

COLLEGE OF SCIENCE & HEALTH PROFESSIONS

Post Baccalaureate Prehealth Certificate Program Application

IMPORTANT: Please review "Application Process and Requirements" on the prehealth professions website **before** you begin preparing your application. **Incomplete applications cannot be reviewed. Please print legibly. Please return this application form with:**

- Official transcript from each college and graduate school attended or currently attending
- Current, targeted résumé that includes all relevant health-related experience
- A photocopy of SAT, ACT, or GRE test scores
- Response(s) to essay(s)

Please mail all materials, in one envelope, to the address below:

Northeastern State University, College of Science and Health Professions, Rm 178 SC Building, 611 N. Grand Ave, Tahlequah OK 74464 ATTN: Post Baccalaureate Prehealth Certificate Program

I am interested in the following health profession:

Medicine	Occupational Therapy	Veterinary Medicine
Dentistry	Physical Therapy	
Chiropractic Allied Health (Specify)	Physician Assistant	
Other (please specify):		

PERSONAL INFORMATION

Name							
first	middle initial			last			
Social Security Number:		Date of Birth:	/_	/	Sex:	M	F
Mailing Address:							
Street							_
City		State		Zip_			
Permanent Address:							
Street							_
City		State		Zip_			
Telephone Number ()							
Email							
How would you describe yourse	elf? (option	al)					
Asian/ Asian Americar	า	Native Am	erican				
Black/ African America	an	White/ Cau	ucasian				
Hispanic/Latino							
If the above choices don't apply	nlease sne	cify your ethnic had	køroun	d here:			
	, bieace ob				1		
How did you hear about the NS	U program	and what influenced	l vour d	ecision to	svlage o		
	1 0		,		,		

www.nsuok.edu

POSTSECONDARY EDUCATION

Please list **all** colleges and graduate schools attended or currently attending. List most recent school first (*use an additional sheet of paper if necessary*). Official transcripts must be requested from all schools attended even if a degree was not received.

Name of Institution	Dates of Attendance				
Major	Degree				
Name of Institution	Dates of Attendance				
Major	Degree				
Name of Institution	Dates of Attendance				
Major	Degree				

ESSAY QUESTION (For **all** students: please type)

Please attach additional sheets in response to the following question.

Please describe your professional goals and what has influenced your decision to enter the health field. Describe any extracurricular activities, employment, volunteer work, or other distinctions during or since college which you feel are **relevant** to your application. We are especially interested in any health-related experiences you have had. Please be sure that any experiences discussed in your essay also appear on your résumé.

Were you ever the recipient of any disciplinary action (e.g., dismissal, disqualification, suspension, probation, etc.) by any college or graduate school for either unacceptable academic performance or conduct violation? _____ Yes _____ No If yes, please explain on a separate sheet of paper.

Have you ever been convicted of a felony? _____ Yes _____ No If yes, please explain on a separate sheet of paper.

I understand that my admission to the Post Baccalaureate Prehealth Program does not constitute admission to a degree program. My signature on this application certifies that all the information contained in my application is factually correct, honestly presented, and contains no omissions. If at a later date it becomes clear that this is not so, I agree that the University may revoke any offer of admission it makes to me or dismiss me from the University.

I understand that once I submit this application, I must complete all remaining premedical requirements at Northeastern State University, if I am accepted into the program.

Signature_

Date____

(required)