

**UNIVERSITY OF SOUTH FLORIDA
COLLEGE OF MEDICINE
OFFICE OF STUDENT DIVERSITY AND ENRICHMENT
AREA HEALTH EDUCATION CENTER (AHEC) PROGRAM
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

PRE-MEDICAL SUMMER ENRICHMENT PROGRAM

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.



**Office of Student Diversity and Enrichment
Area Health Education Center (AHEC) Program
PRE-MEDICAL SUMMER ENRICHMENT PROGRAM 2008**

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)

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

To the Applicant: Please PRINT this form, 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

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

Attribute	4	3	2	1	N/A	Attribute	4	3	2	1	N/A
Intellectual Ability						Leadership					
Interest in Learning						Interpersonal Relations					
Motivation for Health Professions						Self Confidence					
Oral Communication						Judgment					
Written Communication						Maturity					
Perseverance						Emotional Stability					
Reliability						Empathy					
Initiative						Overall Evaluation					

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

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?