



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



PRE-HEALTH SUMMER ENRICHMENT PROGRAM (PSEP) APPLICATION

WHEN

May 14 – June 22, 2012
M-F, 8-5pm

WHERE

University of South Florida, Morsani College of Medicine Campus

WEB SITE

<http://health.usf.edu/medicine/osde/psep.htm>

APPLICATION DEADLINE

March 23, 2012 (post marked)

NOTIFICATION DATE

You will be **notified by April 6, 2012** if you are accepted into the program.

APPLICATION PACKET

Thank you for applying to the University of South Florida, Morsani College of Medicine Pre-Health Summer Enrichment Program (PSEP). Before submitting your PSEP Application Packet, please review this checklist to make sure you have completed required documents.

If you have any questions regarding the application process or program, please contact the Office of Student Diversity and Enrichment (813) 396-9944 or e-mail Shirley B. Smith at ssmith27@health.usf.edu

- _____ **Completed and Signed Application (handwritten applications will not be accepted)**
- _____ **Official Transcript**
- _____ **PSEP Essay (handwritten essay will not be accepted)**
- _____ **One Science Faculty Recommendation Form**
- _____ **One Character Recommendation Form**

COMPLETED APPLICATIONS MUST BE RECEIVED BY March 23, 2012.

All materials must be mailed to the following address:

University of South Florida Morsani College of Medicine
Office of Student Diversity and Enrichment
Attention: Shirley B. Smith, Director
12901 Bruce B. Downs Blvd. MDC 24
Tampa, Florida 33612-4799

PRE-HEALTH SUMMER ENRICHMENT PROGRAM

Program Overview

The University of South Florida Morsani College of Medicine Office of Academic Enrichment and the Area Health Education Center (AHEC) Program invite you to apply to the Pre-Health Summer Enrichment Program (PSEP). PSEP is an intensive six-week full time summer program for **highly motivated students interested in pursuing a career in the health professions**. A total of sixteen students will be accepted into the program. The program will help participants enhance science inquiry and communication skills utilizing Small Group Problem-based Learning; explore time management and test taking strategies to enhance learning skills; provide exposure to various health professions (Medicine, Nursing, Pharmacy, Public Health and Physical Therapy) through clinical experiences; and offer professional school admissions information through interaction with faculty, staff and students.

Academic Enhancement:

- **Science Skills:** Participants will be provided the opportunity to review and enhance their comprehension of concepts in biology and general chemistry.
- **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.
- **Health Disparities:** Participants will explore the differences in health equity of various populations and the factors that may contribute to the disparity in health outcomes.

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 health care providers in the local community and have the opportunity to develop an appreciation of the "real world" of health care through weekly clinical 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 attend workshops on admissions procedures, financial planning, study skills, test taking, time management, stress management and interviewing techniques.

Eligibility

The Program is designed for rising sophomore (completed freshman year spring 2012) undergraduates interested in health professions career in medicine, nursing, pharmacy or physical therapy. To be eligible, students must have completed Biology I and II or Chemistry I and II; and have an **overall** GPA no less than 3.0 prior to May 2012.

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)** student: students who identifies himself/herself as Black, Mexican-American, Native American (that is, American Indian, Alaskan Native, and Native Hawaiian), or Puerto Rican.
- **First-generation college** student: students whose parents have had no college or university experience.
- **Rural background:** students whose present permanent address is in a rural county within the state of Florida.
- **Low socioeconomic status**, as defined by the Federal Poverty Level (<http://aspe.hhs.gov/poverty/11poverty.shtml>).

Attendance

It is common knowledge that successful students attend class regularly. PSEP aims to instill good study habits and consistent participation from the start. Participants are paid a stipend so they can concentrate on their studies. PSEP is a full-time commitment, which requires adherence to an attendance policy. Missing more than 2 sessions will result in your dismissal from the program.



**Office of Student Diversity and Enrichment
Area Health Education Center (AHEC) Program
PRE-HEALTH SUMMER ENRICHMENT PROGRAM 2012**

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-health organization (specify: _____)
_____ Friend	_____ Program representative visiting my college/university
_____ Former PSEP participant	_____ Website/Social media
	_____ Other (specify): _____
15. Rank the following health professions in terms of what field most interests you (with **1** being most interested and **5** being least interested).
_____ Medicine _____ Nursing _____ Physical Therapy _____ Pharmacy _____ Other (specify: _____)
16. What areas of specialization in health interest you? (Select all that apply)

_____ Family Medicine	_____ Radiology	_____ Nurse Practitioner
_____ Internal Medicine	_____ Surgery	_____ Pharmacy
_____ OB/GYN	_____ Physical Therapy and Rehabilitation Sciences	_____ Other area
_____ Pediatrics	_____ Emergency Medicine	(specify: _____)

SUMMARY OF COLLEGE ACADEMIC RECORD (A=4.0; B=3.0; C=2.0; D=1.0)

GPA	Cumulative GPA	Number of Credits
Science	____. ____	____
Non-Science	____. ____	____
Overall	____. ____	____

	Date Month Year	Verbal Score	Math Score	TSWE Score	Total Score	
SAT						
	Date Month Year	English Score	Math Score	Reading Score	Sci. Rea. Score	Composite Score
ACT						

LIST IN CHRONOLOGICAL ORDER HIGH SCHOOLS AND COLLEGES ATTENDED

From	To	High School or College	City & State	Degree BA, Etc.	Date Recvd or Expected	Major
20__	20__					
20__	20__					
20__	20__					

LIST WHEN COURSES BELOW WERE TAKEN AND GRADES ACHIEVED. Students must have completed Biology I and II and/or Chemistry I and II

Subject	Date Taken	Grade	Lab Grade
Biological Science I			
Biological Science II			
General Chemistry I			
General Chemistry II			
Organic Chemistry I			

List courses in which you are currently enrolled:

_____, _____, _____

_____, _____, _____

List courses you plan to take the upcoming academic year:

_____, _____, _____

_____, _____, _____

_____, _____, _____

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 the Office of Student Diversity and Enrichment.

Signature

Date

List in chronological order paid employment, community service/volunteer, leadership, extracurricular/hobbies/avocations, honors/awards/recognitions, and other experiences. You may submit a resume instead of completing this section.

Year	Activity
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	

Please type your response to the following questions in the space provided.

(Do Not Exceed Space Provided *12 pt. Font Minimum*)

What is your motivation to pursue a health professions career? Why do you want to participate in the Pre-Health Summer Enrichment Program? How will this program benefit you?



PRIVACY ACT

I understand that the information in this application will be kept in confidence and will not be revealed to anyone except to the **USF College of Medicine Office of Student Diversity & Enrichment (OSDE) and the Area Health Education Center (AHEC) Program** personnel in accordance with the Family Educational Rights and Privacy Act.

SIGNATURE AUTHORIZATION FORM

I, _____ attest that all the information provided on the application is true to the best of my knowledge. If selected as a USF Pre-Health Summer Enrichment Program (PSEP) participant, I agree to adhere to the rules, guidelines, and policies of the Pre-Health Summer Enrichment Program and its faculty and staff. Any failure to obey the aforementioned rules may result in my immediate dismissal from the program. I further understand this privacy notice covers any future personal identifiable information, such as social security number and copy of government issued picture ID that I will provide to the PSEP Coordinator and personnel of OSDE and AHEC for the purpose of processing documents related to an accepted or matriculated PSEP student. I also agree to grant USF permission to obtain post-secondary enrollment information upon completion of PSEP.

I agree that in exchange for the value of the benefits I will receive in this Program, the Program has the right (without provision of compensation) to record my participation, appearance, image, likeness, and voice on videotape, audiotape, film, photograph or in any other medium and to publish the same in any form (such as print, electronic video, or internet) only for the purpose of inclusion in Program promotional materials.

Applicant's Signature _____ Date _____

**The University of South Florida Morsani College of Medicine
Office of Student Diversity and Enrichment
Area Health Education Center (AHEC) Program
PRE-HEALTH SUMMER ENRICHMENT PROGRAM**

Science Faculty Recommendation

To the Applicant: Please complete the information below before submitting it to your evaluator.

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

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 _____

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The University of South Florida Morsani College of Medicine**

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

To the Applicant: Complete the information below before submitting it to your evaluator.

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 _____

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