Thomas Haider Early Assurance Program Application
For Entering Class: 2019

Program Information

The Early Assurance Program (EAP) is a unique portal into the UC Riverside School of Medicine's Thomas Haider Program. It provides qualified, "mission-fit" UC Riverside undergraduate students or recent graduates with a guaranteed seat in a future UCR School of Medicine class. Admitted EAP students enter the School of Medicine one year after selection.

Applicants must demonstrate strong academic ability, significant clinical and volunteer experience, and a demonstrated commitment to practice medicine in Inland Southern California.

The program benefits applicants by reducing the stress and financial resources required by applying to medical school.

Who Can Apply?

Applicants must be UC Riverside undergraduates who meet the following criteria:
- Junior level standing with intent to attend medical school immediately after their senior graduation year.
- Senior level standing with intent to attend medical school after one additional gap year.
- Graduates of UC Riverside (B.A./B.S.) who have not previously applied to medical school.

What are the Benefits of Applying?

If accepted, you are guaranteed a seat in the UCR School of Medicine's Thomas Haider Program. Benefits include:
- You will have time to focus on other activities in your senior year or gap year – such as more clinical experience, more community service, research, etc.
- You do not need to take the MCAT.
- There is no application fee. The program is free to apply.
- You can save the expenses of having AMCAS send your application to many universities, completing and paying for secondary applications, and costs of traveling to other medical schools for interviews.

Program Requirements

Applicants must fulfill the following criteria:
- Be within one year of graduation with their B.S./B.A. degree from UCR at time of selection or recently graduated but have not applied to medical school.
- If you are accepted into the Early Assurance program, you agree to apply to and enroll only in the UCR School of Medicine.
- Express a commitment to practice in Inland Southern California.
- Have completed a minimum of four quarters at UCR prior to applying to this program (and must complete at least six quarters at UCR before matriculation).
- Complete all UCR School of Medicine prerequisite courses with a cumulative BCPM (Biology/Chemistry/Physics/Mathematics) GPA equal to or greater than 3.40.
- Have invested time in community service.
- Have been exposed to significant clinical experiences.

Program Restrictions
- Applicants must be an undergraduate student at UCR OR a recent graduate who has never previously applied to medical school.
- Early Assurance Program applicants are not permitted to apply to other schools.

- Program is open to in-state residents only.
- This program is not available to students who have already applied for medical school.
- This program is not considered an accelerated graduation program.

How to Apply
To apply, applicants must:
- Complete the Early Assurance Program Application.
- Provide official academic transcripts from all colleges/universities attended. Require Winter grades – can submit unofficial copies.
- Submit three letters of recommendation from knowledgeable sources, including at least one from a science faculty member.

Applicants are not required to submit an MCAT score unless it was already taken. If the applicant did complete an MCAT, that score must be submitted as part of the application.

Request official transcripts from each previous institution and have them sent to the address below. Letters of recommendation may be sent by email and must be received directly from the recommender. Letters of recommendation can also be received by a letter service.

UCR School of Medicine
900 University Ave.
Student Affairs Office
SOM Education Building room 1682
Riverside, CA 92521

Deadline
The deadline to apply for admittance to the incoming class of 2018 is April 3, 2017. This includes application, official transcripts, letters of recommendation, and MCAT scores (if taken).

Process
Review of application materials is conducted by the Haider Admissions Committee and determines the applicants who will be invited for interviews. Notification of acceptance into the program will be sent by May 30. Successful candidates would be required to sign a commitment letter detailing the class for which s/he would matriculate (15 months after selection).

About Interviews
Qualifiying applicants will be invited to participate in the interview process, which are conducted in May. This includes both the Multiple Mini Interview (MMI) format and a short one-on-one interview.

About the Commitment Letter
Successful candidates will sign a letter in which they agree to:
- Complete their BS/BA degree with a BCPM science GPA of at least 3.40.
- Complete the academic year or gap year plan as described and approved by the admissions committee.
- Not apply to other medical schools during the next application cycle.

Applicant will need to fill out an AMCAS application for the year in which they would matriculate into UCR SOM. The guaranteed admission offer would be nullified if these commitments are not met or if the applicant is convicted of any professional violation prior to matriculation into the UCR SOM.

Selected students would be eligible for all scholarships available to regularly admitted applicants.

Becoming a More Competitive Candidate
Due to the competitive nature of this program, prospective applicants are highly encouraged to meet with a Health Professions Advising Center (HPAC) advisor to discuss their eligibility and competitiveness before they submit an application.

<u>Contacts</u>
UCR School of Medicine Student Affairs Office
SOM Education Building room 1682
eap@medsch.ucr.edu
951-827-7353

Health Professions Advising Center (HPAC)
Charlie Scruggs – Director, HPAC
1114 Pierce Hall
hpac@ucr.edu
951-827-6233

Medical Scholars Program
Teresa Cofield – Director, MSP
teresa.cofield@ucr.edu
951-827-4935

Identifying Information

Name: _____

UCR Student ID: _____

Email:_____

Biographical Information

Permanent Address
Letters of notification will be sent to the permanent address unless otherwise indicated.

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Telephone Number: _____

College Address (if different from Permanent)

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip:_____

College Phone Number (if different from Permanent): _____

State of Legal Residence

Indicate the one state that you consider to be your permanent legal residence:_____

Citizenship

Indicate your US citizenship status – US citizen, permanent resident, or DACA status. If you are not an US citizen, please select the country of your primary citizenship.

US Citizenship Status:_____

Country of Citizenship: _____

Gender

Female ☐   Male ☐

Birth

Place of Birth: _____

Country of Birth:_____

Date of Birth: _____

Marital Status

☐ Single   ☐ Married   ☐ Divorced   ☐ Separated

Parents

Please complete section on parents' occupations even if they are deceased. You should indicate the type of work, not the name of employer. Indicate the top level of education earned (high school, A.B., Ph.D., etc.); if top level is college/university/professional school, indicate institutions where degree earned.

Father

☐ Living   ☐ Deceased

First Name: _____

Last Name: _____

State of Residence: _____

Occupation: _____

Highest Degree:_____

Highest Degree Institution: _____

Mother

☐ Living   ☐ Deceased

First Name: _____

Last Name: _____

State of Residence: _____

Occupation: _____

Highest Degree:_____

Highest Degree Institution: _____

Ages of your brothers and sisters: _____

Education

High School

Name: _____

City: _____

State: _____

Undergraduate
List all undergraduate institutions you attended.

Institution	Start Date	End Date	Major Emphasis

Has your education been continuous since graduation from high school?

Yes ☐ No ☐ **Please explain below if your answer is "No."**

Explanation:

Activities

Extracurricular Interests and Activities

Please provide a list of those activities that were most important to you in terms of developing your academic, social, and overall personal growth. Please list those activities as indicated below. Place the most important activities at the top.

Type: Leadership, Clinical, Community Service, or Research	Description	Start	End	Hours	Summer Only?

Describe the single MOST important event or non-academic activity in your life and explain why it's significant. Please limit your response to 250 words.

What activity or accomplishment are you MOST proud of? Please limit your response to 250 words.

What experiences or activities have prepared you to work with medically underserved communities? Please limit your response to 250 words.

Scholastic Activities

Have you received any honors while in college?　　Yes ☐　　　No ☐

List honors here. Please limit your response to 250 words.

What is the MOST important honor (one) you have received? Why do you view this as important? Please limit your response to 250 words.

Experience

Experience Types:

Community Service/Volunteer – Medical/Clinical	Paid Employment – Medical/Clinical
Community Service/Volunteer – Not Medical/ Clinical	Paid Employment – Not Medical/Clinical
Extracurricular Activities	Physician Shadowing/Clinical Observation
Hobbies	Presentations/Posters
Honors/Awards/Recognitions	Publications
Intercollegiate Athletics	Research/Lab
Leadership – Not Listed Elsewhere	Teaching/Tutoring/Teaching Assistant
Other _____	

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

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Most Meaningful Experience Remarks:

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Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

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Most Meaningful Experience Remarks:

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Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

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Most Meaningful Experience Remarks:

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Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Experience Type:_____

Experience Name: _____

Dates: _____

Total Hours: _____

Contact Name and Title: _____

Organization Name:_____

City/State/County: _____

Experience Description:

Most Meaningful Experience Remarks:

Please select the statement that best describes you. When I enroll at the University of California, I expect to be:

☐   On active duty
☐   Reservist
☐   National Guard member
☐   Discharged veteran no longer serving on active duty or in the Reserve or National Guard
☐   None of the above

If you were employed while attending college (regular academic year and/or summer), list the jobs you held; use the form below.

Employment Description	Start Date	End Date	Hours per week	Summer only?

Describe a major problem you have had to deal with at some time in your life. Include how you dealt with it and how it influenced your growth. Please limit your response to 250 words.

Is there any specific hardship to which you would like the committee to give special attention in evaluating your application? Please briefly explain below. (Include any geographic, language, economic, academic, physical, or mental factors.) Please limit your response to 250 words.

What kind of health care setting do you envision yourself working in? Please limit your response to 250 words.

How do you see yourself contributing to the mission of the UCR School of Medicine? Please limit your response to 250 words.

PERSONAL STATEMENT

Use this space to provide any further information you may want us to consider. (1 page)

If accepted in the "Early Assurance Program" and UCR School of Medicine, what are your plans for the next year? Please limit your response to 250 words.

Would you describe yourself as a "disadvantaged candidate"? Yes ☐ No ☐

If you responded yes to this question, please provide information about your family below.

Family Member	Name	Degree	Occupation	Age	Address

If you described yourself as a "disadvantaged candidate," please describe the manner in which your experiences demonstrate your understanding of, and commitment to, underserved communities. Please limit your response to 250 words.