# Pre-Health Professions Committee

The Citadel, The Military College of South Carolina

#### Mission

The primary mission of the Pre-Health Professions Committee (PHPC) is to evaluate Citadel students for Health Professional Programs and to write letters of recommendation for those students who choose to use a committee letter when they apply to Health Professional Schools.

# **Brief Description of Committee Process**

The Pre-Health Professions Committee of The Citadel assesses a student's readiness for a particular graduate program in a health-related profession, and writes a consensus letter of recommendation for the student on behalf of The Citadel.

A letter from the Pre-Health Professions Committee of The Citadel is not usually required for application to an education program in the Health Professions, but it is esteemed by most schools. The committee recommendation is made in the following manner:

Each student seeking a committee letter of recommendation meets with the Chair of the Pre-Health Professions Committee to select 5-7 individual letter writers (referees) who might be able to provide positive evaluations of the student as a candidate for health professional school. The group of referees must include at least one science course instructor plus at least two other course or research instructors, with at least two letter writers from The Citadel. The group of individual referees could also include mentors or medical professionals with whom the student has worked. The student asks those referees to complete a confidential evaluation form and return it, together with a signed letter of recommendation, on professional letterhead, to the Chair of the Pre-Health Professions Committee. Upon completion and return of all individual letters and forms to the Chair, the results of the evaluations are tallied and reported on a confidential summary evaluation form. The members of the Pre-Health Professions Committee then meet, consider the evaluations and individual letters from the faculty members, discuss the student's abilities, and personally evaluate the student. The Chair of the committee then drafts a letter to make the committee's recommendation to the medical, dental or other health professional school. The committee letter will indicate a recommendation level: recommended enthusiastically, recommended with confidence, recommended, recommended with reservations, or not recommended. Committee letters include a summary explaining the committee's recommendation and may also include written comments from the individual evaluators.

The Chair of the Pre-Health Professions Committee will keep a summary of specific replies from professors on file for five years. During that time, students may get a consensus report from the committee sent to any medical, dental, or other health-related school by requesting it in writing from the Chair.

#### **By-Laws**

I. Membership

# A. Representation

The Pre-Health Professions Committee consists of no more than 7 members, with at least three tenured or tenured-track faculty from the Biology Department and at least two members from other departments in the School of Science and Mathematics. The committee may also invite members from outside the School of Science and Mathematics. Membership should include tenured or tenured-track faculty members who have

been employed at The Citadel for at least one full academic year at the time they begin committee service, and who have significant contact with pre-health students in the classroom or elsewhere on campus.

#### B. Tenure

Committee members may serve indefinitely. If a faculty member wishes to resign from the committee, the remaining members will select another member to fill the vacancy according to the guidelines described above. Faculty who wish to join the committee should express their request in writing to the Chair.

#### II. Structure

#### A. Chair

A Citadel faculty member is elected by the members of PHPC to serve as committee Chair. The term of the Chair position is three years, with no limit to the number of terms that may be served, if so elected by at least 50% of the members of PHPC. The Chair is responsible for guiding students through the committee process, collecting and compiling student information, scheduling and presiding over committee meetings, representing the committee before outside bodies, and producing committee letters of recommendation for pre-health students.

### C. Meetings.

The committee will meet as needed throughout the academic year. The Chair must hold a meeting when a student completes his or her committee folder. A quorum consists of at least 50% of the voting membership

#### III. Activities

#### A. Student Information

The Pre-Health Professions Committee analyzes and discusses information relevant to the suitability of pre-health students for the health professions they have chosen. The Chair assists each student in submitting the following and then confidentially shares the student information with the members of the committee:

- 1. Completed and signed confidential evaluation request form, including optional waiver of right to review.
- 2. Letters of recommendation from at least 5 professors/mentors along with a completed, signed confidential evaluation form. Letters and forms may be mailed by campus mail, regular mail, or email from the referee directly to the Chair of the Pre-Health Professions Committee.
- 3. A recent photo of the student (yearbook-style)
- 4. The student's most recent transcripts (may be printed from Lesesne Gateway)
- 5. The student's resume/C.V.
- 6. The student's personal statement
- 7. Optionally a work created by the student that shows critical thinking skills, such as a research poster or paper.
- 8. An official Committee Letter Request form from AMCAS (medical), AADSAS (Dental) or other health professional school application service.

# B. Voting on a level of recommendation

Once a student's folder is complete, the Chair will schedule a meeting of the Pre-Health Professions Committee, where committee members will discuss the suitability of the student and take a vote as to the appropriate level of recommendation. Levels of recommendation are:

### 1. Recommended enthusiastically

- 2. Recommended with confidence
- 3. Recommended
- 4. Recommended with reservations
- 5. Not recommended

# C. Submitting letters

After the meeting, the Chair will write a committee letter of recommendation that contains a synopsis and, if appropriate, quotes from the meeting and from the student's individual letters of recommendation. This letter will be submitted together with a Description of the Committee Process, the Confidential Summary Form, and with all the student's individual letters of recommendation attached as an appendix.

The appropriate application service should receive each student's letter within four weeks of the completion of his/her folder.

The Chair of the Pre-Health Professions Committee will keep a summary of specific replies from professors on file for five years. During that time, students may get a consensus report from the committee sent to any medical, dental, or other health-related school by requesting it in writing from the Chair.

## III. Confidentiality

Only the members of the Pre-Health Professions Committee and programs to which the student applies shall be permitted to review the contents of a student's committee folder. No other faculty members or persons shall be permitted to view any portion of the committee letter of recommendation for a student.

Statement from AAMC's Committee on Admissions: <a href="https://students-residents.aamc.org/media/7851/download">https://students-residents.aamc.org/media/7851/download</a>

Letters of evaluation (often recommendations) are an important part of each medical school application. Admissions officers and staff, admissions committee members, and pre-medical advisors have a mutual responsibility in keeping the information conveyed in letters confidential, unless explicitly indicated otherwise by the letter's writer. A confidential letter signals to the reader the letter's writer expectation that his/her comments will be shared only with the audience for whom they are intended and not shared with the applicant or anyone else for whom the information is not intended.

# IV. Amending the Charter, Web Materials, or Forms

The Pre-Health Professions Committee may modify its charter, web materials, or forms if needed. Proposals for changes should be made in writing to the Chair of the committee. Proposals will be considered in a meeting of the committee and shall pass with three-fifths consensus, provided that the changes meet all guidelines and laws of FERPA and the various Health Professional Associations (AAMC, ADEA, PAEA etc.).

#### V. Appendices – Forms and Web Materials

Appendix A. Web Description of Committee: <a href="http://www.citadel.edu/root/biology-club-activities/47-academics/schools/ssm/biology/2414-pre-health-committee">http://www.citadel.edu/root/biology-club-activities/47-academics/schools/ssm/biology/2414-pre-health-committee</a>

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The Chair of the Pre-Health Professions Committee will keep a summary of specific replies from professors on file for five years. During that time, students may get a consensus report from the committee sent to any medical, dental, or other health-related school by requesting it in writing from the Chair.

List of Pre-Health Professions Committee Members \*[example from 2022-2023]

<u>Dr. Kathy Zanin</u>, Pre-Health Advisor (Associate Professor, Biology)

Dr. Kimbo Yee (Assistant Professor, Health and Human Performance)

Dr. Lisa Zuraw (Professor, Chemistry Department)

Dr. Sarah Imam (Associate Professor, Health and Human Performance)

<u>Dr. Claudia Rocha</u> (Associate Professor, Biology)

Dr. Patrice Capers (Assistant Professor, Biology)

Charter of The Pre-Health Professions Committee

How to Complete a Folder for a Committee Letter

<u>Link to the Evaluation Form</u> <u>Guidelines for Letter Writers</u> Appendix B. Confidential Evaluation Request and Waiver Form - an online form for students as shown below

# **Pre-Health Confidential Evaluation Request**

In order to assist the Pre-Health Professions Committee (PHPC) in preparing a committee evaluation of you for medical, dental, or other health-related schools, please provide your contact information and the names and e-mail addresses of at least 5 people who will submit individual letters of recommendation for you. PHPC will send an e-mail to each person requesting they submit a letter to PHPC on your behalf.

Please contact your references prior to submitting this form so that they may anticipate an email from The Pre-Health Professions Committee.

Also, four pieces of information should be included with this form: (1) photograph of yourself (2) unofficial transcript (3) resume (4) personal statement (optional).

Individual file sizes must be smaller than 10MB.

Please provide one (1) photograph of yourself. (\*) Please use .jpg, .jpeg or .png

Please provide your resume. (\*)

Please use .pdf or .doc

Please provide your transcript(s) for all undergraduate coursework. <u>View how to save and print a PDF of your Citadel Transcript</u>

Please provide your transcript. (\*)

Please use .pdf or .doc

Please provide your transcript.

Please use .pdf or .doc

Please provide your transcript.

Please use .pdf or .doc

Please provide your transcript.

Please use .pdf or .doc

Please provide PHPC with a one-page personal statement about why you have chosen this profession (optional).

Please provide your personal statement.

Please provide your Citadel Leadership Transcript. Please use .pdf or .doc

The strongest letters from PHPC describe your critical thinking skills. Please provide one recent example that illustrates your abilities, such as: a research poster you presented, a research publication you authored/coauthored, a research thesis you wrote, a term paper, etc. Please use .pdf or .doc

Your Full Name: (*)
Major: (*)
Year of Graduation: (*)
Place of Birth: (*)
Date of Birth: (*)
Permanent Address: (*)
Citadel Email Address: (*)
Other Email Address: (*)
What school is the recommendation for? (*)
If you answered other health-related school, please specify the school.
Provide the names and email addresses of at least 5 professors or mentors from whom the PHPC marequest individual letters of recommendation for you:
Reference #1 Name: (*)
Reference #1 Email Address: (*)
Reference #2 Name: (*)
Reference #2 email address: (*)

Reference #3 Name: (*)
Reference #3 Email Address: (*)
Reference #4 Name: (*)
Reference #4 Email Address: (*)
Reference #5 Name: (*)
Reference #5 Email Address: (*)
Reference #6 Name:
Reference #6 Email Address:
Reference # 7 Name:
Reference #7 Email Address:
*) Indicates a required field.
authorize the Committee to obtain and transmit any pertinent information concerning my record at The Citadel. Provide your initials for authorization: (*)
A SUMMARY OF SPECIFIC REPLIES FROM PROFESSORS WILL BE KEPT ON FILE FOR FIVE (5) YEARS. DURING THAT TIME YOU CAN GET A CONSENSUS REPORT FROM THE COMMITTEE SENT TO ANY MEDICAL, DENTAL OR OTHER HEALTH-RELATED SCHOOL BY REQUESTING IT OF THE PRE-HEALTH PROFESSIONS COMMITTEE.

I (Do, Do Not) agree that the recommendation I am requesting shall be held in confidence by officials of The Citadel and the medical/dental/other health-related schools to which I am applying. (*)
C Do C Do Not
I hereby (Do, Do Not) waive any rights I may have to examine that recommendation or to be informed of any portion of it. (*)  Do Do Not
E-Signature: (*)

After you submit this form, you should see a "Thank You Message" to confirm that your request was received. The Thank You Message screen should appear within about 2 minutes. If you do not see the Thank You Message screen appear within 2-3 minutes, then please contact the Pre-Health Adviser before resubmitting your form.

<u>S</u>ubmit

Appendix C. Confidential Evaluation Form - an online form for letter writers as shown below

# **Evaluation Form and Letter of Recommendation**

Please complete the Confidential Evaluation Form below and upload a hand-signed letter of recommendation on official letterhead. The strongest letters give personal examples that support the statements made about the student's abilities and suitability.

Dr. I	Kathy Zanin					
Biol	ogy Department, 1	The Citadel				
171	Moultrie Street					
Cha	rleston, SC 29409	)				
You	r Name: (*)					
Ema	ail address: (*)					
Dep	artment or Agenc	y: (*)				
Nam	ne of Citadel Appli	cant: (*)				
Wha	at course(s) or act	ivity did the	applicant attend	under yo	ur supervis	sion? What semester(s)? (*)
Plea	ase provide an ind	ependent r	esponse to each	item belo	w:	
		.,				
	eral Impression (* Outstanding		Satisfactory	Fair <sup>©</sup>	Poor	No chance to observe
	otional Stability (*) Outstanding		Satisfactory	Fair <sup>©</sup>	Poor	No chance to observe
Abili	ity to Express Tho	ughts (*)				
0	Outstanding	Good	Satisfactory	Fair C	Poor	No chance to observe

Work Habits (*)							
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Personality (*)							
Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Personal Appearance (*)							
		Satisfactory	Fair <sup>©</sup>	Poor	No chance to observe		
Intellectual Independe	ence (*)						
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Ability to Work With C	thers (*)						
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Sense of Responsibili	ty (*)						
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Ability to Interpret Res	` '						
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Manual Dexterity (*)							
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Motivation (*)							
C Outstanding C	Good	Satisfactory	Fair	Poor	No chance to observe		
Have you any reason	to question	the applicant's in	ntegrity? It	f yes, plea	se explain in attached letter. (*)		
C Yes No							
In terms of Medical, D	ental or Oth	ner Health-related	d schools,	my endor	sement would be: (Choose from the drop-down		
		•					
Date:(MM/DD/YYYY)	(*)						
Signature: (Electronic statement of your name) (*)							
Upload Letter of Recommendation. This letter should be signed and written on official letterhead: (*)							
Please use .pdf or .doc							
<u>S</u> ubmit							
(*) Indicates a required field. <u>Info</u>							

# Appendix D. Confidential Summary Form

Confidential Summary Evaluation Form

D ( )				10	
Referee Name					
Email					
Department					
Applicant					
What course(s)					
or activity did					
the applicant					
attend under					
your					
supervision?					
General					
Impression					
Emotional					
Stability					
Ability to					
Express					
Thoughts					
Work Habits					
personality					
Personal					
Appearance					
Intellectual					
Independence					
Ability to Work					
With Others					
Sense of					
Responsibility					
Ability to					
Interpret					
Results					
Manual					
Dexterity					
Motivation					
Have you any					
reason to					
question the					
student's					
integrity?					
In terms of					
Medical, Dental					
or Other Health-					
related schools,					
my endorsement					
would be:					
Date					
Signature					
PHPC Consensus	Recommended Enthusiastically	Recommended with Confidence	Recommended	Recommended with Reservations	Not Recommended
PHPC Chair					
Signature					
Date					