**PRE-HEALTH MOCK DENTAL APPLICATION**

**INSTRUCTIONS**

**Part 1** of the Pre-Health Office’s Application is modeled after applications you will complete during your professional school application process. We modeled our application closely to those that you will complete so that you will have an opportunity to gather the required information needed to apply for your professional schools; so that the Pre-Health Office will have the chance to review and offer feedback to improve your application; and so that you will be afforded the chance to enhance and perfect your application prior to your submission to health professional school.

Please do not be modest when completing this application. Health professional schools are interested in your experiences and so are we! The more we know about your experiences and accomplishments, the better our feedback will be on your application!

**Part 2** of the application was created to assist you with the development of your ideas for your personal statement and your interview. Please complete the questions to the best of your ability.

**Part 3** of the application should only be completed if you have applied to health professional school in the past. You should use this section of the application to identify the areas of their application you improved since your last application to health professional school.

When completed you should save this file and upload this to the Application Prep Program portal along with the following files:

1. GPA Calculator
2. Personal Statement (if completed)

*Your personal statement should be no more than* ***4,500*** *characters (including spaces and punctuation).*

**/Part 1: Application**

This section should serve as practice for your application service later this cycle.

**Basic Information**

|  |  |
| --- | --- |
| Name |  |
| WVU ID# |  |
| E-mail Address |  |
| Phone Number |  |
| Age |  |
| Type of professional school applying for |  |
| Preferred Pronouns |  |
| WVU Major |  |
| WVU Minor |  |
| Expected Date of Graduation |  |
| Degree(s) from other institutions (if applicable) |  |
| Have you applied to the same type of professional school in the past? |  |
|  |  |

**Family Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Age | Education Level | Occupation |
|  |  |  |  |  |
|  |  |  |  |  |

**Metrics**

|  |  |
| --- | --- |
| Science or Pre-Requisite GPA for primary program of interest. |  |
| Test type (if taken) | Score: |
|  |  |

**Experiences**

We recommend focusing on experiences within the last 10 years and at the collegiate level and above. Enter only current and in-progress experiences (not planned experiences). Only list experiences once.

**Dental Experience**

Either paid or unpaid work in a dental field where you observed patient care, interacted with practitioners, or had responsibility for patient care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Dental Shadowing**

Time spent officially following and observing a dental professional at work.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Employment**

Paid work done outside of the dental field or a research lab; for example, a retail or restaurant job.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Volunteer Experience**

Volunteer work done outside of the dental field; for example, working for Habitat for Humanity, tutoring students, participating in or working for a fundraiser walk or blood drive.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Academic Enrichment**

Programs sponsored by colleges, universities, or other not-for-profit organizations; for example, Summer Medical and Dental Education Program and Summer Health Professions Education Program.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Research Experience**

Any experience working on a research project, preferably in addition to or outside of regular classroom work. This may include student research positions, research technician position, summer research student, master’s rotational students, etc.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other Extracurricular Activities**

Related activities you would like your selected programs to review; for example, academic clubs and competitive teams. Do not include paid work experience in this section.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organization, Location, Supervisor | Start Date | End Date | Description/Key Responsibilities (600 characters) | Type | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Achievements**

List all relevant awards, honors, publications, and scholarships that you have received or been awarded. Choose the category that you think best fits the achievement you earned.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Achievement | Organization | Start Date | End Date | Description (600 characters with spaces) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Licenses and Certificates**

In this section, report all professional licenses and certificates earned, including CPR certifications, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | License Number | Issued Date | Valid Until | State/Province Issued In |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**/Part 2: Personal Statement and Interview Preparation**

This section of the application should be used to help you develop your ideas for your personal statement and interview. Each question is limited to 1500 characters with spaces.

**Uniqueness**

What is special, unique, distinctive, and/or impressive about you or your life story (e.g., hobbies, hardships, culture, obstacles, travel, etc.)?

**Motivation**

Why do you want to become a physician assistant? When did you decide you wanted to become a physician assistant?

What specifically interests you about the physician assistant career?

**Self-Reflection**

What are two things you want the Pre-Health Office to know about you that makes you the ideal candidate:

|  |
| --- |
|  |
|  |

Are there any gaps, irregularities or discrepancies in your academic record that you should explain?

If yes, please identify what they are and provide a brief explanation:

**Core Competencies**

Consider the [Pre-Health Professions Competencies](https://prehealth.wvu.edu/prepare/pre-health-professions-competencies) for all pre-health students. Originally developed by the [AAMC](https://students-residents.aamc.org/applying-medical-school/article/core-competencies/) to strengthen their holistic approach to application review, these competencies provide insight into the types of knowledge and personal qualities that would be helpful to you as a future health professional.

Provide an example of how you demonstrate or how you have developed **AT LEAST FIVE** of these competencies.

|  |  |
| --- | --- |
| Competency | Description (600 characters with spaces) |
| Service Orientation |  |
| Social Skills |  |
| Cultural Competence |  |
| Teamwork |  |
| Oral Communication |  |
| Ethical Responsibility to Self and Others |  |
| Reliability and Dependability |  |
| Resilience and Adaptability |  |
| Capacity for Improvement |  |
| Critical Thinking |  |
| Quantitative Reasoning |  |
| Scientific Inquiry |  |
| Written Communication |  |
| Living Systems |  |
| Human Behavior |  |

Which **THREE** are your most well-developed competencies at this point?

**/Part 3: Re-applicants**

This section of the application should only be completed by those who have applied to health professional school in the past.

Please provide details for any improvements in the following categories:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Organization, Location, or Supervisor | Start Date | End Date | Description (600 characters with spaces) | Total Hours |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please provide any additional information about how your application has improved since you last applied.