Pre-Health Professions Advisory Committee
(phpac)

Workbook

Office of Pre-Health Professions Advising
University of New England
**What is the PHPAC?**
The Pre-Health Professions Advisory Committee (PHPAC) was established to write letters of evaluation for highly qualified University of New England students applying to graduate health professions programs. The PHPAC crafts letters for students applying to allopathic and osteopathic medical schools, veterinary and dental programs, as well as other medical fields such as optometry and podiatry. The PHPAC will review requests for other letters, such as post baccalaureate programs, upon request.

Most professional schools highly value letters of recommendation from this type of committee. Providing a PHPAC-reviewed letter allows admissions committees to more effectively evaluate the suitability of applicants. By providing the PHPAC with a comprehensive portfolio, we are able to provide a well-rounded view of the applicant as a student and citizen.

**Who uses a committee letter?**

1. Medical schools
   a. Allopathic
   b. Osteopathic
   c. MD/PhD

2. Dental schools

3. Optometry schools – some optometry schools require a committee letter; others will not accept it. Check with your prospective schools policies.

4. Podiatry schools

**Who is the PHPAC?**

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Glenn Stevenson, Ph.D., Assistant Professor of Psychology
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Whitney Duchaine, M.Ed., co-chair, PHPAC, Pre-Health Professions Advisor
When should I apply to PHPAC?

The PHPAC portfolio is an important part of your process in applying to graduate health professions programs. There are minimum academic standards that must be met as well evaluating where you are in the process of applying. Students applying to the PHPAC must have a minimum cumulative and math/science GPA of 3.0. This GPA minimum will include all transfer credits as well as repeated courses. Therefore, your UNE GPA and your PHPAC GPA may not be the same. Also, all students should have some sort of health care experience to speak of in their portfolio. The committee cannot evaluate future plans for participating in volunteer experiences, internships, job shadows, etc. There is no minimum number of hours required by the PHPAC but there should be substantial participation evident. Finally, students must be ready to apply to graduate school. Please do not apply to the PHPAC if you are not prepared to continue with the application process to the graduate health professions programs you are interested in.
PHPAC Portfolio

All students are required to submit a portfolio to be evaluated by the committee. The portfolios are provided to assist the committee in crafting student letters and should contain:

1. Personal statement
2. List of schools
3. Resume
4. Letters of recommendation and forms
5. Transcripts
6. Cover page

All pieces of the PHPAC portfolio must be submitted to the PHPAC chair by MARCH 1st of the student’s junior (3rd) year. This will allow the committee to evaluate the portfolio, make a decision, and write a letter of evaluation before the September applications dates of most schools (one calendar year before admission).

Students applying early decision must note this on the List of Schools form. Also, students applying early to medical school (3-4 medical) will apply in their sophomore (2nd) year.

Personal Statement

The personal statement is a typed essay that should address your reasons for pursuing a particular health professions field. This essay should include relevant personal attributes that will help you succeed in the chosen profession and elevate your application above the average student population. Undergraduate activities, community service, and honors may be addressed in this personal statement. Relevant information surrounding authentic health care experience should be addressed as well. The essay should not exceed two pages.

List of schools

The Prospective Institutions Addresses for Pre-Health Professions Advising Committee (see Forms) should be completed and submitted with the portfolio. All addresses must be up to date in order for the committee to submit letters. It is the students’ responsibility to provide accurate addresses and application submission dates for the committee.

Resume

Students should submit a professional resume with their portfolio. Please include all work experiences (including those unrelated to the health care field), volunteer experiences, health care related experiences, academic honors, and extracurricular and leadership activities. Career Services is available to assist students in creating and polishing their resume for submission.
Letters of recommendation

The PHPAC requires two letters of recommendation be submitted with the portfolio. These letters should include:

- **Academic reference** – This letter should be a reference from a faculty member. This person should know the students’ abilities well and be able to provide information on aptitude and academic ability.

- **Personal reference** – The second letter should be a reference from a person who has observed or worked with the student in a patient care, health care, research, community service, volunteer or work setting.

Students should be prepared to submit recommendations with their completed PHPAC file by the due date. These recommendations should not be sent to the graduate programs by the students. Letters provided to the PHPAC will be included in the packet sent to the graduate school along with the PHPAC’s letter.

Both recommendations must be accompanied by a Reference Request and Student Authorization Form (see Forms) when received by the PHPAC.

**IMPORTANT:** PHPAC MEMBERS ARE NOT ALLOWED TO WRITE RECOMMENDATIONS FOR STUDENTS. Members of the PHPAC are not able to write recommendations for students for their PHPAC file. Please do not request a letter of recommendation from a committee member.

**Tips for requesting a letter of recommendation**

**Think through the Application Process First**

Before you approach anyone for a letter of reference, identify the type of reference you need. Use the application material to help you choose the best letter writers. What aspects of your background do you want each letter of recommendation to comment on? Collectively, your letters should present a balanced picture of you. It is helpful to the letter writer if you tell them you hope they will comment on you from a certain angle in their letter.

**Choose People Who Know You Well and Help Them to Get to Know You Better**

Avoid asking someone for a letter after class, in the hallway, or via email. Instead, make an appointment to discuss whatever you are applying for and the kind of help needed. It is essential to give the letter writer any materials that will help him or her write a more detailed letter, such as your resume, transcript, a draft of a personal statement or project proposal. Ask them for feedback on your material.

**Respect a "No"**

If someone you ask says "no" to you, seek someone else. The person may be inappropriate, too busy, or may not know you well enough to write a good letter. It is in your best interest to
handle this professionally and respectfully. A poor recommendation will be detrimental to your application and handling this news immaturely could be detrimental to your professional goals.

Allow the Letter to be Confidential

The PHPAC will not offer your letter to you to review. Your references should know that this is the case and that you have waived the right to read the letter.

Attend to Details

Your references should be given plenty of advanced notice before the letter is due. Common practice is requesting your letter at least four weeks before the deadline. Be sure to provide your reference with the contact information for the PHPAC chair in order for them to deliver the letter. If your reference is outside of UNE, provide them with a self-addressed, stamped envelope to mail the letter to:

Whitney Duchaine  
Pre-Health Professions Advisor  
140 Decary Hall  
University of New England  
11 Hills Beach Road  
Biddeford, ME 04005

Follow Up with Your Letter Writers

Thank your letter writers and keep them informed on your progress. Regardless of the outcome of your PHPAC recommendation or your acceptance to graduate school, initiating and maintaining follow-up contact with your references is both courteous and professionally smart.

Begin to Recognize Yourself as a Professional

When you apply for a fellowship, graduate school or a job, you are stepping onto the first rung of a long academic or professional ladder. Act accordingly by taking yourself and your supporters seriously. Do not undermine the position for which you are applying or be self-deprecating. Articulate specific goals for yourself. Respect and consider any coaching that is offered. View yourself and all of your opportunities as professional and valuable, and your references will respond in kind.
Transcripts
All official transcripts from any university other than UNE must be included in the PHPAC portfolio. You must provide official transcripts from previously attended schools in order to accurately calculate a GPA for your portfolio. Many graduate health profession programs will use all grades, including those of repeated courses and transfer credits, to calculate a cumulative and math/science GPA. In order to accurately reflect the GPA, the PHPAC abides by this practice as well. Transcripts should be requested from the previous schools as early as possible in order to ensure timely arrival. Grade reports from UNE will be obtained by the PHPAC chair.

Cover Page
All students must fill out the PHPAC Portfolio Cover Page (see Forms). Please be sure to include summer contact information as this is when PHPAC decisions will be made and will need to be communicated.
PHPAC Evaluation Process

There are three key pieces in the PHPAC Evaluation Process: PHPAC workshop, portfolio, and interview. The committee will expect all three pieces to be complete in order to craft a recommendation.

PHPAC Workshop

The Office of Pre-Health Professions Advising will offer workshops to students preparing to apply to the PHPAC. We will discuss portfolio requirements, evaluating your place in the application cycle, and the details of preparing a resume, personal statement, and asking for recommendations. Attendance at one workshop is required for submitting your application to PHPAC to ensure that all students are prepared and aware of the expectations of the committee.

Portfolio

Submitting your completed PHPAC portfolio is the next step in the evaluation process. Your portfolio will be evaluated for completeness (including ALL recommendations and outside transcripts) and your PHPAC cumulative and math/science GPA will be calculated. Again, all pieces of the PHPAC portfolio must be submitted MARCH 1st. Any late materials will not be added to the file, with the exception of an updated list of schools.

Career Services and Writing Support

In order to present your best work, the committee is requiring utilizing Career Services for resume assistance. Mary Jones in Career Services will be your best asset as you create and tailor your resume for the portfolio. Also, utilizing writing services through the Student Academic Success Center will be expected. Please set up your appointment with a professional writing specialist through TutorTrac at une.tutortrac.com. (See card for more information)

Interview

All PHPAC applicants will be interviewed by the Pre-Health Advisor. Interviews will be scheduled through the Office of Pre-Health Advising and will serve as a review of the applicants file as well as an introduction to the interview process used by most graduate health profession programs. The PHPAC file will be discussed during the interview and students will be given feedback around their interviewing skills and areas of improvement.

The PHPAC will only evaluate applicants that have completed all three steps of the submission process. The committee will evaluate the portfolio for the following:

- GPA in line with the previous year’s matriculants to the students graduate health professions program of interest
- Authentic health care experience
• Preparedness to enter graduate program (academic pre-requisites completed and prepared for admission testing and the application cycle)

Process for Re-Applying

For those students re-applying to the PHPAC, the process will be similar. All documents must be to the Office of Pre-Health Professions Advising by March 1st. While attendance at the PHPAC workshop will not be required, an interview is expected. If the student is not currently on campus, a phone interview will suffice.

For students reapplying in hopes to improve their level of recommendation, the committee must see a significant improvement in GPA and/or a significant amount of health care experience. Please keep in mind:

** Your PHPAC recommendation is subject to change depending on the most recent GPA of average matriculants or a lack of follow through on previous committees recommendations.**

For students re-applying to graduate health professions programs but are not applying for a new PHPAC evaluation, previous letters can be used.

Students must use their PHPAC letter ONLY for the profession they originally applied to. For example, if your PHPAC letter was written for physician assistant programs it can only be sent to physician assistant programs. If a student changes their field of choice, they must re-apply to the PHPAC to be re-evaluated based on that professions requirements.
**PHPAC Evaluation Levels**

The PHPAC uses four levels of recommendation to classify students. The general criteria for these recommendation levels are:

*Highly Recommend*
- High grade point average
- Extensive health care experience
- Leadership roles in extracurricular experiences
- Good sense of profession and expectations

*Recommend*
- Good grade point average
- Some health care experience
- Participation in extracurricular activities
- Some knowledge of profession

*Recommend with Reservation*
- Borderline grade point average
- Limited health care experience
- Limited extracurricular participation
- Not a strong sense of the profession and expectations

*Do Not Recommend*
- Sub-standard grade point average
- No health care experience
- No extracurricular activities
- Academic conduct issues

**The PHPAC does reserve the right to not furnish a recommendation. Ample notice will be made to the student regarding the decision of the PHPAC and the reasons behind the decision.**
PHPAC Letters

Students will be advised of their rating (highly recommend, recommend, recommend with reservation, do not recommend) following the discussion of the entire committee before the letter is drafted. Students will then determine if they will use the PHPAC letter and will let the committee chair know of this decision.

The letter of recommendation will remain confidential and will highlight the student’s academic achievements, extracurricular activities, positive personal attributes, and the level of PHPAC recommendation. The letter of recommendation will be submitted electronically to those application services and schools designated by the applicant. It is the students’ responsibility to know the process for submitting letters and communicating with the PHPAC chair to ensure they are submitted correctly.

Many schools require additional letters of recommendation from professors or practicing professionals in their respective fields. It is the students’ responsibility to ensure those letters are sent to the appropriate schools and application services. Letters of recommendation used for the PHPAC portfolio will not, and should not, be used individually for the application process.
Transcript Release:
I, ___________________________ (print full name) do hereby give permission the Pre-Health Professions Advisory Committee (PHPAC) to obtain a copy of my official transcript from the University of New England.

________________________________________________ (signature)

________________________________________________ (PRN)

__________________________ (date)
Prospective Institution Addresses for Pre-Health Professions Advising Committee

1. Name of School: ____________________________
   Attention: __________________________________
   Address: ____________________________________
   Application Due Date: _________________________

2. Name of School: ____________________________
   Attention: __________________________________
   Address: ____________________________________
   Application Due Date: _________________________

3. Name of School: ____________________________
   Attention: __________________________________
   Address: ____________________________________
   Application Due Date: _________________________

4. Name of School: ____________________________
   Attention: __________________________________
   Address: ____________________________________
   Application Due Date: _________________________

5. Name of School: ____________________________
REFERENCE REQUEST AND STUDENT AUTHORIZATION – REC #1

Student name (please print):_____________________________________________________

I request ____________________________ to serve as a reference for me. The purpose(s) of
(recommenders name)
this written reference is/are:

________ application for employment

________ all forms of scholarship or honorary award

________ admissions to another education institution

I authorize ______________________ to release information and provide an evaluation about
(recommenders name)
any and all aspects of my academic performance at the University of New England to the
following (check all applicable spaces):

1. ___ all prospective employers OR ___ specific employers*

2. ___ all educational institutions to which
   I seek admissions OR ___ specific educational institutions*

3. ___ all organizations considering me for
   an award or scholarship OR ___ specific organizations*

   (*) list provided on reverse side

This authorization to provide references is valid for one (1) year from the date of my signature
below, unless I specify an earlier ending date as follows:

Ending date: ____________________________

Note: Under the Family Educational Rights and Privacy Act (FERPA), you may but are not
required to waive your right of access to confidential references given for any of the purposes
listed on this form above. If you waive your right of access, the waiver remains valid
indefinitely.

___________ I waive my right of access

___________________________________________________
Signature Date
REFERENCE REQUEST AND STUDENT AUTHORIZATION – REC #2

Student name (please print):_________________________________________________

I request ______________________ to serve as a reference for me. The purpose(s) of
(recommenders name)
this written reference is/are:

_______ application for employment
_______ all forms of scholarship or honorary award
_______ admissions to another education institution

I authorize ______________________ to release information and provide an evaluation about
(recommenders name)
any and all aspects of my academic performance at the University of New England to the
following (check all applicable spaces):

4. ___ all prospective employers OR ____ specific employers*

5. ___ all educational institutions to which OR ____ specific educational institutions*
   I seek admissions
6. ___ all organizations considering me for OR ____ specific organizations*
   an award or scholarship

(*) list provided on reverse side

This authorization to provide references is valid for one (1) year from the date of my signature
below, unless I specify an earlier ending date as follows:

Ending date: _________________________

Note: Under the Family Educational Rights and Privacy Act (FERPA), you may but are not
required to waive your right of access to confidential references given for any of the purposes
listed on this form above. If you waive your right of access, the waiver remains valid
indefinitely.

_______ I waive my right of access

_________________________________________________
Signature                                  _________________________
_________________________________________________
Date
REFERENCE REQUEST AND STUDENT AUTHORIZATION – PHPAC REC

Student name (please print):_________________________________________________

I request ____________________________ to serve as a reference for me. The purpose(s) of
(recommenders name)
this written reference is/are:

______ application for employment
______ all forms of scholarship or honorary award
______ admissions to another education institution

I authorize ______________________ to release information and provide an evaluation about
(recommenders name)
any and all aspects of my academic performance at the University of New England to the
following (check all applicable spaces):

7. ____ all prospective employers OR _____ specific employers*

8. ____ all educational institutions to which I seek admissions OR _____ specific educational institutions*

9. ____ all organizations considering me for an award or scholarship OR _____ specific organizations*

(*) list provided on reverse side

This authorization to provide references is valid for one (1) year from the date of my signature
below, unless I specify an earlier ending date as follows:

Ending date: _________________________

Note: Under the Family Educational Rights and Privacy Act (FERPA), you may but are not
required to waive your right of access to confidential references given for any of the purposes
listed on this form above. If you waive your right of access, the waiver remains valid
indefinitely.

_______ I waive my right of access

__________________________________
Signature

__________________________________
Date
Pre-Health Professionals Advisory Committee Portfolio Cover Page

__________________________________________
Student Name

__________________________________________
Academic Major

__________________________________________
Health Professions Field of Application and Interest
(ie, Veterinary, Osteopathic, etc)

__________________________________________
Summer Phone (If Different)

__________________________________________
Permanent Address

This portfolio includes OFFICIAL transcripts from the following Colleges/Universities (note any additional transcripts on a separate piece of paper):

Name of School ___________________________ Transcripts Ordered ___ or Included ___
Name of School ___________________________ Transcripts Ordered ___ or Included ___
Name of School ___________________________ Transcripts Ordered ___ or Included ___

This portfolio includes recommendations from:

1) ____________________________________________
   Name & Contact Info (Phone or Email)
   Institution/Agency (i.e. Southern Maine Medical Center) ____________________________

2) ____________________________________________
   Name & Contact Info (Phone or Email)
   Institution/Agency (i.e. Southern Maine Medical Center) ____________________________

DATE

CAREER SERVICES ___________

WRITING SERVICES ___________

INTERVIEW ___________

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