

Applying to Medical School, Part 2

Nuts & Bolts

Mack Ivey

May 15, 2018

Outline

- 1 Overall Process
 - From MCAT to interview
 - The waiting...
- 2 AMCAS
 - AMCAS sections
 - Item by item
- 3 PMAC
 - It's (almost) all new
 - What you'll need
 - What you'll do
 - The nitty gritty
 - Practical considerations

The application itself

Sequence

- Submit PMAC application
- Interview with PMAC
- Submit primary application (AMCAS, TMDSAS, AACOMAS)
- Interview at med school(s) - submit secondary applications

PMAC Timeline

Summer Cycle

June 11, 2018

Submit web form and materials to PMAC

June 13, 2018

PMAC interview schedule is determined

June 14 - July 13, 2018

PMAC interview period

July 31, 2018

Committee letters uploaded

Fall Cycle

August 27, 2018

Submit web form and materials to PMAC

August 30, 2018

PMAC interview schedule is determined

September 3 - Oct 8, 2018

PMAC interview period

September 15 - October 31, 2018

Committee letters uploaded

The waiting...

Timeline example - UAMS

Admissions Timeline

June 1, 2018

Applicants may begin to submit their [AMCAS web application](#) to AACM.

August 15, 2018

Arkansas residents may begin calling to schedule their faculty interview. Applicants must certify and submit the AMCAS application before scheduling an interview.

November 1, 2018

Final deadline for all applicants to submit AMCAS web-application to AMCAS.

Last day for Arkansas residents to call UAMS to schedule faculty interviews.

November 15, 2018

Non-Arkansas residents with strong ties to Arkansas must submit a letter to UAMS advocating strong ties.

December 14, 2018

Admissions Committee meets to determine which non-Arkansas residents will be invited to be interviewed in January and reviewed in February.

December 19, 2018

Letters to early accepts for Arkansas residents.

January 15, 2019

ALL application documentation must be received at UAMS for **ALL** applicants.

January 23, 2019

Letters to early accepts for Arkansas residents.

Late February 2019

Letters mailed to all applicants informing them of their admissions status: Accepted, Alternate List or Not Accepted.

The waiting...

Traffic rules

Multiple Accept Data

- Medical schools cannot view the number or names of other schools that an applicant has applied to
- Medical schools have access to:
 - **Multiple Accept Data (February)**
Allows medical schools to see other schools to which an applicant they have accepted is also currently holding an acceptance decision
 - **The National Acceptance Report (April)**
Lists all applicants with a current Acceptance or Matriculated action

See the Application and Acceptance Protocols for Applicants

Justice Department Investigates Early-Decision Admissions

Focus appears to be how some colleges share information about those admitted early. Common App asks applicants to consent to the practice.

By [Scott Jaschik](#) // April 9, 2018



What's on AMCAS

The AMCAS Application

- Identifying Information
- Schools Attended
- Biographic Information
- Course Work
- Work/Activities
- Letters of Evaluation
- Medical Schools
- Essay(s)
- Standardized Tests

Item by item

Main screen

American Medical College Application Service 2018 Application

Back to Dashboard | My Application | Help

Account: [Redacted]

You have already submitted your application. See what changes you can make to your application

Withdraw Application | Resubmit Application

[Redacted]

AAMC ID
[Redacted]

Date of Birth
[Redacted]

Email
[Redacted]

Phone Number
[Redacted]

[Edit your identifying information](#)

Application - AMCAS Processing is Complete

Identifying Information	Completed
Schools Attended	Completed
Biographic Information	Completed
Course Work	Completed
Work/Activities	Completed
Letters of Evaluation	Completed
Medical Schools	Completed
Essays	Completed
Standardized Tests	Completed

[Print Transcript Request Forms](#)

[Print Letter Request Forms](#)

[Print Application](#)

[View Application Status History](#)

Quick Links

[Academic Change Request](#)

[Update Advisor Release](#)

[Learn more about the AAMC Fee Assistance Program >](#)

[View AMCAS Participating Medical Schools and Deadlines >](#)

[Find AMCAS resources on the Tools and Tutorials page >](#)

[Visit the AMCAS website >](#)

My Document Statuses

[Redacted]

Received

Received

Received

[View All Transcript Statuses](#)

[Redacted]

Received

Received


Received

Letters of Evaluation (4)

[View All Letter Statuses](#)

Item by item

Main screen

American Medical College
Application Service
AMCAS
 **AAMC**

MAIN MENU | Help | Contact Us | Log Off

2018 Application **Seasum Bachi (Staging) | AAMC ID: 21070422**

1. Identifying Information	2. Schools Attended	3. Biographic Information	4. Course Work	5. Work/Activities	6. Letters of Evaluation	7. Medical Schools	8. Essay(s)	9. Standardized Tests
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MAIN MENU

ACCOUNT INFO

Applicant: Seasum Bachi

AAMC ID: 21070422

Application Status: **AMCAS Processing is Complete**
[Details](#)

Transcript and Letter Receipt Information: [Details](#)

Application Sections

1. Identifying Information	Completed
2. Schools Attended	Completed
3. Biographic Information	Completed
4. Course Work	Completed
5. Work/Activities	Completed
6. Letters of Evaluation	Completed
7. Medical Schools	Completed
8. Essay(s)	Completed
9. Standardized Tests	Completed

Submit Application

Update Application

Print Application

Print Transcript Request Form

Print Letter Request Forms

Academic Change Request

Edit Password

Withdraw Application

Application Submitted:
FEBRUARY 24, 2017 11:03:23 AM ET

[Contact Us](#) | © 1995-2017 AAMC | [Terms and Conditions](#) | [Privacy Statement](#)

Item by item

Schools attended

COLLEGES

Use this form to add information about the college you attended. If you attended more than one college, you will be able to add more later.

Country * United States Canada Other...

State *

School *

School Name * If this name is wrong, please correct it here:

City *

Program Type *

Start Date *

End Date *

Other Options

Summer School Only

Study Abroad Program

[Watch Study Abroad Tutorial](#)

Advisor Release * Do you authorize AMCAS to release your application information to the school-designated advisor(s) at this institution? The school-designated advisor(s) have met AMCAS-established requirements and are bound by confidentiality. Information transferred includes your personal/demographic information, MCAT scores, GPAs, the names and types of your recommenders, the names of any other schools you have attended, the medical schools to which you have applied and what action those schools have taken, and the status of your application with AMCAS.

Yes No

STATUS

High School	Complete
Colleges	Incomplete
Transcripts	Incomplete
Previous Matriculation	Incomplete
Institutional Action	Incomplete

Item by item

Schools attended

Release information to me, please

Advisor Release * Do you authorize AMCAS to release your application information to the school-designated advisor(s) at this institution? The school-designated advisor(s) have met AMCAS-established requirements and are bound by confidentiality. Information transferred includes your personal/demographic information, MCAT scores, GPAs, the names and types of your recommenders, the names of any other schools you have attended, the medical schools to which you have applied and what action those schools have taken, and the status of your application with AMCAS.

Yes No

[Back](#)[Continue](#)

select "Yes"

Item by item

Schools attended

INSTITUTIONAL ACTION

Were you ever the recipient of any institutional action by any college or medical school for unacceptable academic performance or conduct violation, even though such action may not have interrupted your enrollment or required you to withdraw? Select "Help" at the top of this screen for important instructions on answering this question.

[Back](#)[Yes](#)[No](#)

If you report an institutional action, you will be allotted 1325 characters of space to describe it. Please consult with me about the description.

Item by item

Course work

ADD A COURSE

Academic Year * 2009-2010 ▾

Academic Term * 1st Semester (Fall) ▾

Year in School * Freshman ▾

Course Number BIO101

Course Name * Biology I and Lab

Course Classification * Biology ▾

Transcript Grade A-

Credit Hours 3.0

Did the course include a lab section? *

Lecture Only

Lab Only

Combined Lecture and Lab

Special Course Types

<input type="checkbox"/> Advanced Placement	<input type="checkbox"/> Incomplete
<input type="checkbox"/> Audit	<input type="checkbox"/> International Baccalaureate (IB)
<input type="checkbox"/> CLEP	<input type="checkbox"/> Military Credit
<input type="checkbox"/> Current/Future	<input type="checkbox"/> No Record
<input type="checkbox"/> Deferred Grade	<input type="checkbox"/> Pass/Fail
<input type="checkbox"/> Exempt	<input type="checkbox"/> Repeat
<input type="checkbox"/> Honors	<input type="checkbox"/> Withdrawal

Applicants should use a personal copy of their **official** transcript to complete this section.

Item by item

Work/Activities

Add Work/Activities ✕

Experience Type *

Experience Name *

Indicate the total number of hours that you spent completing (or expect to complete) this work experience or activity during the date range that you indicate. If this is a repeated experience, enter the total number of hours for each date range you provide.

Start Date * **End Date *** **Total Hours ***

Repeated *

Yes
 No

Organization Name

Country

City

This is one of my most meaningful experiences *

Yes
 No

Most Meaningful Experience Summary *
This is your opportunity to summarize why you have selected this experience as one of your most meaningful. In your remarks, you might consider the transformative nature of the experience; the impact you made while engaging in the experience and the personal growth you experienced as a result of your participation.

Item by item

Work/Activities

WORK/ ACTIVITIES

Experience Type: *

Experience Name: *

Start Date: *

End Date: *

Average Hours/Week:

Organization Name:

Artistic Endeavors

Community Service/Volunteer - Medical/Clinical

Community Service/Volunteer - Not Medical/Clinical

Conferences Attended

Extracurricular Activities

Hobbies

Honors/Award/Recognition

Intercollegiate Athletics

Leadership - Not Listed Elsewhere

Military Service

Other

Paid Employment - Medical/Clinical

Paid Employment - Not Medical/Clinical

Physician Shadowing/Clinical Observation

Presentations/Posters

Publications

Research/Lab

Teaching/Tutoring/Teaching Assistant

Item by item

Work/Activities

WORK/ ACTIVITIES

Experience Type: * Research/Lab

Experience Name: * Lab Rat

Start Date: * March 2006

End Date: * Select One Select One

Average Hours/Week: 10

Organization Name: My School

Country: United States
 Canada
 Other...
 Decline to Answer

State: Alabama

City: Bama

Contact's First Name: * Professor

Contact's Last Name: * Smarty

Contact's Title: * Principal
(ex. Project Director) *

Maximum of 15 entries
You can enter 3 additional date ranges for repeated activities
Maximum of 3 "Most Meaningful"

This is one of my most meaningful experiences. ?

This is your opportunity to summarize why you have selected this experience as one of your most meaningful. In your remarks, you might consider the transformative nature of the experience: the impact you made while engaging in the experience at the personal growth you experienced as a result of your participation.

Experience Summary:

Character Count: 0 (maximum 1325 characters)

[Back](#) [Add Another Work Activity](#) [Continue](#)

Work/Activities

Supervisors

- Note: **Supervisor contact information** must be provided. If activity was organized by a student group, list advisor or another administrator who can verify your experience, if possible.
- As a courtesy, be sure to notify the person whose name you list for this contact.

Awards

You will typically list zero hours for the honors/awards/recognition category. If you don't know who the contact is for these, you can probably list me. Email me if you have concerns.

Work/Activities

Experiences tidbits

- Include start and end dates for each experience. (Some experience types -awards, e.g.- require only a single date.) Your start date must be the current date or earlier, and no end dates should be later than your anticipated first day of medical school.
- You have the opportunity to describe or summarize each experience. You have 700 characters allotted for all but your most meaningful experiences. You can pick up to three experiences as most meaningful, and you will be allotted 1325 characters to explain.

Item by item

Work/Activities

WORK/ ACTIVITIES

Experience Type: *

Experience Name: *

Start Date: *

End Date: *

Average Hours/Week:

Organization Name:

Country:

- United States
- Canada
- Other...
- Decline to Answer

State:

City:

Contact's First Name: *

Contact's Last Name: *

Contact's Title: *
(ex. Project Director) *

Maximum of 15 entries
 You can enter 3 additional date ranges for repeated activities
 Maximum of 3 "Most Meaningful"

This is one of my most meaningful experiences. ?

This is your opportunity to summarize why you have selected this experience as one of your most meaningful. In your remarks, you might consider the transformative nature of the experience: the impact you made while engaging in the experience at the personal growth you experienced as a result of your participation.

Experience Summary:

Character Count: (maximum 1325 characters)

Letters of evaluation

ADD A LETTER OF EVALUATION

Many medical schools determine whether or not an applicant has met their letter of evaluation/recommendation requirements by the type of letters they receive in support of an application. For example, a medical school may require a committee letter OR three individual letters in support of your application.

For medical schools' requirements regarding letters of evaluation/recommendation, click Help.

Please identify the type of letter you wish to enter. If you are uncertain as to the type of letters provided by your school/institution, please ask your pre-health advisor or career center prior to answering this question.

- Committee Letter: A committee is a letter authored by a pre-health committee or pre-health advisor and intended to represent your institution's evaluation of you. A committee letter may or may not include additional letters written in support of your application. A Committee Letter is sometimes called a composite letter.
- Letter Packet: A packet or set of letters assembled and distributed by your institution, often by the institution's career center.
- Individual Letter: An individual letter refers only to a letter authored by, and representing, a single letter writer. **If you have already included an individual letter within either a committee letter or letter packet, you do not need to add a separate entry for the individual letter.**

[Back](#)[Continue](#)

Applicants can submit their application **before** AMCAS receives their letters.

Letters of evaluation

This generates a letter request form

Important Terms

- **AAMC ID:** Eight-digit identification number assigned to each user of AAMC products and services
- **Letter ID:** Unique eight-digit number assigned to each letter entry on your AMCAS application
- **Letter Request Form:** PDF generated by you in the AMCAS application for your designated letter authors, with your mailing address, AAMC ID, Letter ID, and information about submitting letters to AMCAS

AMCAS LETTER REQUEST

Application Year 2009

May 21, 2008

AAMC ID: 12731420
Last Name: Glenn
First/Middle Name: Jeff
AMCAS Letter ID: 1025211



Letter ID: 1025211

TO:
 Resident Dean
 Harvard University
 Harvard House
 1 Something Street
 Cambridge, MA 02138
 United States of America

With this form, I am requesting that you forward my letter of evaluation/recommendation to the American Medical College Application Service (AMCAS), which receives all letters on behalf of medical schools participating in the AMCAS Letters Service. For more information about this service, including a list of participating medical schools, see below.

Letters of evaluation

Letter ID


Delivery Methods for Authors/Primary Contacts

In all cases, you must provide your letter author(s) with your AAMC ID and AMCAS Letter ID to ensure that your letters are matched correctly to your application.

- **AMCAS Letter Writer Application:** This application enables letter authors to upload PDF versions of a letter(s) securely to AMCAS rather than send letters via the mail. Your letter author will be required to register (if not previously registered) and will need your AAMC ID and AMCAS Letter ID in order to upload your letter(s). The numbers are found on the Letter Request Form.

Item by item

Essay



Main Menu My Application -

Help Account Dejanira Cruz -

American Medical College Application Service © 2017 Application

Identifying Information Schools Attended **Demographic Information** Course Work Work/Activities Letters of Evaluation Medical Schools **Essays** Standardized Tests

Back Save Save & Continue >

Personal Comments Essay*

Personal Comments Essay

Consider and write your Personal Comments carefully; many admissions committees place significant weight on this section. Make sure you proofread carefully because no changes may be made after you submit your application. What information should I consider including in my personal comments?
What information should I consider including in my personal comments?

Use the space provided to explain why you want to go to medical school.*

I want to be a doctor!

Available characters: 5278 of 5300

Back Save Save & Continue >

Personal comments essay

Personal Comments Essay

Use the Personal Comments Essay as an opportunity to distinguish yourself from other applicants. Consider and write your Personal Comments Essay carefully; many admission committees place significant weight on the essay. Here are some questions that you may want to consider while writing the essay:

- Why have you selected the field of medicine?
- What motivates you to learn more about medicine?
- What do you want medical schools to know about you that hasn't been disclosed in other sections of the application?

In addition, you may wish to include information such as:

- Unique hardships, challenges, or obstacles that may have influenced your educational pursuits
- Comments on significant fluctuations in your academic record that are not explained elsewhere in your application

Item by item

Wait...not yet

Before clicking "Submit"

- Print it, read it out loud, edit, repeat
- Save as pdf for PMAC

Allowed post-submission changes

Postsubmission Changes

Before submitting your application, you should review it thoroughly. After you submit your application, you may make changes only to the following sections:

- ID numbers
- Name, including Legal Name, Preferred Name, and Alternate Names
- Contact Information, including Permanent and Preferred Mailing Addresses
- Alternate Contact
- Birth and Sex
- Letters of Evaluation (addition of no more than 10 letter entries and notification to AMCAS of a letter no longer to be sent)
- Next MCAT test date
- Addition of medical schools and change(s) to existing program type (deadlines, fees, and restrictions apply)
- Release of application information to your prehealth advisor

It's (almost) all new

What hasn't changed

What happens with your PMAC application materials

- The committee reads your application
- Two committee members interview you (and help you edit your application materials)
- The committee generates a ranking
- The committee writes the committee letter

It's (almost) all new

Changes for 2018

PMAC web form

- No PDF Forms 1 and 2; no turn-in session (replaced by web form)
- LORs can be emailed (please!)
- New waiver forms
- No PMAC-specific GPA calculation (use AMCAS calculator)
- Don't dress up for PMAC interview (unless you want to)

What you'll do

PMAC web form

PMAC form

- Identifying (ID#s) and Biographical info
- Summary of your premed career in paragraph form
- Short essays for your committee letter

and while you're at it...

- **Do one or more mock interviews!**

The nitty gritty

The PMAC form

Premed Student Application

Biographical Information

Name*

First Name Last Name

UA Student ID*

Enter your 9-digit U of A ID number.

AMCAS ID*

Enter N/A if this doesn't apply to you.

AMCAS Letters ID (For committee letter, required for AMCAS applicants)*

Enter N/A if this doesn't apply to you.

TMDAS ID*

Enter N/A if this doesn't apply to you.

AACOMAS ID (Required for DO schools)*

Enter N/A if this doesn't apply to you.

Expected Date of Graduation*

The nitty gritty

The PMAC form

Pre-Med Career Summary



██████████ will graduate in ██████████ 2018 with a B.S. in biology. ██████████ maintains a ██████████ cumulative GPA and has an MCAT score of ██████████ (6-██████████ 2017). Currently, ██████████ conducts research in biology under the direction of Dr. ██████████ ██████████ where ██████████ investigates ██████████ ██████████ using ██████████ as a model system (350 h). ██████████ serves as a tutor for ██████████ providing chemistry, biology, calculus, and algebra assistance (250 h). Additionally, ██████████ has assisted local elementary students in literacy (10 h), was an active member of a ██████████ for two years (250 h), and is a member of the premedical honor society Alpha Epsilon Delta (10 h). ██████████ was employed as a ██████████ at ██████████ ██████████ (260 h) and has gained health profession experience through volunteering at the VA (60 h), where ██████████ prepares rooms and transports patients to and from the radiology clinic, and through shadowing physicians in OB/GYN, dermatology, and radiology (51 h).

In one paragraph, summarize your academic achievements, medical and volunteer experiences, and other activities relevant to your application. Use the example summary above as a guide.*

The nitty gritty

The PMAC form

Experience Name <input type="text"/>	Date Began ▼ ▼ ▼	Date Ended ▼ ▼ ▼	Total Hours <input type="text"/>
Experience Name <input type="text"/>	Date Began ▼ ▼ ▼	Date Ended ▼ ▼ ▼	Total Hours <input type="text"/>

In one or two paragraphs, describe your purpose and motivation for pursuing a medical career.*

Briefly describe three activities that have most impacted your development as a future physician.*

The nitty gritty

The PMAC form

Letters of Recommendation

Letter Writer #1 Name*

First Name

Last Name

Letter Writer #1 Institution*

School 14

Uploads

AMCAS, TMSAS, AACOMAS pdf*

 No file chosen

Upload your completed application service form here

Upload waiver form here*

 No file chosen

Upload picture here*

 No file chosen

Upload GPA spreadsheet excel file here*

 No file chosen

Considerations for PMAC web form

Before you click "Submit"

- Unlike AMCAS, this form can't be saved and revised later
- Compose your responses in a text editor, and then cut and paste
- Check spelling and grammar as you would on your AMCAS form
- Responses go into your committee letter, and composing the responses will help for med school interviews

Summary

- You got this!
- **AMCAS first** Upload near-final version to PMAC
- **Anticipate** each step

Appendix: My mailing address

Mack Ivey, Chair
Univ of Arkansas Premedical Program
Dept of Biological Sciences
850 W Dickson St
Fayetteville, AR 72701

Links

Click on buttons to browse

- ▶ BCPM courses according to AAMC
- ▶ Downloads: GPA calculator (AMCAS) and waiver forms
- ▶ FAQ: Applying to med school
- ▶ Handshake-for headshot photo and mock interviews