgrounds and influences, formative experiences that shaped your motivation for a career in healthcare, any particular challenges you or your family may have faced.*

**Academic History**

**Major(s):   
Minor (if any):**

**Cumulative undergraduate GPA\*:**

**Estimated BCPM** (Biology, Chemistry, Physics, Math) **GPA\*:**\*For those with undergraduate coursework outside of Hamilton (other than study abroad), estimate your cumulative/Science GPA by using an online calculator such as gpacalculator.net. Note that Hamilton lab courses are equivalent to 4 credits and one-credit, non-lab courses are equivalent to three credits. Do not include courses that are not reflected on a U.S. College/University transcript but do include courses taken outside of Hamilton at other U.S. institutions.

*Please provide a BRIEF overview of the* ***significant aspects of your academic experience****.*

*Examples of information that* ***may*** *be relevant: reason for your choice of major(s)/minor(s) and how it/they shaped you/prepared you for a career in medicine/dentistry (especially if a non-science major); academic discoveries; relevance of a study abroad experience; academic accomplishments of which you are particularly proud; awards and honors; explanation of low grade(s) and/or weak semester; meaningful independent study/research; your overall approach to academics; graduate degrees you have pursued and why.*

*Is there anything about your academic record or application that you are concerned about that you would like to explain or discuss? (e.g. low grades during a given semester, failure to complete a project) We will not include this information in your committee letter without prior discussion with you.*

*Have you taken any relevant* ***coursework at an institution other than Hamilton*** *or study abroad? If so, where? Why?*

**Research Experience**

*Describe any* ***scientific research*** *that you conducted**(during the summer, as an independent study, for your senior thesis, and/or post-graduate). Briefly describe your accomplishments.*

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| --- | --- | --- | --- | --- |
| Date range (months & years) | Employer | Title | Approximate Total hours | Name of Supervisor |
|  |  |  |  |  |

*Describe any**significant* ***non-scientific research*** *that you conducted**(during the summer, as an independent study, for your senior thesis, and/or post-graduate). Briefly describe your accomplishments.*

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| --- | --- | --- | --- | --- |
| Date range (months & years) | Employer | Title | Approximate Total hours | Name of Supervisor |
|  |  |  |  |  |

**Exposure to Health-related Fields**

*List and briefly describe in chronological order, any* ***medical/health-related experiences*** *(since high school) through which you gained exposure to patient-care settings, including shadowing, volunteer, and work experiences.**Describe the extent of your patient contact and how each experience has influenced your decision to enter the field of medicine. You may include virtual experiences since the onset of COVID-19.*

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| --- | --- | --- | --- | --- |
| Date range (months & years) | Employer | Title | Approximate Total hours | Name of Supervisor |
|  |  |  |  |  |

**Service**

*List and briefly describe any* ***other significant volunteer or community service*** *experiences in which you (have) participated during and/or after college.*

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| --- | --- | --- | --- | --- |
| Date range (months & years) | Employer | Title | Approximate Total hours | Name of Supervisor |
|  |  |  |  |  |

**Work and Extracurricular Activities**

*List and briefly describe any other relevant* ***work experiences*** *(paid or unpaid, on-campus or off-campus, during and/or after college). Do not include high school employment unless there is a particular reason why it is relevant to your medical school application.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date range (months & years) | Employer | Title | Approximate Total hours | Name of Supervisor |
|  |  |  |  |  |

*List and briefly describe any* ***significant involvement in organizations, clubs, athletic teams or activities*** *(on-campus or off-campus, through Hamilton or independently, during and/or after college.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date range (months & years) | Employer | Title | Approximate Total hours | Name of Supervisor |
|  |  |  |  |  |

*List and briefly describe any* ***other significant experiences/involvements/interests/hobbies*** *not already mentioned.*

**Other**

***Impact of COVID-19****:* Aside from the challenges faced by all Hamilton College premedical students as a result of COVID-19 (e.g., not receiving grades for the Spring '20 semester, the move to online instruction, an inability to shadow healthcare professionals in-person), are there any other ways that you have been adversely affected by the COVID-19 pandemic? If so, how did you respond to these setbacks?

*In the AMCAS application (for allopathic medical schools), you will be asked to identify your* ***three most meaningful*** *experiences from the above. Which three do you plan to list and why?*