

APPLICATION FOR ADMISSION

I AM APPLYING FOR: PATHWAY CERTIFICATE MASTER OF SCIENCE

I am applying for the Fall Summer Winter term of 20____.

* Pathway is Summer start only * Certificate is Winter start only * Master of Science is Fall start only

SSN: _____ - _____ - _____

Name: _____
LAST FIRST MIDDLE

Do you have educational material under any other name? If yes, please list. _____

ADDRESS

CITY STATE ZIP COUNTRY

PRIMARY TELEPHONE NUMBER SECONDARY TELEPHONE NUMBER

E-MAIL ADDRESS

Gender: Male Female

Birth Date: ____/____/____ Place of Birth: _____

Have you served in the Armed Forces of the United States? Yes No

Have you applied previously to PCOM? Yes No

Year _____ Program _____

How do you describe yourself?

- Black (non Hispanic) American Indian or Alaskan Native White (non-Hispanic)
 Hispanic (choose only one) Asian or Pacific Islander (choose only one)
 Mexican (American or Chicano) Chinese Filipino Hawaiian
 Puerto Rican (Mainland) Korean Vietnamese Japanese
 Puerto Rican (Commonwealth) Indian or Pakistani Other Pacific Islander
 Other Hispanic Other Asian Southeast Asian
(other than Vietnamese)

Are you a U.S. citizen? Yes No

If no, what is your residency status? Temporary Permanent

If no, list country of which you are a citizen:

_____ Visa Type _____

Give the name(s) and relationship(s) of all relatives who graduated from PCOM. Please include date(s) of graduation.

How did you hear about our program?

References

List the name of one person, who will submit a letter of recommendation and recommendation form on your behalf:

Name: _____

Position & institutional agency, practice, or affiliation of reference: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____ Relationship to applicant: _____

* PCOM policy prohibits discrimination on the basis of age, race, color, national or ethnic origin, sex, sexual preference, religion, disability, or marital status. This policy applies in recruitment and admission of students, employment of faculty and staff, and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities and services of the College.

Education

List all colleges or universities attended in reverse chronological order. (Please attach additional pages if necessary).

College: _____ Location (City, State): _____

Dates Attended: _____ Major: _____ Degree: _____

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Dates Attended: _____ Major: _____ Degree: _____

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Dates Attended: _____ Major: _____ Degree: _____

College: _____ Location (City, State): _____

Dates Attended: _____ Major: _____ Degree: _____

Overall Undergraduate GPA: _____ Graduate GPA: _____

Note: You must request official copies of transcripts from ALL colleges and universities that you attended to be sent directly to PCOM, Office of Admissions, 4170 City Avenue, Philadelphia, PA 19131-1694.

Have you ever been placed on probation or dismissed for academic or disciplinary reason by a college or university?

Yes No

If yes, please elaborate below:

Professional Experience

List relevant work experience beginning with the most recent. (Please attach additional pages if necessary).

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Start Date: _____ End Date: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Contact Name and Title: _____ Contact Telephone Number: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Job Title: _____ Start Date: _____ End Date: _____

Brief Description of Duties: _____

Reason for Leaving: _____

Contact Name and Title: _____ Contact Telephone Number: _____

Current Professional, State or Federal License, Certificate or Registration Document

List all certifications or registration documents:

Essay

Please write a one-page narrative explaining your interest in the field of forensic medicine.

Professional Disciplinary Action History

Please answer each of the following questions by marking either YES or NO. If this section of the application is not completed, your application will be considered incomplete.

1. Have you ever had a professional license, certification or registration, in any state, cancelled, limited, suspended or revoked? YES NO
2. Have proceedings ever been instituted against you for cancellation, limitation, suspension, or revocation of your professional license, certification or registration by a state regulatory authority? YES NO
3. Have you ever been convicted, or is there now pending, any criminal prosecution against you that would constitute a misdemeanor or felony? YES NO
4. Have you ever appeared, or been requested to appear before any licensure board concerning any violation by you of any law, rule or regulation of any state, district, territory or province in the United States or Canada? YES NO
5. Have you ever had your hospital privilege revoked, reduced or otherwise restricted? YES NO
6. Have you ever been subject to proceedings by a professional society or association, or any licensing agency or regulatory authority of a formal complaint against you? YES NO
7. Have you ever been notified by a medical facility, professional society or association, or any licensing agency or regulatory authority of a formal complaint against you? YES NO

If you have answered YES to any of the above questions you must furnish full details on a separate sheet attached to this form. Answering yes to any of the above questions will not itself remove your application from consideration for admission. Falsification, or knowingly providing inaccurate or incomplete information to the above answers, will be considered grounds for immediate dismissal from the masters degree program.

Policy of Fairness and Equal Opportunity

Philadelphia College of Osteopathic Medicine policy prohibits discrimination on the basis of age, race, color, gender, national or ethnic origin, ancestry, sexual orientation, religion, creed, disability or marital status. This policy applies in recruitment and admission of students, employment of faculty and staff, and scholarship and loan programs. This policy is also followed in the operation of all other programs, activities and services of the College.

PCOM subscribes to the principles and adheres to the requirements of the state and federal law pertaining to civil rights and equal opportunity, in accordance with the requirements of Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and the Age Discrimination Act of 1975, as amended.

Evidence of practices inconsistent with this policy should be reported to the Director of Human Resources, who is the designated coordinator of PCOM's nondiscrimination program. Inquiries regarding compliance with the sex discrimination provisions of Title IX may also be directed to the Assistant Secretary for Civil Rights, Department of Education, Washington, DC.

ALL APPLICANTS PLEASE READ AND SIGN

I hereby authorize PCOM and its representatives to consult with employers/managers/supervisors and academic institutions with which I have been associated who may have information bearing on my professional performance. I hereby release from any liability any and all individuals and organizations listed above who provide information to PCOM in good faith concerning my professional performance, educational credentials, ethics, character and other qualifications and I hereby consent to the release of such information.

All credentials in support of this application become property of PCOM and cannot be returned. I certify that all statements in this application are complete and true. False and/or omitted relevant information on this or any other application will result in immediate rejection of the applicant from the college if the applicant has been admitted.

Signature

Date

Please send completed application and non-refundable fee of \$50.00 to:

PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE
OFFICE OF ADMISSIONS, 4170 CITY AVENUE, PHILADELPHIA, PA 19131-1694
800-999-6998 • 215-871-6700 • gradadmissions@pcom.edu