

RowanSOM Medical Sciences Academy

The Medical Science Academy is a 28-week program that blends didactic and active participatory experiences for high school honor students interested in becoming physicians. Students participate in integrated and thematically-organized presentations with guest speakers who represent the medical and health care professions. Presenters address a variety of topics and discuss current information relevant to their specialty field. The Program highlights osteopathic medicine, its principles, and its contributions to wellness.

This hands-on experience, includes:

- Exposure to a basic view of the anatomy and physiology of the major body systems
- Exposure to the process of diagnosing, treating, and preventing illness
- Sensitivity to the biopsychosocial dynamics that are present when diagnosing and treating a patient
- The opportunity to ask questions that involve synthesis and analysis of sophisticated concepts and theories
- Execution of basic technical skills needed to perform minimal office laboratory tests and diagnoses
- Ability to formulate and test hypotheses and have strategies to draw logical conclusions
- Utilization of learning tools and attitudes when pursuing higher education goals
- Selection of career goals that suit their needs and interests; pursuit of the guidelines and requirements to enable them to realize individual potential

Apply if you:

- Are interested in a career in medicine
- In the top 25% of the class, spring semester of Junior year of high school, applying for Senior year participation.
- Have the emotional maturity and a willingness to commit to a year-long program
- Have transportation (students must be able to drive or arrange transportation to and from the Stratford Campus)
- Have availability: program meets weekly on Tuesdays and Thursdays, 2:00 p.m. - 3:30 p.m.

Include in your application packet:

- Completed application: *Student information and School Information*
- Two (2) recommendations: one completed by a Math or Science teacher - the other may be completed by a Math or Science teacher or your counselor
- Your high school transcript (or a final report card for each year of high school)
- Standardized Test Scores (PARCC, PSAT, SAT and/or ACT)
- An essay that answers the following question:
How do you think the Medical Sciences Academy can help you achieve your educational and professional goals?

Once you complete the application:

- Before submission, use the checklist on page 4 to make sure you have completed all steps
- Submit your completed application to RowanSOM's Admissions Office at RowanSOMAdmissions@rowan.edu

Program or application questions, contact Admissions at
856-566-7050 or RowanSOMAdmissions@rowan.edu.



SCHOOL OF
OSTEOPATHIC MEDICINE

It is very important that all information is written clearly and completely to avoid delays (or disqualification). Please, read the prompts before each space. Fill in all requested information. PRINT all information in blue or black ink.

I. STUDENT INFORMATION & SCHOOL INFORMATION

It is important that you enter your complete address, home & cellular phone number and email address to avoid delays in getting you information about the application process. Remember to contact the relevant program of interest to report any changes in your contact information during the application process. When listing current classes, please list the name of the class (Biology, Algebra 2, etc.) rather than the subject.

II. STEM TEACHER OR COUNSELOR RECOMMENDATION

Please print two (2) copies of this form. Then ask STEM teachers or a counselor to complete the recommendation form and submit it with completed application packet to rowansomadmissions@rowan.edu.

III. HIGH SCHOOL COUNSELOR VERIFICATION and REQUIRED SIGNATURES

Only records from performance in high school are required. It is not necessary to send any grades from 8th grade or below.

School counselor, student, and parent must sign to certify that the information provided in the application packet is true. Please, ensure that all signatures and dates are present before submitting your application packet.

When listing classes, please include the name of the courses completed under the subject area headings.

APPLICABLE STUDENT ESSAY REQUIREMENT

If an essay is required for your program of interest, please see essay prompt in relevant program. Please type your essay on a separate sheet of paper. Your response should not be more than 300 words. Please use 12 point font and format your essay so that it is single spaced.

RowanSOM Medical Sciences Academy Application Checklist

- ☐ Section I - Student Information & School Information
- ☐ Section II - STEM Teacher or Counselor Recommendation
- ☐ Section III- High School Counselor Verification and Required Signatures
- ☐ Educational Experience Agreement Waiver, Release & Confidentiality Statement
- ☐ Emergency Contact Information
- ☐ Authorization for Release of Photo Media
- ☐ Applicable Student Essay

RowanSOM Medical Sciences Academy
I. Student Information & School Information

Student's Name: _____ Date of Birth: _____
Last First MI

Address: _____ Age: _____
Street
Town Zip Code Primary Language: _____

Home Phone Number: _____ Cell Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Ethnicity: _____ Hispanic/Latino _____ Non-Hispanic/Latino _____ Prefer Not To Say

Race: _____ African/American/Black _____ American Indian/Alaska Native
_____ Asian _____ Native Hawaiian or Other Pacific Islander
_____ White _____ Prefer Not To Say

Gender: _____ Female _____ Male _____ Prefer Not To Say

U.S. Citizen? _____ Yes _____ No ☐ Permanent Resident

Who do you live with? _____ Mother & Father _____ Mother Only _____ Father Only
_____ Grandparent(s) Other(Specify) _____

Are you eligible to receive free or reduced school lunch: _____ Yes _____ No

List all school/community activities/memberships you have been involved in the last 2-3 years:

How will you be getting to the RowanSOM campus? _____ Driving _____ Parent/ Guardian
Other _____

RowanSOM Medical Sciences Academy
I. Student Information & School Information (cont'd)

School Information

Name of School: _____ Current Grade: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Counselor's Name: _____

Principal's Name: _____

Current Classes (Be specific - instead of Math, list the type of math course, i.e. Geometry):

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |
| 7. _____ | 8. _____ | 9. _____ |

Which health careers interest you? (List all you would consider):

Would you be comfortable taking a tour of the anatomy lab, which would include viewing cadavers? _____ Yes _____ No (Must choose yes or no)

II. STEM Teacher or Counselor Recommendation (2 needed)

Please give this form to your recommender. Must be completed and sent with completed application packet to directly to the Office of Admissions at rowansomadmissions@rowan.edu

Student's Name: _____ Date: _____

Grade: _____ High School: _____

Please rate your experience on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. Motivation in completing classwork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Effort in approaching difficult tasks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Cooperation when working with others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Productivity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. A positive attitude toward learning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

My student:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 6. Completes assignments on time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. Has excellent class participation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Has excellent attendance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Is rarely late for class | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Is inquisitive about subject matter | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. Participates in extracurricular activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. Is interested in a health career | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

13. Describe why you believe this student should participate in the Medical Sciences Academy.



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II. STEM Teacher or Counselor Recommendation (cont'd)

Please give this form to your recommender. Must be completed and sent with completed application packet to directly to the Office of Admissions at rowansomadmissions@rowan.edu

Recommender's Name: _____

Subject area: _____

Is this student currently enrolled in your class? _____ Yes _____ No

Email address: _____

Recommender's Signature: _____

II. STEM Teacher or Counselor Recommendation (2 needed)

Please give this form to your recommender. Must be completed and sent with completed application packet to directly to the Office of Admissions at rowansomadmissions@rowan.edu

Student's Name: _____ Date: _____

Grade: _____ High School: _____

Please rate your experience on each of the criteria listed below by circling a number from 1 to 10. Please note that 1 is strongly disagree and 10 is strongly agree.

This student displays:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 1. Motivation in completing classwork | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 2. Effort in approaching difficult tasks | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 3. Cooperation when working with others | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 4. Productivity | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 5. A positive attitude toward learning | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

My student:

- | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| 6. Completes assignments on time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 7. Has excellent class participation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8. Has excellent attendance | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 9. Is rarely late for class | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 10. Is inquisitive about subject matter | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11. Participates in extracurricular activities | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 12. Is interested in a health career | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

13. Describe why you believe this student should participate in the Medical Sciences Academy.



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RowanSOM Medical Sciences Academy

II. STEM Teacher or Counselor Recommendation (cont'd)

Please give this form to your recommender. Must be completed and sent with completed application packet to directly to the Office of Admissions at rowansomadmissions@rowan.edu

Recommender's Name: _____

Subject area: _____

Is this student currently enrolled in your class? _____ Yes _____ No

Email address: _____

Recommender's Signature: _____

Human Biology for SOM Medical Science Academy Students

Students of the Medical Sciences Academy have the option of enrolling in a Human Biology course to boost their level of preparedness for a premed or science degree upon entering college. The course will immediately follow the Medical Sciences Academy. Please circle your answer at the bottom of the page regarding your interest in enrolling into the Human Biology course.

Description

This non-laboratory course acquaints students with the structure and function of man. The function of the human body will be examined from the simplest level, the cell, to the complexities of the whole organism. Special emphasis is placed on functional systems such as the respiratory, cardiovascular and the reproductive. The content of this course will be relevant to your daily lives as human beings. By the end of the semester you should have a solid foundation for understanding and critically evaluating the many biological issues that affect our lives — diet and nutrition, genetic engineering, medications, cancer, bacterial and viral infections, pollution, and endless other health- and disease-related information that we hear or read about every day. This is a three credit non-lab course.

Objectives

Upon the completion of Human Biology the student will be able to demonstrate (by explanation and description) an understanding of the following:

- the basic structure and function of the cell,
- the control systems of the body,
- the maintenance systems of the body,
- the reproductive systems of the body

A deeper objective of this course is to cultivate in students a greater appreciation for the extraordinary beauty and complexity of their own body. Our hope is that students will come away with new perspectives on how their body works and how they fit into the living world and with a better sense of how all the things we experience in our lives affect our bodies.

Class Meetings **Tuesdays and Thursdays 3:45 - 5:00 pm**

Starting the week of September 24, 2019 and ending the week of January 16, 2020

Tuition **\$567.75 for 3 undergraduate Rowan University credits**

Are you interested in enrolling in the Human Biology course? _____ Yes _____ No

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IV. High School Counselor Verification and Required Signatures

Current Grade Level: _____ Current GPA: _____ on a 4.0 scale

Class Rank: _____ of _____

Please provide the following items:

- A final report card from each year of high school the student has completed or a full transcript
- A current report card
- Most recent standardized test scores

List all Math and Science courses completed at the high school level:

Math

Science

REQUIRED SIGNATURES

I hereby certify that all statements in this application are true to the best of my knowledge and understanding. Any misleading information may be cause for immediate disqualification of the applicant (or dismissal from the program). I understand that there are mandatory sessions of the programs and agree to attend them all and any absences must be approved.

Student Signature: _____ Date: _____

I hereby certify that all statements in this application are true to the best of my knowledge and understanding. I, the undersigned, also certify that I am the parent or legal guardian of the above mentioned Participant. I hereby authorize my minor child named above to attend and participate in the RowanSOM Program being applied for, including any off-campus activities for which I have registered him/her.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

I hereby certify that all statements in this application are true to the best of my knowledge and understanding.

Counselor Signature: _____

Date: _____

PLEASE NOTE: Your application will be considered incomplete if it does not have all of the requested information, attachments and signatures.



SCHOOL OF
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Parent/Guardian Approval for Participation in the Medical Sciences Academy

Student Name: _____

Date: _____

I hereby certify I am the parent or guardian of the above-named student ("minor child" and agree that my minor child has my approval to participate in the Medical Sciences Academy at Rowan University School of Osteopathic Medicine, to be held on the following dates: _____

I agree to allow my minor child to participate in the Medical Sciences Academy activities and, on behalf of my minor child, our heirs, personal representatives or assigns, affirm that my minor child is voluntarily participating in the activities, which may or may not include transportation by Rowan University. I assume all risks of injury, illness, or loss of personal property resulting from my minor child's participation in the activities. This Release and Waiver of liability includes, without limitation, all injuries which may occur as a result my minor child's participation in the activities.

I agree to release and discharge Rowan University, all affiliates, employees, agents, representatives, successors, or assigns ("Released Parties"), from any and all claims or causes of action relating to the Medical Sciences Academy activities and I agree to voluntarily give up and waive any right that I may have to bring a legal action against Rowan University for personal injury or property damage. I further agree that this Release and Waiver will be binding upon my heirs and successors.

I further agree that if a claim is filed by a third party in connection with any of my minor child's conduct or behavior while engaged in the activities, I will indemnify and hold harmless Released Parties against any such claims, including attorneys' fees incurred by Rowan University in defending such claims.

I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University, of any and all photographs, videography, and audio recordings that have been taken of my minor child during the Medical Sciences Academy activities, without compensation to me, my minor child or assignees.

I also give permission for my minor child to receive any emergency medical treatment by health-care professional, including emergency medical transportation, which may be required for injuries sustained by my minor child. However, I agree to be responsible for any medical bill incurred as a result of any personal illness or injury to my minor child.

If any portion of this Release and Waiver from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this Release and Waiver shall remain in full force and effect and the offending provision or provisions will be severed here from. By signing this Release and Waiver, I acknowledge that I understand its content and that this Release and Waiver cannot be modified orally.

I acknowledge that I have carefully read this Release and Waiver and fully understand that it is a release of liability. I affirm that I am 18 years of age and competent to sign this document on behalf of my minor child.

Signature of Parent or Guardian _____
(Student signature if 18 years of age and older)

Date _____

In case of emergency, I authorize Rowan University School of Osteopathic Medicine to contact:

****Please provide one contact that is not a parent/guardian in case we are not able to reach a parent/guardian during an emergency****

Emergency Contact number one:

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

Emergency Contact number two:

Name: _____

Relationship: _____

Cell phone: _____

Work phone: _____

For adults (anyone over the age of 18)

I hereby consent to and authorize the use and reproduction by Rowan University School of Osteopathic Medicine, or anyone authorized by Rowan University School of Osteopathic Medicine, of any and all photographs taken of me during instruction at RowanSOM for any purpose, without compensation to me or my assignees. All images and digital files are owned by the University. The University reserves the right to use these photographs in any of its print or electronic publications. I hereby report that I am 18 years of age or older and have read and understood the terms of this release.

Name (please print): _____

Signed: _____ Date: _____

Witness (please print): _____

Signed: _____ Date: _____

For minors (children and youth under 18)

I hereby consent to and authorize the use and reproduction by Rowan University, or anyone authorized by Rowan University School of Osteopathic Medicine, of any and all photographs that have been taken of (Student Name) _____, a minor child in my custody as parent or guardian, during instruction at RowanSOM for any purpose, without compensation to me, the child or assignees. All images and digital files are owned by the University. The University reserves the right to use these photographs in any of its print or electronic publications. I hereby report that I am 18 years of age or older and have read and understood the terms of this release.

Name (please print): _____

Signed: _____ Date: _____

Witness (please print): _____

Signed: _____ Date: _____



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