College of Medicine  
Office of Diversity Education and Research  
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 4-week, summer enrichment program for the first two summers and a 5-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 1st
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 1st and send to:

Magda Alliancin, Ed.D.
Senior Program Coordinator
Early Medical Education Program
SUNY Downstate Medical Center
450 Clarkson Avenue, MSC 1186
Brooklyn, New York 11203

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 1st. (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
APPLICATION DATA SHEET
(MUST BE TYPED)
PLEASE PROVIDE COMPLETE INFORMATION BELOW.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

PERSONAL DATA

Social Security # ________________________________

Name ________________________________

Home Address ________________________________

City, State, Zip ________________________________

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 1st
# PARENT/ GUARDIAN INFORMATION

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<th>Insert Name</th>
<th>Living?</th>
<th>Occupation</th>
<th>Legal Residence</th>
<th>Education (Highest Level)</th>
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<td>Guardian</td>
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# SIBLING INFORMATION

# of sisters

# of brothers

Complete information for each sibling:

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<tr>
<th>Name</th>
<th>Living? (Y or N)</th>
<th>Age</th>
<th>Occupation</th>
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# SECONDARY SCHOOL INFORMATION

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<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>SAT Scores</th>
<th>Year Graduated</th>
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# 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 1st
Number of Credits completed by the end of the current school year ________________

**Math and Science courses taken including current enrollment:**

<table>
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<tr>
<th>Course Name</th>
<th>College</th>
<th>Semester Taken (include year)</th>
<th>Grade received</th>
<th>Did you repeat this course?</th>
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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 1st**
College of Medicine
Office of Diversity Education and Research
Early Medical Education Program

NAME  Last ______________________________________  First ______________________________________

PERSONAL STATEMENT

In no less than **500 words**, please state your reason for becoming a physician and your interest in the EME program. (Please attach additional pages if necessary.)

Signature  ______________________________________
Date  ______________________________________

DUE DATE: FEBRUARY 1st
College of Medicine  
Office of Diversity Education and Research  
Early Medical Education Program

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)

   * 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).

   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

   For families/households with more than 8 persons, add $4,160 for each additional person.

   Persons in Family/Household | Income
   ----------------------------|--------
   1                           | $11,880
   2                           | $16,020
   3                           | $20,160
   4                           | $24,300
   5                           | $28,440
   6                           | $32,580
   7                           | $36,730
   8                           | $40,890

   * 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 1st**
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.
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 1st
College of Medicine
Office of Diversity Education and Research
Early Medical Education Program

APPLICATION CHECKLIST

- Application Data Sheet (Due February 1st) - should be mailed by applicant

- Personal Statement (Due February 1st) - should be mailed by applicant

- Questionnaire (Due February 1st) - should be mailed by applicant

- Transcript(s) (Due February 1st) - should be mailed by registrar

- (2) Faculty Recommendation Forms (Due February 1st) - should be mailed by advisor and professor