

HPAC Questionnaire



This questionnaire must be completed using Adobe Acrobat and e-mailed to Deatrice Cleaton (dcleaton@richmond.edu) by January 15. Save this file to your computer's desktop BEFORE entering any information and use Adobe software only to complete the questionnaire.

Name

Program type

- Medical (M.D. or D.O.)
 M.D./Ph.D.
 Dental

Are you a U.S. citizen?

If yes, of which state are you a resident?

- Yes
 No

In what year do you plan to enter professional school?

Are any of your immediate family members health practitioners? If yes, list relationship and type of practitioner below.

I. ACADEMICS

UR Graduation month and year

Academic major(s)

Academic minor(s)

Cumulative GPA (include non-UR courses)

Science & Math GPA (include non-UR courses)

If your Science & Math GPA is ≥ 3.2 , proceed to the next prompt. Otherwise, respond to the following: Do you believe your grades in science courses accurately reflect your abilities as a student and the strength of your candidacy for professional school? If not, explain.

List any academic awards and/or honors you received during college:

II. ACTIVITIES

Use the following four sections to document your clinical shadowing, community service and other work/activities. You may designate up to a total of 3 of these activities (all sections combined) as being most meaningful. When describing your most meaningful experiences, you should 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.

A. CLINICAL SHADOWING

* Detail any experiences you have had shadowing physicians/dentists during college.

Experience 1

Preceptor's name

Field of practice

City, State

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

Experience 2

Preceptor's name

Field of practice

City, State

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

Experience 3

Preceptor's name

Field of practice

City, State

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

Experience 4

Preceptor's name

Field of practice

City, State

Start date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

Experience 5

Preceptor's name

Field of practice

City, State

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

B. COMMUNITY SERVICE / VOLUNTEERING

Experience 1

Organization

City, State

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 2

Organization

City, State

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 3

Organization

City, State

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 4

Organization

City, State

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 5

Organization

City, State

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 6

Organization

City, State

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

C. RESEARCH (Complete this section if applicable)

Experience 1

Research mentor

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience 2

Research mentor

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Describe your research experience(s). What have you learned from your research experience(s) that is relevant to a career in medicine/dentistry? (limit 5000 characters, including spaces)

D. EMPLOYMENT & OTHER ACTIVITIES

Experience 1

Experience Type

Experience Name

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

Experience 2

Experience Type

Experience Name

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters)

Experience 3

Experience Type

Experience Name

Start date

End date

Total hours

Most meaningful experience? Yes No

Experience Summary (limit 750 characters, including spaces)

Experience 4

Experience Type

Experience Name

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 5

Experience Type

Experience Name

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

Experience 6

Experience Type

Experience Name

Start date

End date

Total hours

Most meaningful experience?

Yes

No

Experience Summary (limit 750 characters, including spaces)

III. ESSAYS (limit 5000 characters each, including spaces)

1. Why do you want to be a physician or dentist?

2. Describe your clinical experiences and what you have learned about yourself and the field of medicine/dentistry through these experiences. How have these experiences impacted your decision to apply to medical/dental school?

3. In your opinion, what would be your greatest personal asset and greatest personal weakness as a physician or dentist? Please do not list the same thing as both a weakness and a strength!

4. If you had to choose one area of medical or dental practice today, what would it be? Why does this area interest you? Are there any practice areas for which you would not be suited?

5. Describe an experience (preferably involving a non-relative) that illustrates your physical and emotional ability to be responsible for and responsive to other people's health care needs.

6. In your opinion, what is the most significant problem facing contemporary health care? What approach would you propose to address or resolve this problem? Explain your reasoning.

7. If you could not be a physician or dentist, what would you be? Why?

IV. Institutional Action

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

Yes No

If yes, explain below: