



Sample Blank Application: University of Kentucky College of Medicine – Northern Kentucky Campus Early Assurance Program

The University of Kentucky College of Medicine-Northern Kentucky Campus (UKCOM-NKY) Early Assurance Program (EAP) is open to ECU sophomores who meet the criteria described here: <http://preprofessional.eku.edu/ukcom-nky-early-assurance-program>

Accepted EAP applicants will begin medical school UKCOM-NKY in the Fall of 2021.

This is the UKCOM-NKY EAP application in its entirety for information purposes only. The actual application must be completed and submitted online by February 1, 2019: <http://meded.med.uky.edu/medical-education-early-assurance-program-nky-campus>

E-mailed letters of recommendation must be received no later than Friday, February 15, 2019, written letters must be postmarked no later than Friday, February 15, 2019.

Contact ECU's College of Science Pre-Professional Health Advisor with any questions.

Electronic Signature/FERPA Confidentiality Statement

By placing my initials in the box below, I give the University of Kentucky College of Medicine – Northern Kentucky and Lexington Campuses and my university’s premedical advisory committee permission to access and review my application for the Early Assurance Program.

Applicant Information

Name

First

M.I.

Last

Date of Birth (mm/dd/yyyy)

E-Mail Address

Permanent Address

City

State

Zip Code

Cell Phone Number (XXX-XXX-XXXX)

Education Information

Please select your current College/University from the list below

Major

Major 2 (if applicable)

Minor (if applicable)

Minor 2 (if applicable)

Classification

Highest Composite ACT/SAT Score

Score

Date (Month/Year)

Transcript Entry

Please upload transcripts from any/all college-level courses that you have completed, including final grades received, at an accredited institution.

Please upload each institution’s transcript as a separate Word or PDF document.

Please use the upload space below for any additional transcripts

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Criminal History

Have you ever been convicted of a misdemeanor?

Yes

No

Please explain in the space below

Have you ever been convicted of a felony?

Yes

No

Please explain in the space below

References

In the space below, please provide three professional references. At least one must be a science-department faculty member, the other two can be a combination of science/non-science faculty, professional staff, and/or community contacts who can speak to your academic, professional, and personal attributes.

*Example: John Smith, PhD, Department of Biology, State University,
johnsmith@university.edu, 270-520-9871*

It is the responsibility of the applicant to ensure that the following references submit a letter of evaluation, blinded to the applicant, directly to the UK College of Medicine, Northern Kentucky Campus, by the designated deadline.

Our application states: Please submit letters of recommendation as a PDF file from the email address of your institution (not personal email address) to Rebecca Thaman, Admissions Officer for UK College of Medicine-Northern Kentucky Campus, at rebecca.thaman@uky.edu. Please include EAP-[Full Name of Student] in the subject line of the email submission. For Mail Submissions please address to:

*Early Assurance Program
c/o Rebecca Thaman
UK College of Medicine-Northern Kentucky Campus
Nunn Hall 101
100 Nunn Drive
Highland Heights, KY 41099*

Reference #1 (Science Faculty)

Name

Department

College/University

Email Address

Phone Number

Reference #2 (Science/Non-Science Faculty, Staff, Other)

Name and Title
Department (if applicable)
College/University/Organization
Email Address
Phone Number

Reference #3 (Science/Non-Science Faculty, Staff, Other)

Name and Title
Department (if applicable)
College/University/Organization
Email Address
Phone Number

Waiver of Liability:

I authorize and give full consent for the persons named on the application as well as the faculty members and administrators serving on the Early Assurance Advisory Committee to provide a reference for me. I realize this reference may be positive or negative and, regardless of its contents, I release the faculty, staff, and administrators from any and all liability.

Personal and Professional Experiences

Please use the following short-answer questions to tell us more about yourself, including your philosophies, goals, and overall personal and community-based experiences.

Why are you interested in the Early Assurance Program? (Please limit your response to no more than 4000 characters)

Describe your commitment to living, studying, and ultimately practicing in this region. (Please limit your response to no more than 4000 characters)

In your opinion, what personal characteristics and professional attributes should a strong Community Physician possess? (Please limit your response to no more than 700 characters)

What opportunities have you had working and collaborating in diverse, multicultural, and inclusive settings? (Please limit your response to no more than 700 characters)

Open Response: In the space below, please include any additional details about yourself and/or an experience that you think is important for the committee to know. (Please limit your response to no more than 700 characters)

Demographic Information

Gender Identity

Please list your gender identity below

Racial Self-Identifiers

Please list your racial self-identifier below

Are you a First Generation College Student?

Have you ever, or are you currently serving in our Military Armed Forces?

****End of Application****