PRE-MEDICAL SUMMER ENRICHMENT PROGRAM (PSEP)

WHEN
June 23-August 1, 2008
M-F, 8-4pm.

WHERE
University of South Florida, College of Medicine

CONTACT
For an application visit http://health.usf.edu/medicine/osde/psep.htm

APPLICATION DEADLINE
March 9, 2008
You will be notified by April 13th, 2008 if you are accepted into the program.

APPLICATION PACKET
Thank you for applying to the University of South Florida Pre-Medical Summer Enrichment Program (PSEP). Before you turn in your PSEP Application Packet, please review this checklist to make sure you have followed all the instructions. If you have any questions regarding the application process or program, please contact the Office of Student Diversity and Enrichment (813) 974-4707 or e-mail Seema Rampersad at srampers@hsc.usf.edu

- Completed and Signed Application
- Official Transcript
- Essay
- One Science Faculty Recommendation
- One Character Recommendation

COMPLETED APPLICATIONS MUST BE RECEIVED BY March 9, 2008.
You will be notified by April 13th, 2008 if you are accepted into the program.

All materials must be mailed to the following address:

University of South Florida College of Medicine
Office of Student Diversity and Enrichment (Room 1114)
Attention: Nazach Rodriguez-Snapp, Coordinator
12901 Bruce B. Downs Blvd, MDC 24
Tampa, Florida 33612-4799
Program Overview

The University of South Florida College of Medicine Office of Academic Enrichment and the Area Health Education Center (AHEC) Program invite you to apply to the Pre-Medical Summer Enrichment Program (PSEP). PSEP is an intensive six-week full time summer program for highly motivated students who are preparing for medical or physical therapy school. A total of twenty students are accepted into the program each year; two seats are reserved for pre-physical therapy students. The program will help participants to enhance the science and communication skills needed for quality performance on the MCAT; explore test taking strategies to enhance learning skills; and provide exposure to medicine through clinical experiences; and offer medical school admissions information through interaction with medical school faculty, staff and students.

Academic Enhancement:

- **Biology, Chemistry and Physics:** Participants will be provided the opportunity to review and enhance their comprehension of concepts in biology, general and organic chemistry, and physics.
- **Verbal Reasoning and Writing Skills:** Participants will be provided the opportunity to enhance their reading and reading inference skills as well as gain writing experience through personal essays and other assignments.
- **Test Preparation:** Participants will be provided the opportunity to participate in MCAT prep sessions during the program. Pre-physical therapy students will have the opportunity to participate in an additional day of clinical experience in place of this course.

Test Taking Strategies:

- Participants will work closely with USF Student Learning Services Program faculty in the areas of reading skills, test taking skills, etc. Utilizing a proven model of metacognition and intentional learning, students utilize the results of such assessments to develop individualized plans to improve or enhance essential learning skills.

Clinical Experience:

- Participants will be paired with physicians or physical therapists in the local community and you will have the opportunity to develop an appreciation of the "real world of medicine/physical therapy" through weekly clinical experiences and field experiences.

Clinical Seminars:

- Participants will take part in one hour per week of exposure to the "real world of medicine" through clinical topics such as health disparities, obesity, diabetes, heart disease and more.

Workshop Series:

- Participants will participate in one hour per week of workshops on admissions procedures, financial planning, study skills, test taking, time management, stress management and interviewing techniques.

Eligibility

The Program is designed for undergraduates interested in medical physical therapy school. To be eligible, students must have completed a minimum of 60 hours with an overall GPA no less than 3.0 prior to May 4, 2006. Applicants whose overall GPA is less than 3.0 will not be considered. Students must also meet one of the following criteria:

- **Underrepresented in Medicine** (URM) students. This is a student who identifies himself/herself as consists of Blacks, Mexican-Americans, Native Americans (that is, American Indians, Alaska Natives, and Native Hawaiians), or mainland Puerto Rican.
- **First-generation college** students; students whose parents have had no college or university experience.
- **Rural Background;** students who currently reside or have resided in a rural county within the State of Florida.
- **Low Socioeconomic status,** as defined by the Federal Poverty Level.

Attendance

It is common knowledge that successful students attend class regularly. PSEP aims to instill good study habits and consistent participation from the start. PSEP pays you a generous stipend so you can concentrate on your studies. Like any scholarship, you must maintain its stated standards of excellence and integrity. PSEP will require adherence to an attendance policy: Consistent failure to attend will result in your dismissal from the program. Once you have been accepted to the program, you will receive PSEP program guidelines, which will include the attendance policy.
1. Name __________________________________________________________________________ Gender: □ Male □ Female  
   (Last)                                (First)                                (Middle)                      (Nickname)

2. Current Mailing Address: (where you wish to receive information from us)

   Number and Street                          City                                 State                 County                  Zip Code
   Phone (          ) __________________          Email ______________________________

3. Permanent and/or Parent Address:

   Number and Street                          City                                 State                 County                  Zip Code
   Phone (          ) __________________

4. Citizenship: _______________ If not U.S., Visa Type: __________________Visa #: ___________________ Expiration date: ________

5. Place of birth: ___________________________________________________        Date of birth: ________________________________
   City                       State                                                                                Mo      Day         Yr

6. Legal Guardian Information:

   Name                                                                                             Relationship
   Number and Street                                            City                                              State                                   Zip Code
   Work Phone (         ) _____________________                           Home Phone (         ) ____________________________

7. Father: □ Living   □ Deceased    Name ______________________   8. Mother: □ Living   □ Deceased    Name__________________
   Occupation: _____________ Educational level: ________________            Occupation: ___________________ Educational Level: ______

9. Number of Siblings: __________________________________

10. Household Annual Income: __________________________________

11. How do you describe yourself?

   ______ African American/Black   ______ Other Hispanic
   ______ American Indian/ Alaskan Native ______ Puerto Rican
   ______ Asian/Pacific Islander      ______ White/ Caucasian
   ______ Mexican-American           ______ Other (specify): __________________________

12. Do you have access to a reliable vehicle for transportation to your clinical shadowing site? _____ Yes   ______ No

13. Primary language spoken at home: ____________________________ Other languages spoken: ________________________________

14. How did you learn of this program? (Check all that apply):

   ______ Brochure   ______ Medical student
   ______ Faculty member or advisor   ______ Pre-medical organization
   ______ Friend   ______ Program representative visiting my college/university
   ______ Former PSEP participant   ______ Website
   ______ Other (specify): ________________________________________________

15. What areas of specialization in medicine are you interested in? (select all that apply)

   ______ Family Medicine   ______ Radiology
   ______ Internal Medicine ______ Surgery
   ______ OB/GYN   ______ Physical Therapy and Rehabilitation Sciences
   ______ Pediatrics ______ Other (specify)

16. Are you currently MEP (MCAT Enhancement Program) student? _____ Yes   _____ No  If yes, please state which phase (courses) you have taken:

SUMMARY OF COLLEGE ACADEMIC RECORD (A=4.0; B=3.0; C=2.0; D=1.0)
**MCAT Test Scores**
(if you have taken the MCAT)

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<th>BIO SCI</th>
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If you have not taken the MCAT, when do you anticipate taking it?

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<th>Math Score</th>
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**LIST IN CHRONOLOGICAL ORDER HIGH SCHOOLS AND COLLEGES ATTENDED**

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<th>From</th>
<th>To</th>
<th>High School or College</th>
<th>City &amp; State</th>
<th>Degree BA, Etc.</th>
<th>Date Recvd or Expected</th>
<th>Major</th>
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**LIST WHEN COURSES BELOW WERE TAKEN AND GRADES ACHIEVED.** Pre-med students must have completed Biology I, Chemistry I and Physics I. Pre-physical therapy students must all (Biology I, Chemistry I and Physics I) but not Organic.

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<tr>
<th>Subject</th>
<th>Date Taken</th>
<th>Grade</th>
<th>Lab Grade</th>
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<td>Physics II</td>
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List courses in which you are currently enrolled:

_________________________, __________________________

_________________________, __________________________

_________________________, __________________________

List volunteer and/or leadership experience in chronological order:

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<th>Name of Organization</th>
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Additional comments:

_________________________________________________________________________________________

_______________________________________________________________________________________________________________

_________________________________________________________________________________________

I certify that all information provided is true and correct. I understand that the committee does not regard applications as complete until all supporting documents have been received. I further understand that all supporting documents must be sent directly to Office of Academic Enrichment.

_________________________  __________________________
Signature                  Date
To the Applicant: Please PRINT and complete the information below before submitting it to your evaluator. Please print neatly or type.

Applicant Name: _______________________________________________________________________________________
First                                                    Middle                                                 Last

I have waived/retained my right to view this document. __________________________________ Date: ________________
CIRCLE ONE           Student Signature

Name: ____________________________________________________ Phone: ________________________________
Institution: ________________________________________________  Dept: _________________________________
Address: _______________________________________________________________________________________________
Street                      City        State                  Zip

What course(s) have you taught this student? ___________________________________________________________

If you have not taught this student, in what capacity have you been associated with this student? ________________________

Please rate the above applicant according to the scale below:
4 = Outstanding; 3 =Above Average 2 = Average; 1= Below Average; N/A= No Basis to Judge

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How well do you know this student? Very well_______ Fairly well_______ Slightly ________

Have you ever had cause to question this student’s ethical standards? ______________
If yes, please elaborate._________________________________________________________________________________________

Additional comments are extremely useful in the evaluation process: ___________________________________________________

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Signature                                                                                                    Date

Mail To: University of South Florida College of Medicine
          Office of Student Diversity and Enrichment
          Attention: Nazach Rodriguez-Snapp, Coordinator
          12901 Bruce B. Downs Blvd. MDC 24
          Tampa, Florida 33612-4799
The University of South Florida  
College of Medicine Office of Student Diversity and Enrichment  
Area Health Education Center (AHEC) Program  
PRE-MEDICAL SUMMER ENRICHMENT PROGRAM  
Character Recommendation

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_____________________________________________________________________________________________________________

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_____________________________________________________           ____________________________

Signature                                                                                                   Date

Mail To: University of South Florida College of Medicine  
Office of Student Diversity and Enrichment  
Attention: Nazach Rodriguez-Snapp, Coordinator  
12901 Bruce B. Downs Blvd., MDC 24  
Tampa, Florida 33612-4799
Please type your essay in the space provided. (Do Not Exceed Space provided,*Minimal 12 font*)
Why do you want to participate in the Pre-Medical Summer Enrichment Program? How will this program benefit you? What is your motivation to pursue a career in medicine/physical therapy?