

A yellow stethoscope is positioned behind the text, with its tubing looping around the words "Summer Prep".

Summer Prep

PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM

ROWAN UNIVERSITY SCHOOL OF OSTEOPATHIC MEDICINE

ROWANSOM PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM is a great way for motivated college sophomores and juniors to gain a variety of experiences that will support their medical school preparation. RowanSOM developed the Summer Pre-Medical Research and Education Program (PREP) as a health careers training opportunity to increase the number of students from underrepresented groups entering the medical profession, especially the field of osteopathic medicine. Summer PREP will provide participants with a well-rounded perspective on what it's like to be a medical student in the field of osteopathic medicine.

KEY COMPONENTS OF SUMMER PREP

- Clinical or research faculty mentor
- MCAT instruction and tutoring
- Lectures and in anatomy, medical procedures, osteopathic manipulative treatment and research
- Information session on how to plan academically and financially for medical school
- Medical school mock interviews and tips on the application and admissions process
- Campus, local and regional enrichment trips
- Academic skill building seminars
- Orientation and mentor luncheon
- Six-week residential internship with stipend
- Housing, meals and transportation are provided

SUMMER PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM (PREP)

HOW TO APPLY

- Complete the application form. Check for deadlines! Applications will be available on the RowanSOM webpage: som.rowan.edu/oursom/pipeline/premed/prep.html
- Write a personal mission statement addressing your interest in pursuing your career in medicine and your vision of yourself as a future physician (500 word max)
- Provide an official copy of your latest college transcript, showing current application year grades
- Submit two letters of recommendation: one from a college/university science or math professor with whom you have taken a course, and the second from any professor
- Provide a letter from your EOF advisor verifying your participation in the program
- Enrollment is limited. Interested students should submit all materials via email to Chantal Vergara at vergara@rowan.edu or mail and postmark all materials **by March 8, 2020**.



To be eligible for Summer PREP, applicants must be currently enrolled undergraduates who:

- Are New Jersey residents and currently enrolled at a NJ college/university
- Are recipients of the NJCHE-EOF grant
- Will not have completed their BA/BS degree by June of the year you apply
- Are US citizens or permanent residents
- Have earned a GPA of at least 2.75

REACH OUT TODAY!

Chantal Vergara
Email: vergara@rowan.edu Phone: 856-566-6076
Summer Pre-Medical Research and Education Program
Rowan University School of Osteopathic Medicine
Center for Teaching and Learning
1 Medical Center Drive, Academic Center, Suite 210
PO Box 1011
Stratford, New Jersey 08084



SUMMER PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM (PREP)

Instructions: Please complete the application electronically and send to vergara@rowan.edu. Complete all sections of the application.

- A completed application will include:
- Application
- A personal mission statement addressing your interest in pursuing a career in medicine and your vision of yourself as a future physician (Limit 250 words)
- An official copy of your latest college transcript, including Fall 2018
- A list of coursework to be completed in Spring 2019
- Two letters of recommendation: one from a college/university science or math professor with whom you have taken a course, and the second from any professor. *These should be emailed or mail separately directly from recommender.*
- A letter from your EOF advisor verifying your participation in the program

Full Name: _____

Last

First

Middle

Social Security Number: _____ Age: _____ Date of Birth: _____

Current Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Permanent Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____ How do you identify? Male ____ Female ____

Are you a U.S. Citizen? Yes ____ No ____ Other (specify) _____ Are you a Permanent Resident? Yes ____ No ____

Preferred Pronouns (i.e. He, She, They): _____

Birthplace: City _____ County _____ State _____ Ethnic/Racial Self Description: _____

Father's/Guardian Name _____ Phone _____

Occupation _____

Address: Street _____ City _____ State _____ Zip _____

Mother's/Guardian Name _____ Phone _____ Occupation _____

Address: Street _____ City _____ State _____ Zip _____

Occupation _____



SCHOOL OF
OSTEOPATHIC MEDICINE

SUMMER PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM (PREP)

Education Information

What educational institution are you presently attending? _____

What year are you in school? _____ GPA _____

What is your major? _____

List any extracurricular activities in college or at home (sports, hobbies, clubs, etc.):

EOF Advisor's Name, Email, and Phone Number:

How did you learn of this program? _____

Have you ever participated in a summer program? No ____ Yes ____

If yes, indicate the name and location of the program: _____

Have you ever taken the MCAT? No ____ Yes ____ If yes, what was your score? _____

Do you intend to take the MCAT? No ____ Yes ____ If yes, what is the intended approximate date? _____

Recommender Information:

Name and Title _____

Email/Phone _____

Name and Title _____

Email/Phone _____

I certify that the above information is complete and correct to the best of my knowledge.

Your signature _____ Date _____

Please email application to:

Chantal Vergara MA, NCC

Coordinator of the PREP Program

vergara@rowan.edu

Please email recommendation to vergara@rowan.edu or mail to

PREP Program

Rowan University School of Osteopathic Medicine

Academic Center, Suite 210

One Medical Center Drive, Stratford, NJ 08084



SUMMER PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM (PREP)

Recommendation Form Part 1 of 2

Full Name of Applicant:

Last

First

Middle

Instructions: The following form must be completed by a faculty member. Form and recommendation letter should be emailed to vergara@rowan.edu or mailed directly to:

Ms. Chantal Vergara
PREP Program
Rowan University School of Osteopathic Medicine
Academic Center, Suite 210
One Medical Center Drive, Stratford, NJ 08084

The applicant must sign this form below *before giving it to the recommender* for completion under the provision of the Family Education Rights and Privacy Act (Buckley Act) and should be included with recommendation.

I **waive** any right of access that I might have to this recommendation form.

Applicant's Signature and Date

I **do not waive** any right of access that I might have to this recommendation form.

Applicant's Signature and Date

Recommender: Please give your candid evaluation of this applicant. Specific descriptions of the individual's strengths and weaknesses are most valuable to the Selection Committee. Responses to the following questions can assist the selection process: In what capacity have you known the applicant? How does the applicant appear to clearly think through problems and plan reasonable solutions? Does the applicant appear to possess the academic potential and character qualities for medical studies and the profession?



SUMMER PRE-MEDICAL RESEARCH AND EDUCATION PROGRAM (PREP)

Recommendation Form Part 2 of 2

Name of : _____

Name and Title of Recommender: _____

Affiliated Institution: _____

In what capacity have you known this student? _____

How long have you known this student? _____

Please rate this student according to your observation and knowledge.

	Outstanding	Excellent	Satisfactory	Fair	Poor	No knowledge or opportunity to observe
Academic Performance						
Class Preparedness						
Comprehension						
Effort & Attitude toward assignments						
Accuracy						
Attendance						
Ability to follow through						
Verbal communication skills						
Ability to work well with others						
Motivation for a career in medicine						
Judgment						
Consistency						
Maturity						
Leadership skills						
Independent intellectual skills						
Analytical problem-solving skills						

Additional comments: _____

Signature

Date

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Signature

Date