



Native Hawaiian Center of Excellence
Department of Native Hawaiian Health
University of Hawai'i John A. Burns School of Medicine



NATIVE HAWAIIAN STUDENT PATHWAY TO MEDICINE 2017 APPLICATION

Aloha, We prefer that you use the Google form version of this application which can be accessed on NHCOE website (under student section). However, if you have problems with the Google Form version, please use this PDF version of application.

Native Hawaiians (who are in Hawaii or Mainland college students) are welcomed to apply.

NEIGHBOR ISLAND APPLICANTS are also welcomed to apply. We may have travel stipends for Neighbor Island students to come to Oahu for NHSPM workshops.

APPLICATION DEADLINES

* **To be considered for early acceptance, email application by AUGUST 10, 2017.**

* **FINAL DEADLINE to email application is AUGUST 20, 2017.**

* Check NHCOE website (student section) to see if we extend deadline.

ELIGIBILITY

- Preference given to Native Hawaiian applicants
- Pre-med Student: Applying to University of Hawai'i John A. Burns School of Medicine (UH-JABSOM) hoping to enter medical school in July 2018, 2019, or 2020.
- College Junior or Senior by Spring 2018. College graduates from any institution (with Bachelor's degree or higher) are welcome to apply.
- Completed (or started) at least 3 of the following pre-requisite subjects for taking the MCAT. We strongly recommend re-taking any of these classes if you received less than a C- grade.
 - Biology
 - General Chemistry
 - Organic Chemistry
 - Physics
 - Biochemistry
 - Cell and Molecular Bio

INSTRUCTIONS

- Please type or handwrite. Print legibly. Incomplete or late applications may not be considered.
- Emails and all Attachments should be titled with "Last name, First name: NHSPM Application"
- Completed application packet includes
 1. Signed & completed application (Google form or PDF form)
 2. Personal statement Essay
 3. Current Resume
 4. All College Transcripts (unofficial copy is acceptable)
- Submit your application packet to ALL three (3) email addresses: sfernan@hawaii.edu, abrigol@hawaii.edu and nhcoe@hawaii.edu

Native Hawaiian Center of Excellence (NHCOE)
Department of Native Hawaiian Health, UH John A. Burns School of Medicine
651 Ilalo Street MEB 3rd floor Honolulu, HI 96813 ATTN: NHSPM Program
Office (808) 692-1022

NHSPM Applicant Information

GENERAL INFO

FULL Name (Last, First, Middle): _____

Current Address: _____ Male Female

Phone: (____) _____ 2nd Phone: (____) _____

Email: _____ 2nd Email: _____

Permanent Address: _____ Age _____

Birthdate _____

Are you currently a legal resident of Hawai'i?

- Yes
- No, but I have previously attended school in Hawai'i
- No, but I was previously a resident of Hawai'i
- No, I have never been a resident of Hawai'i

Race/Ethnicity (Please check ALL that apply):

- American Indian or Alaska Native (specify) _____
- Asian (specify) _____
- Black or African American (specify) _____
- Native Hawaiian
- Other Pacific Islander (specify) _____
- White (specify) _____
- Hispanic/Latino (specify) _____
- Other (please specify) _____

EDUCATION

High School

Name of High School _____ Year Graduated: _____ Location: _____

Undergraduate

Name of College _____ Location: _____

Current Status: Freshman Sophomore Junior Senior College Graduate (Date _____)

Degree Awarded/Expected: _____

Majors: _____ Minors: _____ Cumulative GPA: _____

Professional or Graduate School

Name of College: _____ Location: _____

Dates of attendance: _____ to _____ Cumulative GPA: _____

Expected Completion Date: _____ -OR- Date Graduated: _____

Program / Degree: _____

Specify Research or Thesis: _____

Premed Courses (Year taken & letter grade. Also list retakes or grade pending. Most are 2 semesters per subject)

Biology (Year/Grades) _____ General Chemistry (Year/Grades) _____

Physics (Year/Grades) _____ Organic Chemistry (Year/Grades) _____

Biochem (Year/Grade) _____ Cell & Molecular Bio (Year/Grade) _____

Prior MCAT Scores/Percentages (if taken)

Date	Total Score + %	Verbal Score OR Critical Analysis # %	Biological Sci OR Bio & Biochem # %	Physical Science OR Chem & Physical # %	Psych-Social-Bio # + %

Prior Application to Medical School, if any

Date	Medical School(s)	Result: Interview? Waitlist?

Family History *This helps us advise you on programs that assist under-served or disadvantaged communities.*

List all the main places you lived as a child and adult (Island, City, State) Ex: Oahu: Laie. Hawaii island: Hilo.

Have you (or your parents/guardians) ever received governmental assistance? (Example: food stamps, Quest healthcare, or free/reduced school lunch) __Yes __No

Did you grow up in a single parent household? __Yes __No

What language(s) were spoken at home? _____

Your Family	Marital Status (ex: Single, divorced, widow, remarried)	Highest Education level obtained (Ex: finished 7 th grade, HS degree, Some college, BA in Biology)	Occupation/Job Title
Yourself			Job: Age children (if any): _____
Spouse/Partner (if any)			
Mother			
Father			
Maternal Grandma			
Maternal Grandpa			
Paternal Grandma			
Paternal Grandpa			

PROGRAM INFORMATION

How did you hear about this program? (check all that apply)

- Imi Ho'ola
 Pre-Health Advisor from _____
 Kamehameha School _____
 UH-Hilo Kipuka
 Na Pua No'eau
 Other (please specify) _____

What areas would you like assistance with? (Check all that apply)

- Interview skills
 MCAT exam preparation
 Med school application
 Learning skills
 Clinical shadowing experiences
 Financial aid
 Other (please specify) _____

Provide 2 references (at least one must be a teacher or advisor who can discuss your academic performance)

- Name: _____

Job Title: _____

Relationship to applicant: _____

Phone number: _____

Email: _____
- Name: _____

Job Title: _____

Relationship to applicant: _____

Phone number: _____

Email: _____

Program Requirements: Please X to agree to each requirement.

___ I will commit to attending all 8 workshops (unless I have an excused absence) tentatively scheduled below. Mainland college students would attend Workshop #1 - 4 via video telecom (but not workshop #5 - 8 since we will be at community sites). If you need an excused absence for a date, write your reason:

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #1 Sunday September 10, 2017 |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #2 Sunday October 1, 2017 |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #3 Sunday October 29, 2017 |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #4 Nov 18, 2017 OR Nov 19, 2017 |
|
 |
 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #5 January 2018 |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #6 February 2018 |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #7 March 2018 |
| <input type="checkbox"/> | <input type="checkbox"/> | Workshop #8 April 2018 |

___ I will schedule NHCOE advising appointments at least once every 6 months.

___ Before MCAT exam, I agree to do at least 3 months of MCAT prep either in a prep program or on my own.

___ If selected for NHSPM, I understand that when I am eligible, I can apply for NHCOE funding to assist with the cost of my MCAT prep. If I receive the stipend, I agree to pay \$200 toward my MCAT prep.

Email us your NHSPM Application Packet (see page 1)

Remember to submit your

- Written Essay in a separate document and attach it.
“Describe the most important experiences in your life that led you on the path to becoming a doctor.” (About 500 words or less)
- Resume
- Unofficial college transcripts
- This completed application (Google form or PDF form)

By printing (electronic submission) or signing my name below, I certify that the information in my application packet, including resume and transcripts, are true in its entirety. I am also certifying that I am the sole author of my personal statement. I understand that any misrepresentation may disqualify my application now and in future years.

Signature: _____

Date: _____

NHSPM Application: Pathway to Medicine Timeline

Feel free to type info on a separate document and attach it.

1. MCAT study
 - a. If you need to retake any classes, list planned dates and courses. We strongly recommend re-taking premed classes if you received less than a C- grade.

 - b. What's your MCAT study plan? (Example: Study for MCAT 20 hours/week for 6 months using AAMC practice questions, Exam Crackers, borrow friends' Kaplan books.)

 - c. Dates you plan to study for the MCAT? (4-6 months is recommended) _____ to _____
 - d. Date you plan to take the MCAT exam: _____
 - e. During MCAT preparation, what else will you be doing? (Try to limit classes and work hours)

CLASSES: Dates & course name

WORK: Describe job: _____ Employer: _____ # hours/week: _____

Are you a UH employee? NO YES

2. Date you plan to submit AMCAS (application for medical schools due Nov 1 or earlier) _____
3. Have you done any clinical shadowing of physicians?
 None yet < 2 months 2-5 months 6-8 months 9-11 months 12 months or more

If yes, list the following:

Approximate Dates	Frequency: hours/month	Physician name / Specialty	Location / Practice Type

4. Place on weekly schedule: College classes (name, day, time) & Work (days of week / time period)
 Dates of conference, Summer mainland internship, etc: _____

Weekly Schedule for Work and Classes

TIME	Mon	Tues	Wed	Thurs	Fri	Sat	Sun