

# Allied Health Academy

## 3 U H \* U D G 6 F K R R O \$ S S O L F D W L R

### OVERVIEW AND INSTRUCTIONS

This application is your declaration to the Allied Health Academy that you intend to apply to graduate school. Much of the information that you must provide will also be needed by you for your graduate school application.

This application has been modified with permission from the Health Professions Advising Office at CSUF.

### INSTRUCTIONS

Applicants must complete every section of this application. Please keep the following points in mind:

- **Do not attach additional sheets for short answer questions.** All responses must be written in the space provided.
- **Present your experience assuming that the reader has no familiarity** with the site, setting, or organization to which you are referring, spell out names if acronyms are used, describe the nature and purpose of the experience, etc.
- **Consider your narratives as clear, concise, resume entries, with an organized flow from beginning to end:** (a) be sure the reader understands the context or affiliation; (b) be sure you clearly describe what you did, what you accomplished, and/or how your experience evolved; and (c) if there was a “take away” from the experience, a definitive learning moment, you should mention it.

:KHQ DSSO\LQJ IRU JUDGXDWH VFKRRO S L R J D G B W R L W G I Q U  
WKH DSSOLFDFWLRQ

- 5HVXPH GRF RU GRF[
- 8QRILFLDO 2IILFLDO 7UDQVFULSWV 3') GRFXPHQWV R
- 6WDWHPHQW RI 3XUSR VH /HWWHU RI ,QWHQW 3HUVRQD
- /HWWHU RI 5HFRPPHQGDWLRQ 8VXDOORIHV RQH DFDGHP  
DQG RQH SURIHVWLRQD VXSHU

# AHA Letter of Recommendation Request

## I. PERSONAL DATA

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**First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

(MM/DD/YYYY)

**Email Address:**  CSUF: \_\_\_\_\_  Personal: \_\_\_\_\_

(Please check the box next to your PREFERRED email)

**CWID:** \_\_\_\_\_

### Local Address:

\_\_\_\_\_  
*Street Address (Line 1)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Country*

### Permanent Address:

\_\_\_\_\_  
*Street Address (Line 1)*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Country*

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**How many hours per week, on average, were you employed during the semester?**

1-10  10-20  20-35  35+

### Applicant's Ethnicity (for statistical purposes only):

Hispanic/Chicano(a)/Latino(a) (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

Not Hispanic

Declined to state

### Applicant's Race (for statistical purposes only):

Black/African American – A person having origins in any of the black racial groups in Africa

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, Polynesia, Micronesia, or other Pacific Islands

American Indian – A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition

Alaska Native – A person having origins in any of the original peoples of Alaska, including Eskimos or Aleuts

Asian – A person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian subcontinent. This area includes, for example, China, India, Indonesia, Japan, Korea, and Vietnam

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

Other (specify, e.g. Hmong): \_\_\_\_\_

Decline to State

**Please indicate your parent's level of education:**

**Father Education Level:**  No College  Some College  College Graduate (outside the U.S. or earned after the applicant reached middle school)

**Mother Education Level:**  No College  Some College  College Graduate (outside the U.S. or earned after the applicant reached middle school)

**II. PROGRAMS**

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*Please check the types of programs to which you are applying.*

- Physical Therapy (D.P.T.)       Occupational Therapy (M.S.O.T.)       Communicative Disorders (M.A.)  
 Public Health (M.P.H.)       Social Work (M.S.W.)       Counseling (M.S.)

Other; please specify:

*Please check the schools to which you are applying.*

- CSUF M.P.H.       CSUF Counseling M.S.       CSUF Comm. Disorders M.A.  
 CSUF M.S.W.       UC Irvine M.P.H.       Western University D.P.T.  
 CSUDH M.S.O.T.

Other (non-linkage partner); please specify which school, program, and **application deadline**:

**III. ALLIED HEALTH ACADEMY INVOLVEMENT**

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*When did you enter the Allied Health Academy?*

- Spring 2016       Fall 2016       Fall 2017

*In which components of the Allied Health Academy have you participated?*

- KNES 201/HESC 202     GRE Test Prep     Internship     Mentor (HESC 399, Community College, or High School)

*Please describe how you have benefited from your involvement in the Allied Health Academy.*

**IV. ACADEMIC BACKGROUND**

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*Remember that you must submit your Titan Degree Audit or transcript.*

Please list all Undergraduate and Post Baccalaureate Institutions attended. An example (in grey font) has been provided below for your reference.

<u>University/College</u>	<u>Dates</u>	<u>Program Level</u>	<u>Major</u>	<u>Degree</u>	<u>Cum GPA</u>
Ex: CSU Fullerton	8/24/06-5/16/10	Undergraduate	Health Science	BS	3.56

**IV. GRE**

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Please input the date of your GRE below. Should any changes or updates need to be made as your application cycle approaches, please be sure to inform our office. Once your scores are available please forward an unofficial copy of them to our office.

**Date of GRE:** \_\_\_\_\_ Score (if available): \_\_\_\_\_  
(MM/DD/YYYY)

**CSUF GRE Test Prep Course:**  Enrolled  Completed

**If you have not registered for the GRE yet, when do you plan to take it?** \_\_\_\_\_

**V. RESEARCH EXPERIENCE**

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*Please provide a general summary (in plain English/layman's terms) of your research experiences, including the dates you were involved, the nature of the research, your role, contributions and level of engagement, and what you learned.*

***You may enter up to 2 experiences below.*** Please enter only significant experiences and remember that professional schools are more interested in quality than in quantity.

**EXPERIENCE 1**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**EXPERIENCE 2**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**VI. CLINICAL EXPERIENCES**

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*Regarding clinically related experiences, provide a general summary of your clinical exposure to healthcare, any direct interaction with patients, work in clinics, shadowing, and other clinically related experience.*

***You may enter up to 3 experiences below.*** Please enter only significant experiences and remember that professional schools are more interested in quality than quantity.

*In the available space for each experience description, here is a suggested format:*

- Describe the nature of the organization
- Describe what you did or accomplished, and
- Describe what you learned.

**EXPERIENCE 1**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Did this experience involve direct patient interaction? If so, please describe the patient interaction below.** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**EXPERIENCE 2**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Did this experience involve direct patient interaction? If so, please describe the patient interaction below.** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**EXPERIENCE 3**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Did this experience involve direct patient interaction? If so, please describe the patient interaction below. \_\_\_\_\_

*Experience Description (1325 characters, includes spaces):*

**VII. CAMPUS / COMMUNITY SERVICE**

*Regarding community service related experiences, provide a general summary of your on and off campus engagement in community service and volunteering. Highlight your role in each setting and what you learned.*

***You may enter up to 3 experiences below.** Please enter only significant experiences and remember that professional schools are more interested in quality than quantity.*

*In the available space for each experience description, here is a suggested format:*

- Describe the nature of the organization
- Describe what you did or accomplished, and
- Describe what you learned.

**EXPERIENCE 1**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total Hours Spent During the Period:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**EXPERIENCE 2**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Total Hours Spent During the Period:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***



**EXPERIENCE 3**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours Spent During the Period: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

*Experience Description (1325 characters, includes spaces):*

**VIII. ADDITIONAL ACTIVITIES AND COMMITMENTS**

*Is there anything else we should know about you? This section should highlight other aspects of your background, interests, and activities worthy of mention. Be sure to highlight your talents/interests (martial arts, music, languages, etc.).*

***You may enter up to 3 experiences below.*** Please enter only significant experiences and remember that professional schools are more interested in quality than quantity.

*In the available space for each experience, here is a suggested format:*

- Describe the nature of the organization or experience,
- Describe what you did or accomplished, and
- Describe what you learned.

**EXPERIENCE 1**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**EXPERIENCE 2**

**Experience Name:** \_\_\_\_\_

**Experience Type:** \_\_\_\_\_

**Dates: From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Average Hours Per Week:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

***Experience Description (1325 characters, includes spaces):***

**EXPERIENCE 3**

Experience Name: \_\_\_\_\_

Experience Type: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Average Hours Per Week: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

*Experience Description (1325 characters, includes spaces):*

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**IX: OTHER RECOMMENDATIONS**

*Provide the names of professionals, professors, or other individuals you intend to request letters of recommendation from. Refer to the requirements from the programs to which you intend to apply for whether there are restrictions on whom the recommenders should be. Describe how you know the individual and what you have done to distinguish yourself in the class, project, or work setting.*

**You may enter up to 3 recommenders below.**

**RECOMMENDER 1**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Relationship Description (1325 characters, includes spaces):**

**RECOMMENDER 2**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Relationship Description (1325 characters, includes spaces):**

**RECOMMENDER 3**

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**Relationship Description (1325 characters, includes spaces):**

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**X: BIOGRAPHY**

*In the space below, please include a biography of yourself in the form of a short essay. Include answers to the following questions: What was your upbringing like (e.g., with whom did you grow up)? What was your role in your family and/or community? What ignited your interest in the health field? What makes you unique?*

**X: CHALLENGES**

*In the space below, please describe any challenges you may anticipate with regards to graduate school. Include answers to the following questions: How do you plan to finance your degree? Do you have any family responsibilities?*

**XI. FERPA**

FERPA, the Family Educational Rights and Privacy Act of 1974, is a federal law that pertains to the release of and access to educational records. The law, also known as the Buckley Amendment, applies to all schools that receive funds under an applicable program of the US Department of Education. Go to [www.ed.gov/policy/gen/guid/fpco](http://www.ed.gov/policy/gen/guid/fpco) to learn more.

Under FERPA, a school may not generally disclose personally identifiable information from an eligible student's education records to a third party unless the eligible student has provided written consent. However, there are a number of exceptions to FERPA's prohibition against non-consensual disclosure of personally identifiable information from education records. One such exception is that a school can disclose personally identifiable information from an eligible student's education records, without consent, to another school in which the student seeks or intends to enroll.

The sending school may make the disclosure if it has included in its annual notification of rights a statement that it forwards education records in such circumstances. Otherwise, the sending school must make a reasonable attempt to notify the student in advance of making the disclosure, unless the student has initiated the disclosure.

By checking the box to the left, I understand that the Allied Health Academy of California State University, Fullerton may disclose personally identifiable information from my records to schools to which I have applied.

**XII. WAIVER OF ACCESS TO LETTERS OF EVALUATION**

I do  do not  waive my right of access to confidential letters, which may be obtained or sent by California State University, Fullerton. This waiver also includes right of access to the Committee Letter of Evaluation and any other letters/evaluations used to compose this letter. Letters of evaluation received in this office may be forwarded only to admissions committee at medical, dental or other doctoral-level health professional schools or military programs in conjunction with the above schools. Letters can also be sent to approved post baccalaureate programs. Letters cannot be forwarded to third parties including, but not limited to, employers, graduate schools other than the above, scholarship programs, or other education programs.

**Sign by typing your name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(MM/DD/YYYY)