

Intake Questionnaire

Health Professions Advising Office (HPAO)

*****CONFIDENTIAL*****

Date _____

Name _____ Campus ID _____

Major _____ Minor _____

Type of student Undergraduate Post Bac Graduate

Phone# _____ E-mail _____

Health Profession(s) of Interest:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Osteopathic Medicine |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Chiropractics | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Nursing | |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Veterinary | |

How many units are you taking this semester? _____

Are you currently working? Yes No

If answered "Yes," indicate type of job _____

How many hours do you work per week? _____

Why do you want to become a doctor/dentist/other health professional? How long has this been your goal?

List relevant past and current volunteer, clubs, and community service:

What have you done to explore the health profession(s) of your interest?

What do you need assistance with at this time?

Are you a transfer student? Yes No Other Colleges Attended: _____

Are you a US Citizen or Perm. Resident? Yes No Do you consider yourself disadvantaged? Yes No

For HPAO Use Only

Overall GPA _____ Science GPA _____ CSULB Grad Date _____ File Closed _____

Test _____ Test Score _____ Test _____ Test Score _____

Disadvantaged _____ Ethnicity _____ URM _____

Accepted to: _____ Matriculated: _____

Health Professions Advising Office (HPAO)
College of Natural Sciences and Mathematics
California State University, Long Beach

Please read and sign if applicable.

WAIVER AND RELEASE

I understand that the *Family Educational Rights and Privacy Act*, as amended, provides that current and former students may waive the right to inspect letters of recommendation and similar evaluation statements. I hereby waive this right, thus electing to establish a confidential file with the CSULB Health Professions Advising Office.

I understand and request, without limitation, that such letters be copied and provided to health professional schools, graduate schools, or for receipt of honorarium, or the like. I further understand that if I waive this right to access, I will not have access to such confidential letters or recommendations.

This Waiver and Release shall remain in effect unless and until the CSULB Health Professions Advising Office receives revocation from me, in writing. If I withdraw or revoke this waiver I understand that confidential letters in my file received prior to the revocation date will be withdrawn and destroyed or returned to the author, and I will not be permitted to inspect them.

I will provide the names of those persons whom I have requested to write letters or evaluations to the Health Professions Advising Office on my behalf. I realize that the references may be positive or negative and regardless of content, I forever discharge and release the State of California; California State University, Long Beach; and the California State University Board of Trustees and all of its and their servants, agents, and employees from any and all liability and causes of action whatsoever, now and in the future. This Waiver and Release shall be effective for myself, and my assigns, heirs, and administrators.

I understand that I am not required to waive my right of access to the materials submitted as a condition of receipt of any service or benefit provided by the campus, and that this Waiver and Release does not preclude my requesting the names of those individuals who provide confidential statements or evaluations.

Signature: _____

Date: _____

Printed Name: _____

Campus ID: _____

Health Professions Advising Office (HPAO)
Student Access to Science Center
FO5-109
(562) 985-5720 or HPAO@csulb.edu

HEALTH PROFESSIONS ADVISING OFFICE (HPAO) POLICY STATEMENT

General File Information

- Eligibility: Registered CSULB students and alumni are eligible for a Health Professions Advising Office File. (Summer session and Extension students are not eligible.)
- Duration: Files are closed 1 year after departure from CSULB. A letter will be sent to the last known e-mail address informing you that the file has expired and will be destroyed, unless you elect to keep the file active. It is the student's responsibility to maintain a current e-mail address via mycsulb.
- Files can be renewed on a year-by-year basis at the request of the student by signing a new contract. If renewing a file, students are subject to all current HPAO policies. This contract supercedes all previous policies.
- Expired files are destroyed 6 months from expiration date.
- Students may close their file at any time. Any letters of recommendation on file will be destroyed.

Advising Services

- Health professions advising is available by appointment or during designated drop-in hours throughout the year to any student with an active file.
- Appointments can be made by contacting HPAO via phone or e-mail or by visiting the SAS Center.
- Drop-in hours vary by semester and are posted outside of the Health Professions Advising Office and on the SAS Center website at www.sascenter.org.

Letter of Recommendation Service

Letters of recommendation are required for all professional school applications and you may choose to send them on your own to each professional school you submit an application to. However, the Health Professions Advising Office provides reference files for Pre-Health students, whereby original letters of recommendation are filed in the HPAO Office and photocopies are dispatched to professional schools designated by the student. The intent is to streamline the application process by 1) obtaining 1 letter from each recommender, which can then be photocopied and sent to multiple programs 2) allowing students to obtain letters in advance of the application (while the student is "fresh" in the recommender's mind) 3) ensuring that letters arrive together as a package and 4) securing a confidential reference file.

Confidentiality

Under the Family Educational Rights and Privacy Act of 1974, students are entitled to read letters of recommendation written about them unless they have voluntarily waive their right to do so. Students electing to use the Letter of Recommendation Service are asked to designate their file as "confidential" by signing a Waiver Form affirming or waiving their right to inspect letters submitted to HPAO (See HPAO Waiver Form).

Many graduate and professional applications prefer or require students to submit confidential letters of recommendation. Students who elect to have a non-confidential file will be able to inspect the letters submitted to HPAO on their behalf. Each letter will be stamped "Non-Confidential." For students who designate a confidential file, HPAO will collect the letters, stamp them "Confidential," and will not release any information pertaining to the contents of any letters in the file.

To ensure the confidentiality of files:

- All letters must have an original signature and be received in sealed envelopes with the author's signature across the seal.
- All letters submitted to HPAO become the property of the California State University, Long Beach and cannot be released to parties other than the original author and professional or graduate programs.

- HPAO cannot release individual letters of recommendation or sealed packets of letters to students to hand deliver for any reason. The Health Professions Advising Office sends all letters directly to academic programs.
- HPAO does not read, critique, or make recommendations pertaining to letters.
- HPAO does not modify letters in any way.
- The Letter of Recommendation Service is intended for academic programs. As such, letters cannot be mailed to private employers, scholarships, fellowships, or grants.

Submitting Letters of Recommendation

Once a student has a signed Waiver Form on file, they can begin to ask for letters of recommendation. Authors from on- or off-campus can submit letters.

- Obtain the “Tips for Writing Letters of Recommendation” sheet, which outlines Content, Format and Submission Procedures for letters of recommendation.
- Give this sheet to your prospective recommender along with any additional materials or information that may assist them in providing a good reference (transcripts, resume, etc).
- It is the student’s responsibility to follow-up with recommenders, to ensure that letters are prepared in a timely fashion.
- Letters may be brought personally or submitted by mail to HPAO. Letters submitted by students must have the author’s signature across the seal of the envelope.

Requesting to Mail Letters of Recommendation

Letters of recommendation are sent at the request of students by filling out and returning the “Request to Send Letters of Recommendation” form available at HPAO.

When submitting a request form, it is the student’s responsibility to:

- Confirm that all letters are in their file prior to filling out request form.
- Provide a self-adhesive mailing label with the complete address typed for EACH program listed on the request form.
- Provide and confirm the correct mailing address to each academic program.
- Provide stamps for each packet of letters. The typical packet containing 3 or more letters requires 2 stamps. HPAO is not responsible for purchasing postage for students. Requests submitted without the appropriate postage, will be returned to the student.

HPAO will affix the mailing labels and appropriate postage to each packet of letters created. Each packet of letters will be processed and dispatched within 5 business days. After processing, letters are given to the CSULB campus mail service before entering the U.S. mail system. As mail delivery times vary, once the letters have been dispatched, HPAO cannot guarantee the time required for these mailing services to deliver letters. Please take this into consideration when trying to determine the best date to turn in requests in order to meet program deadlines. (Business days do not include weekends, holidays, or other scheduled times when HPAO is closed).

HPAO also provides an express mailing option. Applicants to Medical, Osteopathic, and Optometry programs may elect to have their letters transmitted electronically to participating schools using the “Virtual Evals” system. Please see your HPAO advisor for additional information and fees.

Any processing of letters requiring handling that is not part of the standard services described above, including faxes or special deliveries is at the sole discretion of the Health Professions Advising Office.

I understand and agree to the HPAO policies outlined above.

Student’s Signature

Student ID #

Date