



SUNY DOWNSTATE Medical Center

College of Medicine
Office of Minority Affairs
Early Medical Education Program

PROGRAM DESCRIPTION

The Early Medical Education Program (EME) is an initiative to increase the academic competitiveness of undergraduate pre-medical students, early in their college career. The program is designed to provide medical science lectures and academic support through a 6-week, summer enrichment program for the first two summers and a 6-week, pre-matriculation program for the third summer. Students are selected from one of the participating linkage schools. Once accepted into EME, if students meet the program requirements they are granted a guaranteed acceptance into SUNY Downstate's College of Medicine.

Summer Session I includes a study of Human Anatomy & Physiology, Summer Session II includes studies in Biochemistry, Cell Biology Genetics, and Immunology. Summer Session III includes the pre-matriculation program to SUNY-Downstate's College of Medicine. All of the lectures include a case based learning approach. In addition, students will learn time & stress management skills and will have an opportunity for hands-on exposure to medical disciplines through shadowing experiences with clinicians.

EXPENSES

There is no cost to participate in the program other than necessary books and supplies. Stipends will be provided Summer Session I & II. Room and Board will not be provided for Summer Sessions I and II, but will be provided and is required for Summer Session III (Operation Success).

REQUIREMENTS

The program is open to students who are U.S. citizens or permanent residents. Students should have completed 60 credits by the beginning of Summer Session I, and should have completed General Chemistry and General Biology by the end of the Spring semester. The EME admissions committee will review students' academic qualifications as well as motivations for a career in medicine, extracurricular activities, volunteer work, and research experience. A science grade point average (GPA) of 3.2 and a non-science grade point average (GPA) of 3.5 is recommended for all students applying to the program.

Once accepted into the program, students **must** maintain a minimum science GPA of **3.0**, receive a minimum non-science GPA of **3.2** and a Medical College Admissions Test (MCAT) score, at or above the score stated in your signed contract upon entrance into the program.

DUE DATE: FEBRUARY 3rd

APPLICATION INSTRUCTIONS

NOTES: Read all instructions and questions **before** you start. Please **TYPE** all application information. Make note of all application and transcript deadlines.

STEP #1: Complete the Application Data Sheet and the Essay Form by **FEBRUARY 3rd** and send to:

Constance H. Hill, MD
Associate Dean for Minority Affairs
Early Medical Education Program
SUNY Downstate Medical Center
450 Clarkson Avenue, Box 1186
Brooklyn, New York 11203

Attention: Magda Alliancin, EdD

STEP #2: Request a copy of your **OFFICIAL** transcript from **all** colleges/ universities attended to be sent directly to the address noted above. **Transcripts are due no later than FEBRUARY 3rd.**

STEP #3: Complete the applicant information at the top of the Faculty Recommendation Form and submit one to your pre-Med advisor and one to a science professor. Please have each person send the **completed** form signed and dated **DIRECTLY** to the address noted above by **FEBRUARY 3rd.** (Make copies of the recommendation form in this application. You will need two recommendations.)

Directions to SUNY Downstate



BY SUBWAY

During rush hour, take the IRT Flatbush Avenue Line (#2 Seventh Avenue or #5 Lexington Avenue) trains to the Winthrop Street station. [Take any IRT Brooklyn-bound train (#2, 3, 4, or 5) to Nevins Street in Brooklyn, changing there for a #2 or #5 marked "Flatbush Avenue". Note that the # 5 runs only during rush hours.] Exit at Nostrand and Parkside avenues. Cross Nostrand Avenue and walk one block on Parkside Avenue until it ends at New York Avenue. Turn right onto New York Avenue. Cross New York Avenue and walk east on Clarkson Avenue until the entrance at 450 Clarkson Avenue.

BY BUS

The **B-12** and northbound **B-44** buses stop at the corner of Clarkson and New York Avenues. The following lines connect with the **B-12** along Clarkson Avenue: **B-41, B-44, B-46, and B-49.**

BY RAILROAD

Long Island Railroad

Take any train to the Jamaica station. Change to Brooklyn-bound train (track 3). Take to the Flatbush Avenue terminal. Follow subway directions from there.

Metro-North Railroad

Take any train to Grand Central Terminal. Change to Brooklyn-bound 4 or 5 trains. Follow subway directions from there.

PARKING

Valet Parking is available Mondays through Fridays from 6:00 a.m. to 6:00 p.m., located in front of the 445 Lenox Road hospital entrance at the valet parking booth. The fee is \$10.00 (this service is not available on weekends or holidays.) When the valet parking service is not available, a limited number of spaces for visitors are available at a nominal cost at the Center's Parking Garage on East 34th Street, between Linden Boulevard and Lenox Road. There are also several private parking lots in the area.

DUE DATE: FEBRUARY 3rd



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APPLICATION DATA SHEET

(MUST BE TYPED)

**PLEASE PROVIDE COMPLETE INFORMATION BELOW.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

PERSONAL DATA

Social Security # _____

Name _____

Home
Address _____

Home
Phone # _____

Cell Phone# _____

Email address: _____

Date of Birth: _____

Gender:

- Female
- Male

Status:

- United States Citizen
- Permanent Resident, Green Card# _____ Expiration Date: _____

City/ State/ Country of Birth _____

Please Check (one)

- African-American
- Native American
- Mainland Puerto Rican
- Mexican American
- South East Asian
- Other (Please Identify) _____

DUE DATE: FEBRUARY 3rd

PARENT/ GUARDIAN INFORMATION

Insert Name	Living?		Occupation	Legal Residence	Education (Highest Level)
	Y	N			
Mother					
Father					
Guardian					

SIBLING INFORMATION

of sisters _____

of brothers _____

Complete information for each sibling:

Name	Living? Y or N	Age	Occupation	Education Level (Highest Level)

SECONDARY SCHOOL INFORMATION

Name	City	State	SAT Scores		Year Graduated
			Verb	Math	

UNDERGRADUATE SCHOOL INFORMATION

College/University _____

Campus Address _____

Campus Telephone # () _____

Major _____ Minor _____ Grade level (ie. senior) _____

Expected date of graduation? _____ Are you a transfer student? Yes No

If so, from what school(s) did you transfer? _____

DUE DATE: FEBRUARY 3rd

Number of Credits completed by the end of the current school year _____

Math and Science courses taken *including current enrollment*:

Course Name	College	Semester Taken (include year)	Grade received	Did you repeat this course?

Honors, Scholarships, prizes, awards, membership in honorary and professional societies:

Extracurricular and community activities:

Volunteer, Part Time & Full Time Employment, Post Secondary School:

How did you find out about the EME program?

- Advisor
- Professor
- From an EME participant
- Website
- Campus Recruitment event
- Other (please specify)_____

DUE DATE: FEBRUARY 3rd



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QUESTIONNAIRE

Please answer the following questions:

1. How many people have lived in your household for the majority of your life from birth to age eighteen? _____
2. Do you consider yourself ***financially** disadvantaged? Yes No (If so, circle one)

<u>Persons in Family/Household</u>	<u>Income</u>
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630

**If you identify yourself as financially disadvantaged, you must submit a copy of the prior tax year IRS 1040 tax form or a letter from your college Financial Aid office which indicates which criterion is being met and the documentation reviewed.*

3. Do you consider yourself ***educationally** disadvantaged? Yes No

**Both parents (or if a single parent household, the single parent) have only a high school degree or less than a high school degree, and the EME applicant is first generation college student who will be graduating with a bachelor's degree.*

Write a brief statement as to why you are identifying yourself as a disadvantaged applicant **(REQUIRED)**.

DUE DATE: FEBRUARY 3rd



SUNY
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Medical Center

FACULTY RECOMMENDATION FORM
(form can be duplicated)

Name of Applicant _____
Last First M.I.

- I waive my right to this recommendation
- I do not waive my right to this recommendation

Signature

Name of Recommender: _____

Campus Address _____

Department _____ Campus Telephone # () _____

Recommender's Position:

- Faculty Advisor
- Pre-Professional Advisor
- Science Professor
- Research Mentor
- Other (Specify) _____

How long have you known the applicant? _____

The Early Medical Education program is designed for underrepresented minority and disadvantaged pre-medical students who have shown potential for excellence in the sciences as well as strong desire for a medical career. The program provides a 6-week medical science enrichment program which will provide early exposure to a medical school curriculum. Students commit to a 3-summer participation in the program. If students are successful in the program and meet program requirements, they are granted a guaranteed acceptance to SUNY Downstate's College of Medicine.

DUE DATE: FEBRUARY 3rd

Name of Applicant: _____

Name of Recommender: _____

Please describe in the space below the applicant's academic performance and potential based upon your interactions with him/her. Please include references to aptitude in science lectures or laboratory. (Use additional paper, if necessary).

All information will be confidential. If student has waived right to see this recommendation, this report will be limited to the selection committee.

Rate the applicant on the given items by numerical score of 1 to 5. Base your rating on the degree of accomplishment usually expected of individuals at this level.

1=outstanding 2=above average 3=average 4=below average 5=poor

X = insufficient knowledge to rate

- ___ Originality
- ___ Accuracy
- ___ Research Ability
- ___ Scientific Background
- ___ Ability to Exchange Ideas
- ___ Perseverance in Pursuing Goals
- ___ Ability to Relate to Others

Signature

Date

DUE DATE: FEBRUARY 3rd



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APPLICATION CHECKLIST

- ❑ **Application Data Sheet (Due February 3rd)-**
should be mailed by applicant
- ❑ **Personal Statement (Due February 3rd)-**
should be mailed by applicant
- ❑ **Questionnaire (Due February 3rd)-**
should be mailed by applicant
- ❑ **Transcript(s) (Due February 3rd)-**
should be mailed by registrar
- ❑ **(2) Faculty Recommendation Forms (Due February 3rd)-**
should be mailed by advisor and professor

DUE DATE: FEBRUARY 3rd