



Application for Admission

Doctoral Program in Biomedical Sciences (PhD)
Doctoral Program in Clinical Psychology (PsyD • PhD)
Master in Public Health (MPH) General • Epidemiology • Environmental
Doctoral Program in Epidemiology (DrPH)
Professional Certificate in Family & Couples Therapy

Procedure to apply:

- **Please retain this instruction page** for your records.
- **Print clearly and complete all items** on the application.
- **Keep photocopies of your completed application form and other materials** you submit. Application materials may not be returned or duplicated for personal use.
- **You must notify the Admissions Office of any changes** in your address, e-mail and phone numbers.

Please provide the following documents with your application:

- **Three letters of recommendation** (form provided with the application) from college professors or individuals familiar with the applicant's professional work and skills. Must be sent directly to the Admissions Office by the concerned professors or individuals. (If applying for the Professional Certificate in Family & Couples Therapy, only two letters are required)
- **Official transcript** (in English) from all universities attended. Must be mailed directly to the Admissions Office by the concerned university.
- **GRE, EXADEP or MCAT** official scores (GRE & EXADEP: www.ets.org, MCAT: www.aamc.org)
- **Copy of professional license** (only for admission to the Professional Certificate in Family & Couples Therapy)
- **US\$100.00 non-refundable application fee** (Check or MO payable to Ponce School of Medicine).
- **Certificate of No Penal Record** "Certificado Negativo de Antecedentes Penales"

Mail or bring your completed application to:

PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES
ADMISSIONS OFFICE
PO BOX 7004
PONCE PR 00732

DEADLINES:

January 15 (PhD Biomedical Sciences)
March 15 (Clinical Psychology)
May 30 (Public Health)
November 30 (Family & Couples Therapy)

Ponce School of Medicine and Health Sciences is accredited by:
Council of Higher Education of the Commonwealth of Puerto Rico (CHE)
Middle States Commission on Higher Education (MSCHE)
Liaison Committee on Medical Education (LCME)
American Psychology Association (APA)
Accreditation Council for Graduate Medical Education (ACGME)
Accreditation Council for Continuing Medical Education (ACCME)

KNOWLEDGE OF LANGUAGES

LANGUAGES	READING			WRITING			SPEAKING		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
SPANISH (Compulsory)									
ENGLISH (Compulsory)									
Other									

Academic honors:

Research work and publications:

Community service and/or volunteer work:

PROFESSIONAL WORK EXPERIENCE

Name & address of employer	Position or Job Title	Date of Employment
Years at present position	Total years of professional experience	

FOR OUR STATISTICS:

Please indicate your ethnicity: (Your response will be kept confidential and will provide data to the federal government in compliance with the Title VI of the Civil Rights Act of 1964)

Hispanic
 White, non-Hispanic
 Black, non-Hispanic
 Asian or Pacific Islander
 American Indian /Alaskan Native
 Other

PLEASE READ AND SIGN

I certify that all the information I have supplied in this application is true and complete. I understand that falsifying and/or giving incorrect information in this application may be considered for denial of admission or, if admitted, immediate suspension from Ponce School of Medicine and Health Sciences. I promise to abide and respect the norms and regulations of Ponce School of Medicine and Health Sciences. I understand that all documents submitted for admission purposes will become permanent property of Ponce School of Medicine and Health Sciences.

Applicant's Signature

Date

Applications for admission are considered on the basis of each applicant's qualifications without regard to race, color, gender, creed, political or sexual orientation, national origin, age or handicap.

PERSONAL STATEMENT

Explain your interest in graduate studies and your long-range professional plans: (if necessary, you may attach an additional page)

I certify that I am the author of this Personal Statement. I understand that falsifying and/or plagiarizing is considered unethical and may result in denial of admission or suspension from Ponce School of Medicine and Health Sciences.

Signature

Date



**PONCE SCHOOL OF MEDICINE AND HEALTH SCIENCES
ADMISSIONS OFFICE**

PO Box 7004 - Ponce, Puerto Rico 00732-7004
787-840-2575 Ext 2142 – 2143
www.psm.edu admissions@psm.edu

LETTER OF REFERENCE

Applicant: Complete items 1 to 5 and give this form to a person acquainted with your education and abilities.

1. Name of applicant: _____
2. Institution: _____
3. Program of interest: _____
4. I **waive** **do not waive** my right of access to this document.
5. Signature: _____ Date: _____

Writer: State your opinion of the applicant in the following table and in page 2 of this letter of reference.

Skills	Outstanding Upper 5%	Good Upper 25%	Average Upper 50%	Below Average Below 50%	Unable to evaluate
Intellectual capacity (Ability to grasp, analyze, integrate and understand complex material and concepts)					
Maturity (Adaptability, leadership)					
Judgment (Common sense, decisiveness)					
Perseverance					
Reliability/Dependability					
Self confidence					
Emotional stability					
Honesty/Integrity					
Personal relations with peers					
Ability to work with others (Rapport, cooperation, attitudes toward supervision)					
Ability for independent work					
Resourcefulness (Ability to use resources at hand and develop new ones as needed)					
Oral communication skills (Articulateness, clarity of expression)					
Written communication skills (Articulateness, clarity of expression)					
Knowledge in area of interest					
Research involvement					
Community service involvement (Volunteer service in medical or paramedical, religious, social, etc)					
Understanding of and motivation for chosen profession					
Professional Attitude					
Accountable (Liable to account for one's action)					
Overall evaluation					

State your opinion regarding the applicant's ability to carry on graduate studies.

For how long have you known the applicant? _____ In what capacity? _____

In your professional life, this student ranks in the _____ percent.

Would you feel comfortable in seeking service from or in employing this person in a professional capacity after they have completed their degree? Yes Very likely Likely With reserve Not at all

Print Name: _____

Institution: _____

Signature _____

Date: _____

Field _____

Position: _____

Email: _____

Day time phone: _____

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