



Health Careers Advising

HCAD 2014

Health Careers Advising Dossier

Directions: Please complete this form in its entirety using Adobe Reader or Acrobat. If you have a Mac, do not use the Preview software. Upon completion, save to your computer and E-mail a copy to hco@brown.edu. Save as *LAST NAME_FIRST NAME_HCAD2014*. Incorrectly saved documents will be returned to you for an update. In addition to E-mailing the form, you must submit 2 signed hard copies prior to signing up for an interview. Refer to the "Instructions Upon Completion" after section 11 for further information.

Section 1. Contact Information

Last Name	<input type="text"/>	First Name	<input type="text"/>	M.I.	<input type="text"/>
Banner I.D.	<input type="text"/>	Class Year	<input type="text"/>	Degree	<input type="text"/>
Concentration(s)	<input type="text"/>				
Email	<input type="text"/>		Preferred Phone	<input type="text"/>	
Home Phone	<input type="text"/>	Permanent Street Address	<input type="text"/>		
Permanent Street Address (Continued)	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>
Country	<input type="text"/>	Place of Birth	<input type="text"/>		
Citizenship	<input type="text"/>	Visa Type	<input type="text"/>		

Date Form Completed

Please click [here](#) to insert a formal photo of yourself. Email a copy as a jpeg to HCO@Brown.edu as well. Picture for internal use only.

Section 2. Parent and/or Guardian Information

Parent Name 1	<input type="text"/>	Living?	<input type="text"/>	Occupation	<input type="text"/>
Residence	<input type="text"/>	Highest Degree Earned	<input type="text"/>		
Parent Name 2	<input type="text"/>	Living?	<input type="text"/>	Occupation	<input type="text"/>
Residence	<input type="text"/>	Highest Degree Earned	<input type="text"/>		
Guardian Name	<input type="text"/>	Living?	<input type="text"/>	Occupation	<input type="text"/>
Residence	<input type="text"/>	Highest Degree Earned	<input type="text"/>		
Age(s) of Brother(s)	<input type="text"/>	Age(s) of Sister(s)	<input type="text"/>		
Your Secondary School	<input type="text"/>	City, State	<input type="text"/>	Year of Highschool Graduation	<input type="text"/>

Section 3. Self-Description--Optional

- | | | | | |
|---|--|------------------------------------|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> American Indian | <input type="checkbox"/> Chicano/a | <input type="checkbox"/> Mexican American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Afro-Caribbean | <input type="checkbox"/> Asian American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Black | <input type="checkbox"/> Latino/a | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other (specify below) |

If other above, please specify	<input type="text"/>	Gender	<input type="text"/>
Do you identify as a first-generation college student?	<input type="text"/>	Do you identify as a disadvantaged applicant?	<input type="text"/>

Section 4. Application Type

- ☐ Medicine (allopathic and/or osteopathic) ☐ MD/PhD ☐ Dentistry ☐ Veterinary ☐ Other (Please specify) _____

Section 5. Institutional Action

Were you ever the recipient of any institutional action from any college or university for unacceptable academic performance or violation of a code of conduct? Please include any instances of warning, serious warning, suspension or disciplinary sanction above the level of Reprimand. We urge you to discuss any cases of institutional action with us even if you believe they are on or below the level of Reprimand and will not be reported on your application.

If yes, please explain below:

Section 6. Undergraduate Grades and Standardized Test(s)

Semesters completed at Brown

Directions:

1. Under "BCPM Courses," please list the number of "A," "B," "C," and "S" grades for every biology, chemistry, physics and math courses taken at Brown .

Biology: Includes most biology (except "Scientific Writing") and neuroscience courses. Generally does not include: psychology and community health courses.

Math: Includes math, applied math (at least 0330, 0340), CLPS 0090, and SOC 1100.

Not included: Most other science courses in geology, engineering, and computer science.

2. Under "All Courses," please list the number of "A," "B," "C," and "S" grades for every course you have taken at Brown, science and non-science. If you took courses at other institutions, please submit unofficial transcripts to the Health Careers Advising Office along with the HCAD 2014.

3. Under "MCAT/Other Test" please list the aggregate score and sub-scores if you have taken the test. e.g., "Total 32, VR 10, PS 11, BS 10, WS N" If you have not yet taken the test, this will NOT hold the processing of your HCAD.

BCPM Courses Enter number of grades received				
	A	B	C	S
#				

All Courses Enter number of grades received				
	A	B	C	S
#				

MCAT/Other Test 1

MCAT/Other Test 2

Section 7. Activities

Instructions: This section gives you the opportunity to tell us about your postsecondary experiences such as internships, volunteer or paid work, community service, travel, research assistantships, teaching assistantships, athletic endeavors, and/or significant hobbies. It is designed to meet the specifications for the work/activities section on the AMCAS application; this format is also applicable to most other health careers application services. There is room to list 15 activities. You may group like activities together. The experience description must be 700 characters or fewer. Designate 3 of your activities as most meaningful. You are given 1325 additional characters for those. Please do not list any activities from high school.

☐ Most Meaningful Activity 1

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

☐ Most Meaningful Activity 2

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

☐ Most Meaningful Activity 3

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type	<input type="text"/>	Dates	<input type="text"/>	Hours/Week	<input type="text"/>
Activity Name	<input type="text"/>				
Contact Name and Title	<input type="text"/>				
Organization Name	<input type="text"/>				
City, State, Country	<input type="text"/>				
Experience Description	<input type="text"/>				

Activity Type	<input type="text"/>	Dates	<input type="text"/>	Hours/Week	<input type="text"/>
Activity Name	<input type="text"/>				
Contact Name and Title	<input type="text"/>				
Organization Name	<input type="text"/>				
City, State, Country	<input type="text"/>				
Experience Description	<input type="text"/>				

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Activity Type

Dates

Hours/Week

Activity Name

Contact Name and Title

Organization Name

City, State, Country

Experience Description

Section 8. Questionnaire

Please list any awards, fellowships, scholarships, or other honors you have received since beginning college (no high school awards and honors). Provide a description of the activities or accomplishments that led to the award ONLY IF you have not listed this information elsewhere in the HCAD 2014.

What do you think are your two strongest personal characteristics relevant to a career in the health professions? Since beginning college, what activities, courses, experiences, etc. have facilitated the development of these characteristics and how? (2000 characters or less)

What is your concentration, why did you choose it, and what are some important things you have learned from it? (2000 characters or less)

What have you done since beginning college to learn about your chosen profession? (2000 characters or less)

Please list any foreign languages you speak and the extent of your ability in these languages. Choose between Native; Advanced; Good; Fair; or Basic

Language 1

Proficiency

Language 2

Proficiency

Language 3

Proficiency

Please comment if you applied your language skills to some of your extracurricular activities. (1000 characters or less)

If you took any time off while at Brown, either voluntarily or involuntarily, please explain why and what you did during your time away. (2000 characters or less)

Did you participate in a formal study abroad program? If so, please explain briefly when and where you studied and list the courses you took while away. If you participated in a different activity abroad that is NOT listed anywhere else in the HCAD, please comment on the activity, your role and the results of your participation. (2000 characters or less)

Altruism is essential for a career in health and medicine. Illustrate your understanding of this value through an instance when you set your interest aside to assist someone in need. (2000 characters or less)

OPTIONAL: Write a brief biographical sketch of yourself. Include where you were born and grew up and say a few words about your family background. (2000 characters or less)

Section 9. Personal Statement

This essay serves as a warm-up for the personal statement required by the AMCAS and other health school application services. It also gives us insight into the personal qualities that you will bring to your chosen profession. The personal statement should be no more than 5,300 characters including spaces. We expect that each applicant will submit a good working draft of the personal statement; therefore, you should share a draft with someone who knows something about writing and/or the health professions and who you trust to give you honest feedback. If you are having trouble getting started, seek help from the Writing Center. Health Careers Advising also keeps a binder with several sample essays.

NOTE: We have provided 2 text boxes for your ease of use. You are responsible not to exceed the 5,300 character total limit.

Section 9. Personal Statement (Continued)

Section 10. Statement of Understanding-Institutional Action and Integrity in the Admission Process

Applications to medical and other health professions schools will ask you to report and explain your involvement in infractions of University codes of conduct. You will also be asked to report and explain any semesters in which you were not in good academic standing and/or were the subject of suspension for unacceptable academic performance. You must report any institutional action that is above the level of Reprimand even if it does not appear on your academic transcript, did not result in separation from the University, and/or if you believe the offenses to be minor. Reprimands will continue to be part of your Brown internal record.

Besides asking you to report institutional action, some schools and programs will require you to have a Dean at Brown University either certify that you have not been the subject of institutional action or state in writing the facts of any action of which you were the recipient.

In most cases, reporting institutional action will not jeopardize your chances of admission as long as you have taken full responsibility for your actions and demonstrate self-reflection and personal growth.

Truthfulness is integral to being a successful health care professional. It is therefore essential that you take seriously your responsibility to report institutional action. ***Failure to report institutional action may be regarded by the health profession schools and the Health Careers Advisory Committee at Brown University as a lapse in ethical judgment.***

In addition, you are expected to submit to the Health Careers Advising office and the various application services and admission offices valid and true documentation of your credentials and qualifications for admission. Submission of falsified/bogus documentation is a serious violation of Brown University's standards as well as of the standards set forth by the Association of American Medical Colleges and other health professions organizations.

If you are suspected of submitting false documentation or otherwise misrepresenting yourself in the process, you may be investigated by the application services with a full report of the findings of any such investigation submitted to the admission offices at the schools to which you have applied.

I, _____, have read the statement noted above and understand that I must truthfully answer questions asked of me on applications and that I must represent myself honestly and accurately in the admission process.

Signature _____

Date _____

Section 11. Health Careers Advisory Committee Waiver

Sign either A or B

A. All rights of access to the Health Careers Advisory Committee letter of evaluation conferred by the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) as amended or otherwise, are hereby irrevocably and voluntarily waived.

Signature _____ Last name _____ Date _____

B. I do not wish to waive my right of access to the Health Careers Advisory Committee letter of evaluation.

Signature _____ Last name _____ Date _____

Instructions Upon Completion:

1) Please complete this form in its entirety using Adobe Reader or Acrobat. If you have a Mac, do not use the Preview software. Upon completion, save to your computer and E-mail a copy to hco@brown.edu. Save as *LAST NAME_FIRST NAME_HCAD2014*. Incorrectly completed and saved documents will be returned to you for an update. In addition to E-mailing the form, you must submit 2 signed hard copies prior to signing up for an interview.

2) E-mail photo as jpeg to hco@brown.edu.

3) In addition to E-mailing the form, current students must print and deliver 2 signed hard copies to the Health Careers Advising office in the Office of the Dean of the College when they sign-up for an interview with a member of the Health Careers Advisory Committee in February. The sign-up period for current students and alumni close to campus is February 14-15, 2013.

4) In addition to E-mailing the form, alumni who cannot come to the office must print and mail 2 signed hard copies to the Health Careers Advising Office in the Office of the Dean of the College before they call to sign up for an interview with a member of the Health Careers Advisory Committee. The sign-up by phone period is February 11-12, 2013. This form should be received by our office at least a week before the sign-up period. Alumni should mail the form to the address below:

Health Careers Advising/The Office of the Dean of the College
Brown University
Box 1828
Providence, RI 02912

For FedEx/DHL/UPS deliveries, please address mail to:
Health Careers Advising/The Office of the Dean of the College
Brown University
1 Prospect Street
University Hall 213
Providence, RI 02912

HCAD Applicant Checklist

For applicant use. Do not turn this page in.

- ☐ Complete HCAD.
- ☐ Save copy of the completed HCAD for future reference.
- ☐ Email a copy of the HCAD to HCO@Brown.edu.
- ☐ Email photo as JPEG to HCO@Brown.edu.
- ☐ Turn in hard copy of HCAD during interview sign-up period (for current students). *
- ☐ Mail hard copy of HCAD before interview sign-up period (for alumni). **

NOTE: HCAD SUBMISSION DATES EXTENDED BY A WEEK

***Current students** must print and deliver 2 signed hard copies to the Health Careers Advising Office in the Office of the Dean of the College when they sign-up for an interview with a member of the Health Careers Advisory Committee in February. They should also E-mail the completed form to hco@brown.edu. **The sign-up period for current students is February 20-21, 2013.**

****Alumni** must print and mail 2 signed hard copies to the Health Careers Advising Office in the Office of the Dean of the College before they call to sign-up for an interview with a member of the Health Careers Advisory Committee. They should also E-mail the completed form to hco@brown.edu. **The sign-up period for alumni is February 18-19, 2013.** This form should be received by our office at least a week before the sign-up period. Alumni who were not able to attend the mandatory Applicant Seminar #1- The Big Picture are expected to speak with Dean Vassilev about their application plans prior to HCAD Submission.

*****Re-applicants** must complete the **Re-Applicant HCAD 2014** not the HCAD 2014