# Section I. Applicant Information

###### All fields in this section are required unless otherwise indicated. The following fields are considered non-directory information and you may decline to answer or select N/A as appropriate: Birth Date, Pronouns, Hopkins ID, JHED ID, Alternate Email, State of Legal Residence, Permanent Address, Self- Identification, Citizenship

First Name

Preferred Nickname\*

Middle Name Birthdate (mm/dd/yy)

Last Name

Pronouns\* --

\* These are the name and pronouns we will use in your Committee Letter. If you selected "different pronouns" from the drop-down list above, please write the pronouns you would like us to use:

Hopkins ID (listed on your transcript) JHED ID

JHU Student Email (if currently enrolled)

Alternate Email:

State of Legal Residence State to be declared on your application (if different from State of Legal Residence)

**Current Address**

--

--

MPLE

Street Address Line 1 Street Address Line 2

--

City State Zip Code Country --

### Permanent Address

Street Address Line 1 Street Address Line 2

A

--

City State Zip Code Country --

Home Phone Cell Phone

### Self-Identification

S

Ethnicity Race --

--

### Citizenship

Citizenship

--

Additional/Other/Non-US Country of Citizenship --

### Applicant Status

###### Please indicate your Applicant Status below:

First-Time Applicant (never submitted a medical/dental school primary application such as AMCAS, AACOMAS, TMDSAS, or AADSAS)

o

Reapplicant (previously submitted a medical/dental school primary application such as AMCAS, AACOMAS, TMDSAS, or AADSAS)

o

If you are a reapplicant, please indicate your most recent application year.

###### If you are a reapplicant, please indicate any relevant application service ID numbers.

AMCAS ID (same as MCAT ID#) AACOMAS ID AADSAS ID

### Intended Health Profession

###### Please check the types of schools/programs to which you are applying (check all that apply).

Allopathic Medicine (MD) Osteopathic Medicine (DO) Medicine/Doctorate (MD-PhD) Dental (DDS or DMD)

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### Texas Medical and Dental School (if applicable)

TMDSAS is the centralized application processing service for applicants to all of the public medical, dental, and veterinary schools in the state of Texas. **Applicants who are Texas residents MUST use TMDSAS to apply to any of the public medical or dental schools in Texas.** Applicants who are not residents of Texas rarely, if ever, apply to Texas medical and dental schools. **Please note: TMDSAS does not include Baylor College of Medicine.** By checking this box, I acknowledge that I intend to apply to the public medical or dental schools in Texas through the Texas Medical and Dental School Application Service (TMDSAS).

SAMPLE

**Section II. Academic Background**

***You must submit to Blackboard an UNOFFICIAL transcript for each undergraduate or graduate institution in which you enrolled.***

**Undergraduate Education**

JHU Division (Major 1) -- Degree --

Month degree has been received or --

will be received:

Year degree has been received or

is anticipated to be received:

Major:

Second Major (if applicable): Minor (if applicable):

Cumulative GPA: Estimated BCPM GPA ([Click here for BCPM instructions)](https://studentaffairs.jhu.edu/preprofadvising/pre-medhealth/applicants/calculating-bcpm-gpa/)

**Transfer Institution (if applicable)**

###### If you transferred from another institution to Johns Hopkins University, please complete the information below. Please remember to upload the unofficial transcript for this institution to Blackboard.

SAMPLE

Institution Cumulative GPA Estimated BCPM GPA

Month & Year Degree was Received

### Graduate Institution (if applicable)

Total Credits

###### If you attended (or are currently attending) an institution for your graduate degree or post-baccalaureate program, please complete the information below (up to two entries). Please remember to upload the unofficial transcript for each institution to Blackboard.

--

Post-Bachelors Institution: Degree or Certificate :

Major:

Month & Year degree was received/will be received:

Cumulative GPA:

Estimated BCPM GPA: Total Credits:

Post-Bachelors Institution #2: Degree or Certificate:

Major: Month & Year degree was received/will be received:

Cumulative GPA: Estimated BCPM GPA: Total Credits:

**Section III. Test Score Information**

Have you taken the MCAT or DAT?

Yes No

Are you scheduled to take the MCAT or DAT in the coming months?

Yes No

If yes, which test? --

If yes, in what month are you planning to take the exam? --

## Section IV. Reapplicants Only

###### Reapplicants are those who have previously submitted a medical/dental school primary application such as AMCAS, AACOMAS, TMDSAS, or AADSAS.

***Reapplicants MUST complete the entire HPCA. Reapplicants must also answer the following questions:***

Why do you believe you were unsuccessful in the prior application cycle? Please provide specific reasons. Your entry is limited to **1500 characters** (with spaces).

SAMPLE

In what ways have you strengthened your application from the previous cycle - how are you now a stronger applicant this cycle? Please include examples of steps taken to become a more competitive applicant. Your entry is limited to **1500 characters** (with spaces).

## Section V. Work & Activities

### Introduction

The Work and Activities section of the HPCA is designed to mirror the Work and Activities sections of the primary medical/dental school applications you will complete this summer. In the Work and Activities section, you will have the opportunity to write about your research, community service, clinical experience, work experience, extracurricular activities, awards, honors, and hobbies or other outside interests that you would like to bring to the attention of the Committee. Please note: the following directions pertain to the HPCA and may not be consistent with centralized medical/dental school application directions.

**Entering Experiences—Directions**

* In this section you may enter up to 15 experiences. However, there is no need to enter 15 experiences – quality is more important than quantity.
* All experience descriptions must be written in the space provided for that entry and cannot exceed **700 characters**

(including spaces).

* Avoid bulleted items. Write clear, concise narratives, with an organized flow from beginning to end.
* For each experience, clearly describe what you did, what you accomplished, how the experience evolved and, most importantly, what you learned.
* Describe experiences assuming that the reader has no familiarity with the work or setting to which you are referring.

SAMPLE

* Spell out all acronyms.
* When reflecting upon an experience, we suggest referencing one or more of the AAMC’s Core Competencies for Medical Students: <https://students-residents.aamc.org/applying-medical-school/article/core-competencies/>
* Ensure that the dates and **TOTAL** number of hours are accurate for each experience.
* When adding an experience that is currently in progress or that will end at some point in the future, please include only the hours you will have completed as of **May 2021**.
* Generally, please only include experiences that you began post-high school; however, you may also include experiences that you began in high school and continued into college, and/or experiences that you began in the summer between high school and matriculating to college.
* For each experience, no matter the AMCAS Experience Type, please check the “Patient Engagement” box if you directly volunteered, worked with, or otherwise engaged with patients, AND discuss any patient-related duties in your experience description. Shadowing experiences do not count toward “patient engagement.”

##### Writing about three (3) Most Meaningful Experiences:

* + Of your experiences, you must select three (3) experiences that you consider to be “most meaningful” to you. By designating an experience as “most meaningful”, you will have **700 characters** to write the experience description, and you will be given **an additional 1325 characters** to explain why this experience was particularly meaningful to you. In other words, you will provide a “Most Meaningful” description in addition to the “Experience Description.”
  + When writing your response, explain why this experience is most meaningful. Consider the transformative nature of the experience, the impact you made while engaging in the activity, and the personal growth you experienced as a result of your participation.

### AMCAS Experience Types

In the Work and Activities section, you will classify each of your experiences using the same categories provided in the AMCAS application\*:

1. Artistic Endeavors
2. Community Service/Volunteer – Medical/Clinical
3. Community Service/Volunteer – Not Medical/Clinical
4. Conferences Attended
5. Extracurricular Activities
6. Hobbies
7. Honors/Awards/Recognition
8. Intercollegiate Athletics
9. Leadership – Not Listed Elsewhere
10. Military Service
11. Other
12. Paid Employment – Medical/Clinical
13. Paid Employment – Not Medical/Clinical
14. Physician Shadowing/Clinical Observation
15. Presentations/Posters
16. Publications
17. Research/Lab
18. Teaching/Tutoring/Teaching Assistant

Some of your experiences may be classified under more than one AMCAS Experience Type. Select the AMCAS Experience Type that best described that experience.

SAMPLE

It should also be noted that a single experience may have two components, each warranting a separate experience entry on the HPCA. For example, a summer research experience may have included both research and clinical shadowing. If deemed appropriate, you may want to enter two separate entries for that same experience, one classified as a “Research/Lab” experience and one classified as a “Physician Shadowing/Clinical Observation” experience.

##### \*Please note:

* ***AACOMAS*** *has different experience types. They can be found here:* [*https://help.liaisonedu.com/AACOMAS\_Applicant\_Help\_Center/Filling\_Out\_Your\_AACOMAS\_Application/ Supporting\_Information/2\_Experiences*](https://help.liaisonedu.com/AACOMAS_Applicant_Help_Center/Filling_Out_Your_AACOMAS_Application/Supporting_Information/2_Experiences)
* ***AADSAS*** *has different experience types. They can be found here:* [*https://www.adea.org/CAAPIDapp/Instructions/Experiences.aspx*](http://www.adea.org/CAAPIDapp/Instructions/Experiences.aspx)
* The next 15 pages are for you to list and write about your experience descriptions.
* In the first three (3) entries, please write about your Most Meaningful experiences.
* You may include a total of 15 experiences. However, there is no need to enter 15 experiences – quality is more important than quantity.

Most Meaningful Experience #3

AMCAS Experience Type --

Experience Name/Position Title Organization Name

Contact Name & Title City

Contact Email

State Country

--

--

Start Month & Year

###### Date Range 2 (if applicable)

Start Month & Year

###### Date Range 3 (if applicable)

Start Month & Year

###### Date Range 4 (if applicable)

End Month & Year Until Present

End Month & Year Until Present

End Month & Year Until Present

Total Hours

Total Hours

Total Hours

Start Month & Year End Month & Year Until Present Total Hours

**Patient Engagement** (check this box if you directly volunteered, worked with, or otherwise engaged with patients).



SAMPLE

**Experience Description (700 characters max)**

**Most Meaningful Experience Remarks (1325 characters max)**

AMCAS Experience Type --

Experience Name/Position Title Organization Name

Contact Name & Title Contact Email

City

State --

Country --

Start Month & Year

###### Date Range 2 (if applicable)

Start Month & Year

###### Date Range 3 (if applicable)

Start Month & Year

###### Date Range 4 (if applicable)

End Month & Year Until Present

End Month & Year Until Present

End Month & Year Until Present

Total Hours

Total Hours

Total Hours

Start Month & Year End Month & Year Until Present Total Hours

**Patient Engagement** (check this box if you directly volunteered, worked with, or otherwise engaged with patients).



SAMPLE

##### Experience Description (700 characters max)

**Section VI. Candidate Overview & Academics**

SAMPLE

###### Please complete the following essays. The first three essays are required of all applicants, and the last two are

***optional.***

1.) Please provide an overview of the formative people and experiences in your life that have shaped who you are today and influenced your aspirations for a career in healthcare. When appropriate, you should include (a) where you were born and raised, (b) individuals (family, friends, teachers, mentors, etc.) who have motivated you, (c) experiences that have molded your thoughts and values, and (d) anything else of relevance that you wish to share.

NOTE: This essay should not be approached as a personal statement; rather, it is an essay that **introduces you as a candidate to medical/dental schools.** Your entry is limited to **2500 characters** (with spaces). The character limit requires that you write clearly and concisely.

2.) What makes you a unique, compelling, or ideal applicant for medical or dental school? Provide examples of experiences to support your answer. Your response is limited to **1500 characters** (with spaces).

SAMPLE

3.) Why are you choosing a career in medicine/dentistry? Provide examples of experiences to support your answer. Your response is limited to **1500 characters** (with spaces).

Academics (OPTIONAL)

4.) This is your opportunity to discuss academic challenges you may have faced. For example, if there is a clear discrepancy in your academic record (e.g., academic probation, leave of absence, withdrawals, matriculation into a post-bac program, etc.), please use this space to explain your circumstances. Your response is limited to **1500 characters** (with spaces).

#### Reapplicants (OPTIONAL)

5.) Reapplicants: Please provide academic updates since your last application (upward trend in grades since previous application, completion of degree, matriculation into a post-bac or graduate program, additional science coursework, etc.). Your response is limited to **1500 characters** (with spaces).

SAMPLE

## Section VII. Competencies

###### Please review the AAMC Core Competencies for Entering Medical Students: https://students-residents.aamc.org/applying- medical-school/article/core-competencies/

**Select your three (3) most well-developed competencies.** For each entry, please select one competency from the drop down menu. Then, use the space below the competency to explain how you have demonstrated the competency in one or more of your extracurricular experiences. (We understand that some of your experience examples may repeat from previous sections of the HPCA. Some overlapping examples are inevitable, but we are not looking for copying and pasting exact language from one section to the other.)

Competency #1: --

Please explain how you have demonstrated this competency. Your response is limited to **700 characters** (with spaces).

Competency #2:

--

Please explain how you have demonstrated this competency. Your response is limited to **700 characters** (with spaces).

SAMPLE

Competency #3: --

Please explain how you have demonstrated this competency. Your response is limited to **700 characters** (with spaces).

## Section VIII. Additional Information

SAMPLE

###### All essays in this section are required. If the essay is not applicable, please write N/A.

Please use this space to **share any additional information or special circumstances (personal, academic, or otherwise) that we should consider when reviewing your HPCA. You may also include any impact that COVID-19 has had on your personal, professional, or educational plans.** Your response is limited to **1500 characters** (with spaces).

MD-PhD Applicants ONLY

Applicants to MD-PhD programs must demonstrate clear motivation to become a physician-scientist. Please use the space below to **state your qualifications and reasons for pursuing the combined MD-PhD degree.** Your entry is limited to **1500 characters** (with spaces). If this essay is not applicable, please write N/A.

#### Dental Applicants ONLY

Applicants to dental school must show evidence of manual dexterity. Below, please discuss the experiences or activities that developed or demonstrated your manual dexterity (e.g., activities requiring hand-eye coordination such as cross stitching, sewing, art, crafts, playing musical instruments, auto repair, etc.). Your entry is limited to **1500 characters** (with spaces). If this essay is not applicable, please write N/A.

SAMPLE

## Section IX. Certification and Waiver

###### Application Certification

I hereby certify that I personally completed the components of this application and that the information provided is complete and accurate. I also grant the Johns Hopkins Health Professions Committee permission to use the provided application information in the writing of my Committee Letter. I also understand that the Johns Hopkins Health Professions Committee will not disclose information to any entity without demonstrated legitimate educational interest as defined by FERPA. The typing of my name and date below serve as my signature of agreement.

Signature Date

###### Waiver of Access to Committee Letter and Other Letters of Evaluation

I waive my right of access to confidential letters of evaluation (also known as letters of recommendation), which may be obtained or sent by Johns Hopkins University. This waiver includes my right of access to the Committee Letter prepared by the Johns Hopkins Health Professions Committee. The typing of my name with the date below serves as my signature of agreement.

Signature Date

SAMPLE

## Section X. Institutional Action

The **American Medical College Application Service (AMCAS)** requires applicants to answer the following “institutional action” question:

*“Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation even though such action may not have interrupted your enrollment or required you to withdraw?”*

Further, AMCAS states:

*“You must answer ‘Yes’ even if the action does not appear on or has been deleted from your official transcripts due to institutional policy or personal petition.”*

The **Association of American Dental Schools Application Service (AADSAS)** requires applicants to answer the following “institutional action” questions:

*Have you ever been disqualified, suspended, dismissed, otherwise subject to a disciplinary action at any college or university in connection with your academic performance?*

*Have you ever been found to have violated a school rule, policy or procedure, or an honor code; or have you otherwise been disqualified, put on probation, suspended, dismissed, expelled, otherwise been subject to a disciplinary action at any college/university in connection to misconduct?*

###### All applicants to medical and dental school from Johns Hopkins University – whether first-time or repeat applicants – must respond fully to all questions regarding institutional action.

SAMPLE

Centralized application services like AMCAS, AADSAS, TMDSAS, AACOMAS, etc., do not limit “institutional action” to only those academic or conduct violations on file with the Johns Hopkins Office of the Dean of Student Life. **The Office of Pre-Professional Advising advises applicants to disclose any institutional action taken against them, whether or not it is of record with the University.**

It is important to note that a single, isolated, relatively minor situation will rarely keep an applicant from being considered for admission -- but failure to disclose an incident might negatively impact the application.

###### By typing your name in the box below, you acknowledge that you have read and understand your responsibilities and obligations as an applicant as they relate to questions of institutional action. The typing of your name with the date below serves as an acknowledgement.

Signature Date

**If you indicate that you have been subject to an institutional action, you will need to explain the situation in your primary application. The explanation should include:**

1. A brief description of the incident
2. The specific charge(s) made
3. The disciplinary or institutional action taken
4. Your reflections upon what you learned as a result of this experience
5. Consider how the experience has impacted your character, your ethical/moral development, and/or your career goals.

###### Pre-Professional advisors are available to help you draft the explanation of your institutional action. You are advised to consult with an advisor in the Office of Pre-Professional Programs and Advising as you prepare your statement.

**Section XI. Blackboard Submission Instructions**

***This section discusses the steps required to complete and successfully submit the HPCA. Your HPCA submission is not***

***final until you upload a PDF of your completed HPCA to Blackboard.***

***Verification:***

1. Review and verify your responses.
2. Confirm that your HPCA includes all the information you wish to provide to the Health Professions Committee.

**You will not be permitted to make any changes or updates once your HPCA has been submitted**.

1. Once you have completed the first two steps, you will be ready to submit your HPCA.

###### Save as a PDF:

Once your HPCA is complete, save and rename the PDF as follows: “lastname.firstname.HPCA.2022.pdf”

###### Upload to Blackboard:

1. To complete the HPCA submission process, upload the PDF to the "UPLOAD DOCUMENTS HERE" section of the Med School Entry Year 2022 Blackboard site.

##### IMPORTANT: Your application is not complete until you upload a PDF of your completed HPCA to the Med School Entry Year 2022 Blackboard site.

**If you miss the HPCA Blackboard deadline, you will not be permitted to continue with the Committee Process for this application cycle. There are no exceptions to this policy.**

Check the box to indicate you have read and followed these verification and submission instructions.

SAMPLE

**NOTE**: It is your responsibility to adhere to the JHU Office of Pre-Professional Programs and Advising's requirements and deadlines. Once you submit your Health Professions Committee Application, you will not be permitted to make any changes or updates.

##### Thank you for completing the Johns Hopkins Health Professions Committee Application (HPCA).

**As you continue in the application cycle, please read all emails sent from the Office of Pre-Professional Programs and Advising, and continuously refer to the Applicant Checklist and Timeline and other resources on the**

**Med School Entry Year 2022 Blackboard site.**

**If you have questions or concerns, please email** [**preprofessional@jhu.edu.**](mailto:preprofessional@jhu.edu)