

UA Early Assurance Candidate Application Instructions

Please read thoroughly before filling out and submitting the Early Assurance Candidate Application.

Application Guidelines

If you do not meet the below application guidelines your application will not be considered. If you have any concerns or questions about the application guidelines please contact Ms. Ashley Rini, Director of Pre-Health Advising, rini@uakron.edu.

- US Citizen or Permanent Resident
- Attended UA as a full-time student for 1 year (two semesters) post high school graduation
- Completed 20 credits (end of fall 2021) of science coursework*
- 3.4 Overall and BCPM* GPA (includes all college coursework: transfer, repeats, & CCP)
 - Fall 2021 grades are included
- 26 ACT or 1240 SATR or good standing in the Williams Honors College

Competitive applications will have a resume of experiences including but not limited to: research, volunteering, shadowing, other medically related experiences, leadership experiences, etc.

Required Documents

1. Completed Early Assurance Candidate Application
2. All colleges transcripts (transfer & CCP) must be on file at UA
(these will be visible on your DPR if they are on file at UA)
3. Resume- reviewed by Career Services <https://www.uakron.edu/career/>

Submission Instructions

You will need an AAMC ID#, completed Early Assurance Candidate Application, and resume. Create an AAMC account here: <https://auth.aamc.org/account/#/create?goto=https:%2F%2Fapps.aamc.org%2Fmrs>

Email your Early Assurance Candidate Application and Resume together to Ms. Ashley Rini, rini@uakron.edu. You must use your UA email account and the subject of the email should include **Early Assurance Candidate Application and your first and last name**. The Early Assurance Candidate Application and resume are due by 11:59pm on December 1st. You must also complete the Altus Assessment Suite (formerly CAPSer) and forward to NEOMED <https://takealtus.com/dates-times/>. Last testing date for the current cycle is January 20, 2022. An AAMC ID is required at the time of testing.

**Science coursework or BCPM is defined as all Biology, Chemistry, Physics, Math, or Statistics coursework.*



Early Assurance Candidate Application

Biographic Information

Legal First Name

Legal Last Name

Preferred First Name

Sex

Gender

Designated Pronouns

Race/Ethnicity

Email

AAMC ID Number

Altus Assessment Suite / CASPer Test Date

Education History

High School (Graduated From)

List any/all college(s) attended prior to matriculating into a degree program (while a high school student)

List any/all college(s) attended after to matriculating into a degree program (while a college student)

Partner University

Year of Intended Matriculation to NEOMED

M1 classes begin in late July.

Disclosure of Criminal and/or Academic Misconduct

Have you ever been found responsible for any academic violation(s) while enrolled in college/university level coursework (after high school) (e.g. plagiarism, academic dishonesty. etc.)? Yes or no? If yes please explain.

Have you ever been convicted of, or pleaded guilty or no contest to, any criminal offense in a court of law? Yes or no? If yes please explain.

Experiences, Employment, Activities, Awards, Honors

For "Experience Type", please use the following lexicon to indicate the type of experience you think best describes the experience: paid employment, community service, co-curricular activity, awards/honor, physician shadowing, research/lab, leadership position, family responsibility. Please limit your experience to up-to-10 total entries.

Experience Type

Start Date End Date Estimated Hours

Place of Experience, Contact Person & Contact Person Email Address, Experience Description

Experience Type

Start Date End Date Estimated Hours

Place of Experience, Contact Person & Contact Person Email Address, Experience Description

Experience Type

Start Date End Date Estimated Hours

Place of Experience, Contact Person & Contact Person Email Address, Experience Description

Experience Type

Start Date

End Date

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End Date

Estimated Hours

Place of Experience, Contact Person & Contact Person Email Address, Experience Description

Experience Type

Start Date

End Date

Estimated Hours

Place of Experience, Contact Person & Contact Person Email Address, Experience Description

In 200 words or less indicate why you chose the most meaningful experience you chose.

In 250 words or less, tell us why you want to attend NEOMED and you are motivated to pursue a binding admission plan to medical school.

This is not an application for admission. For the sake of disclosure please read the following items carefully:

- I understand that I am interviewing for early assurance to the College of Medicine M.D. program at the Northeast Ohio Medical University (NEOMED). I am not applying for admission to medical school at NEOMED at this time.
- I have read the sections in the current [NEOMED Compass](#) regarding early assurance to medical school and the NEOMED College of Medicine Essential Functions Required for Admission, Continuation and Graduation in the most current version of the NEOMED Compass.
- I understand the academic metrics that will be used to determine my admission to the M.D. program in the College of Medicine at NEOMED at the time of application as communicated in the current version of the NEOMED Compass.
- I understand that I must have a bachelor's degree from my current partner university prior to matriculate to medical school at NEOMED.
- I have taken the CASPer situational judgement test as part of completing the Altus Assessment Suite.
- I understand that all of my academic metrics used for admission to the M.D. program in the College of Medicine at NEOMED, such as grade point averages, will be calculated by the American Association of Medical Colleges application system (known as AMCAS). My current academic advisor has explained how these calculations will differ from my university grade point average calculations.
- If I have ever been found responsible for any academic violation(s) while enrolled in college/university level coursework (after high school) (e.g. plagiarism, academic dishonesty, etc.) these must be disclosed at the time of application to medical school at NEOMED through AMCAS. Review of these violations will occur at the time of an admission decision at a later date. Early assurance status does not imply that any academic violation(s) while enrolled in college/university level coursework (after high school) may not result in a denial of admission at a later date.
- If I have ever been convicted of, or pleaded guilty or no contest to, any criminal offense in a court of law these must be disclosed at the time of application to medical school at NEOMED through AMCAS. Review of these offenses will occur at the time of an admission decision at a later date. Early assurance status does not imply that any offenses may not result in a denial of admission at a later date.
- At this date, only U.S. Citizens or U.S. Permanent Residents are permitted to be admitted and matriculate to the M.D. program in the College of Medicine at NEOMED.
- Any falsifications or omissions to the above will result in either my non-selection as an early assurance candidate, forfeiture of early assurance if discovered at a later date, or denial of admission at the time of application if discovered at a later date.
- I understand that I will need to undergo a criminal background check (CBC) if I am admitted to NEOMED.

I have read and understand all of the above items:

Signature

Date

Using Digital Signatures in Adobe PDF Forms

Creating a digital signature is a one-time process. Once set up, it can be used to sign any forms or documents inside Adobe.

STEP 1 Download form to your computer

STEP 2 Open form in [Adobe Acrobat](#) (currently available for free to UA faculty/staff and students) or [Adobe Reader](#). **Do NOT open this form in a web browser or third-party software**, as this will remove the functionality of some fields.

STEP 3 Click in applicable Signature field

STEP 4 Select “Create a new Digital ID”

The dialog box is titled "Configure a Digital ID for signing". It contains a text area on the left explaining that a Digital ID is required for signing and that the most secure ones are issued by trusted authorities. Below this, there are three radio button options under the heading "Select the type of Digital ID":

- Use a Signature Creation Device: Configure a smart card or token connected to your computer.
- Use a Digital ID from a file: Import an existing Digital ID that you have obtained as a file.
- Create a new Digital ID: Create your self-signed Digital ID.

At the bottom, there are "Cancel" and "Continue" buttons.

STEP 5 Select “Save to Windows Certificate Store” or “Save to Apple Keychain”

The dialog box is titled "Select the destination of the new Digital ID". It contains a text area on the left explaining that Digital IDs are typically issued by trusted providers and that self-provided IDs may not be accepted in some use cases. Below this, there are two radio button options:

- Save to File: Save the Digital ID to a file in your computer.
- Save to Windows Certificate Store: Save the Digital ID to Windows Certificate Store to be shared with other applications.

At the bottom, there are "Back" and "Continue" buttons.

STEP 6 Enter your name and UA email address and save

The dialog box is titled "Create a self-signed Digital ID". It contains a text area on the left explaining that self-signed IDs do not provide the same assurance as those from trusted providers. Below this, there are several input fields:

- Name: Enter Name...
- Organizational Unit: Enter Organizational Unit...
- Organization Name: Enter Organization Name...
- Email Address: Enter Email...
- Country/Region: US - UNITED STATES (dropdown)
- Key Algorithm: 2048-bit RSA (dropdown)
- Use Digital ID for: Digital Signatures (dropdown)

At the bottom, there are "Back" and "Save" buttons.

STEP 7 Save and return form as an email attachment