

PMSS Application

2019 UAMS Pre-Medical Enrichment Program (CDA PMSS) Application

Center for Diversity Affairs
4301 West Markham St., Slot #625
Little Rock, AR 72205
(501) 686-7358

This application will take about 30-45 minutes to complete. Please make sure you have enough time to complete **ALL** questions asked. You will be able to save your progress and continue at a later time.

To avoid duplicates, you will only be able to open one application at a time per device.

Things you need to complete the application:

- Unofficial Transcripts of all schools attended (PDF)
- Overall G.P.A
- Cumulative Science G.P.A (Biology, Chemistry, Physics, and Math)
- Personal Financial Information
- Background Information – Family Income and Background Info
- Resume / CV
- MCAT Scores (if applicable)
- Letter of Recommendation Writers information: email

For questions/concerns, please contact Director of Outreach Programs: Kimberlyn Blann at blannkimberlynl@uams.edu

Applicant's Information

INSTRUCTIONS TO COMPLETE APPLICATION: Type in your responses below.

Personal Data will remain confidential and will be used for reporting requirements set by program funding agencies.

Note: If you have previously applied to medical school, you are not eligible for UAMS CDA PMSS.

Legal Name *

First

Last

Have you applied to any medical schools before? *

Yes

No

If you are having difficulties with the application, please contact Director of Outreach Program Kimberlyn Blann at blannkimberlynl@uams.edu or call our office during normal business hours at (501) 686-7299

Next

Save and Continue Later

Contact Information

Address *

Street Address

Address Line 2

City

State

ZIP Code

Email *

Phone Number *

Emergency Contact Name *

First

Last

Emergency Contact Phone *

Relationship to Applicant *

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30%

Personal Information

Birth Date *

Month ▾

Day ▾

Year ▾

Birth Place *

City

State / Province / Region

Country

Gender Identity *

Cisgender Woman

Cisgender Man

Genderqueer / Gender Non-Conforming / Fluid

Non-binary

Trans Feminine/Tran Woman

Trans Masculine/Trans Man

Not Listed

Prefer not to answer

Other

Citizenship Status *

U.S. Citizen

Permanent Resident (Green Card Holder)

DACA

Other

Ethnicity (Check all that apply) *

African-American/Black

American Indian / Alaskan Native

East Indian / Pakistani

Filipino / Filipino - American

Japanese / Japanese - American

Korean / Korean - American

Mexican / Mexican - American

Pacific Islander (Includes Micronesian, Polynesian, Other Pacific Islander)

Vietnamese / Vietnamese American

White / Caucasian

Other Asian (not including Middle Eastern)

Other Spanish-American / Latino (Includes Cuban, Puerto Rican, Central and South American)

Decline to State

Not listed (Please Specify Below)

Applicant's Primary Spoken Language *

Which of the following best describes your current relationship status? *

Married

Widowed

Divorced

Separated

In a domestic partnership or civil union

Single, but cohabiting with a significant other

Single, never married

Annual Income (Self) *

Employment Status *

Not Employed

Part-time Employed

Full-time Employed

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40%

Applicant's Formative Years

For these next questions, please identify the community you lived in when you were (for example 1-5 years of age, 6-11, etc)

In what type(s) of communities were you primarily raised? (Check all that Apply) *

Rural or Farming

Inner City/Low Income

Metropolitan (Densely Populated Area)

Suburban (Outskirts of a city)

Foreign Country

In what type(s) of housing situation(s) were you primarily raised? (Check all that Apply) *

Homeless

Public or Subsidized

Rented by Family

Owned by Family

Annual Income - Self *

Please put DO NOT KNOW if you do not have this information available

Annual Income - Spouse *

Please put DO NOT KNOW if you do not have this information available, or N/A if you are not married.

Annual Income - Father *

Please put DO NOT KNOW if you do not have this information available

Annual Income - Mother *

Please put DO NOT KNOW if you do not have this information available

**Highest Education Level Completed -
Father ***

Some high school

Graduated high school

Some college

Graduated college

DON'T KNOW or N/A

Highest Education Level Completed - Mother *

Some high school

Graduated high school

Some college

Graduated college

DON'T KNOW or N/A

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50%

Educational Background

High School Name *

High School Address *

Street Address

Address Line 2

City

State

ZIP Code

Graduation Date *

Cumulative High School GPA *

SAT Total Score (Put NA if not applicable) *

SAT Date Taken (Put NA if not applicable) *

Undergraduate GPA (Total GPA) *

Undergraduate Science GPA (Total BCPM) *

For how many colleges do you have information to enter? *

One

Two

Three

Four

Five

Six

College #1 Name *

College #1 Location *

City

State / Province / Region

Country

College #1 Start Date *

College #1 End Date *

If you are still at this college, please list your anticipated graduation date.

College #1 - Summer only? *

Yes

No

College #1 - Major Degree Granted? *

Yes

No

College #1 - Cumulative GPA *

MCAT

Have you taken the MCAT? (Check all that apply) *

Taken "old" MCAT (2014 and older)

Taken "new" MCAT (2015 and later)

Have not taken MCAT

Old MCAT (2014 and older)

Old MCAT Test Date *

Month ▾

Day ▾

Year ▾

Old MCAT Score - TOTAL SCORE *

New MCAT (2015 and later)

New MCAT Test Date *

Month ▾

Day ▾

Year ▾

New MCAT Score - TOTAL SCORE *

Work Experience

How many work experiences would you like to enter? *

Zero

One

Two

Three

Experience #1

Experience #1 Job Title *

Experience #1 Organization/Company Name *

Experience #1 Start Date *

Experience #1 End Date *

Experience #1 Number of Hours per Week (average) *

Experience #1 Location *

City

State / Province / Region

Country

Experience #1 Duties *

Supporting Documents Upload

Unofficial transcripts from all colleges and universities attended (PDF format). You can upload up to 10 files (total filesize max 50mb) *

Drop files here or

Select files

Personal Essay describing your personal, family and community background; your motivation for a medical career; what you have done to develop your interest and knowledge of modern medicine; and what you hope to accomplish by participation in the UAMS CDA - PMSS program (PDF or Word formats) *

Choose File No file chosen

Minimum of 1500 words, Maximum of 2000 words

Letters of Recommendation

Reference #1

Reference #1 Name *

First

Last

Reference #1 Title *

Reference #1 Company/Institution Name *

Reference #1 Email *

Upon submission of this application, an automated email will be sent to each of your reference at the address you provide here. The email will give your reference instructions for submitting a letter of recommendation.

Reference #2

Reference #2 Name *

REFERENCE #2 NAME

First

Last

Reference #2 Title *

Reference #2 Company/Institution Name *

Reference #2 Email *

Upon submission of this application, an automated email will be sent to each of your reference at the address you provide here. The email will give your reference instructions for submitting a letter of recommendation.

Application Submission

How did you hear about the UAMS PMSS program? *

Undergraduate Program

Pre-Health Advisor

Friends/Peers

UAMS Website

Social Media

AAMC

ABRCMS

Other

I declare that the applicant has provided correct information in this application form. I have checked and verified the application form and supporting documents. I hereby take full responsibility for any wrong verification made, or wrong documents submitted for the application. *

Type your FULL name in the space provided to digitally sign this application

Today's Date *

Month ▾

Day ▾

Year ▾

Previous

Submit

[Save and Continue Later](#)
