



MEDICAL SCHOLARS IN PUBLIC HEALTH (MSPH) POSTBACCALAUREATE PROGRAM APPLICATION 2023

This is a fillable pdf form that you will need to fill out electronically. First, download the latest version of **Adobe Acrobat Reader** on the computer you will be using to fill out the form. <https://get.adobe.com/reader/> Adobe Acrobat Reader is free to download and install (2-step process) and there are separate versions for PC and MAC computers.

Many computers, including personal laptops are set up to open downloaded documents in a 'Read Only' format. **You will need to do a "Save As" renaming the file with your name and secondly, may need to "enable editing" or under "View" open in the "Edit Document" mode so the form is not saved as the original blank form.**

To submit your completed application prior to the deadline of March 20, please email the saved document as an attachment to Kimberlyn Blann, Associate Director of Admissions/MSPH Coordinator
Office of Admissions, UAMS College of Medicine. BlannKimberlynL@uams.edu

NAME _____
Last First Middle Initial

AMCAS ID NUMBER: _____ UAMS GUS ID NUMBER: _____

CURRENT ADDRESS: _____
Street/Apt. No

City State Postal Code

HOME ADDRESS: _____
Street/Apt. No

City State Postal Code

UAMS COLLEGE OF MEDICINE ADMISSIONS STATUS FOR 2023 CYCLE:
Alternate List Not Accepted

Undergraduate Degree(s)/Majors (For example: B.S. Biology or B.A. Psychology etc.)

1. _____ Minor: _____ Graduation _____
Month/Year
Institution: _____ City/State _____

2. _____ Minor: _____ Graduation: _____
Month/Year
Institution: _____ City/State _____

Graduate Degree(s): (M.S., MPH, PhD Etc.)

1. Degree and Program _____ Graduation: _____
Month/Year
Institution: _____ City/State _____
2. Degree and Program _____ Graduation: _____
Month/Year
Institution: _____ City/State _____

Your Contact Information:

Email Address: _____ Phone Number: _____

REQUIRED APPLICATION QUESTIONS:

Please use the next pages to type your answers to the application questions for a maximum of 2 pages. The four questions you should address are listed below.

QUESTIONS- PLEASE INCLUDE EACH QUESTION NUMBER 1-5 AT THE START OF EACH ANSWER

- 1) How do you hope to benefit from the Medical Scholars in Public Health (MSPH) postbaccalaureate program?
- 2) Outline aspects of prior application to medical school that need improving and list contributing factors, for example, working full-time etc.
- 3) Personal reflections on your motivation to pursue the study of medicine and practice as a physician.
- 4) Address the issue of cultural sensitivity in health care training programs and subsequent patient interactions during medical school and residency.
- 5) If selected, do you expect any obstacles that this program might assist you with?

By signing this form, I attest that all information is true and accurate and I am responsible for notifying the University of Arkansas for Medical Sciences, College of Medicine, Office of Admissions of any changes which might affect residency status. I grant permission to members of the MSPH committee full access to my 2022 AMCAS application.

Applicant Name (Your typed name will be your signature)

Date

ESSAY ON FOLLOWING PAGES:



