

**NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE  
APPLICATION FOR 2008 CLINICAL ADVANCED STANDING ADMISSION  
Instructions**

Thank you for your interest in the Northeastern Ohio Universities College of Medicine (NEOUCOM). Transfer students from other medical schools are referred to as Clinical Advanced Standing applicants at NEOUCOM and are considered for admission on a space available basis. Please read the material below carefully before completing the application form.

### **The Advanced Standing Entry Point**

Advanced Standing admissions to the College of Medicine will be considered at the junior medical year (M3) entry point. A student must spend at least two years in the NEOUCOM curriculum in order to be awarded the M.D. degree.

#### **Availability of Advanced Standing Admission:**

The availability of Advanced Standing (transfer) Admission at Northeastern Ohio Universities College of Medicine (NEOUCOM) is dependent upon attrition from the projected junior medical year (M3) class core clerkships. Although applications will be available to Clinical Advanced Standing candidates in anticipation of openings, no guarantee is made by NEOUCOM that there will be openings for any given admission year. There are currently no openings available in the M3 Year of 2007-08.

### **Important Eligibility Information**

**Please note the following important information regarding eligibility determination for Clinical Advanced Standing:**

- *Candidates must be citizens or permanent residents of the United States. Priority is given to Ohio residents.*
- *A bachelor's degree from an accredited U.S. college or university is required for all NEOUCOM students in order to receive the M.D. degree.*

Candidates currently attending or eligible to return to an LCME-accredited U.S. medical school who are certified in good standing by their dean may be considered for M3 transfer if they have completed two years. Candidates currently attending an osteopathic school or a foreign medical school who are certified in good standing by their dean may be considered for M3 after completing at least two years at their current medical school. Candidates must pass the USMLE Step 1 in order to be considered for M3. Preference will be given to candidates who score at or above the national average.

Graduates of osteopathic schools may be considered for Clinical Advanced Standing admission. Graduates of foreign medical schools are **ineligible** for Clinical Advanced Standing admission.

Podiatric and dental students and graduates are encouraged to apply to NEOUCOM through the four-year M.D. Degree Admissions (Direct Entry) and not through Clinical Advanced Standing Admissions.

The College of Medicine does not discriminate against persons on the basis of age, race, gender, religion, sexual orientation, nor does it discriminate against any U.S. citizen or permanent resident on the basis of national origin. The College complies with all laws and regulations concerning persons with disabilities and veteran status.

### **The Application Process**

**Application Materials and Deadline:** The following materials constitute a completed application for Advanced Standing Admissions to NEOUCOM and must be postmarked by **April 1, 2008:**

- 1) Clinical Advanced Standing Admissions Application
- 2) Payment of a \$150 application fee (nonrefundable)
- 3) Official transcripts from all current and previous post-secondary enrollments
- 4) Two recommendation forms
- 5) Official NBME USMLE Step 1 Scores

If you have other information that would be helpful to the committee, such as clinical evaluations, please send those materials as well.

**Application Form:** Please type or print clearly using black ink. This is very important because your application may be photocopied for the Committee's deliberations. At the time of application, please use your correct legal name on the application to the College of Medicine. If your name or address changes, notify the Office of Admissions in writing after the change occurs in order to assure prompt communication regarding your application.

The primary method of communication from the Office of Admission will be through e-mail. If this is a problem, please contact the Office of Admissions to make other arrangements.

**Application Fee:** As an applicant seeking Clinical Advanced Standing admission to the College of Medicine, you are required to pay a nonrefundable application fee of \$150 to defray the costs of processing your application. Attach a check or money order to your application made payable to the Northeastern Ohio Universities College of Medicine (or NEOUCOM). Cash will not be accepted.

**Transcripts:** Official transcripts from all current and previous post-secondary colleges/universities attended are required. In unusual cases where such transcripts are impossible to obtain, it may be possible to make special arrangements by notifying the Office of Admissions in writing.

**Test Scores:** Please have an official NBME transcript of your USMLE Step 1 scores forwarded to the Office of Admissions. Priority will be given to candidates who send scores by the April 1 deadline. Students who take the exam after June 1 may not be considered.

**Racial/Ethnic Identity:** A response to this inquiry is voluntary and will be kept confidential within the limits of the law. No adverse action will be taken against an applicant for not responding.

**Information Transfer Authorization:** Please carefully read and sign the Information Transfer Authorization section.

### **Essential Functions Required for Admission, Continuation and Graduation:**

The primary mission of the College of Medicine is to provide all students with the training to become qualified physicians oriented to the practice of medicine at the community level. As such, faculty are responsible to develop and implement a medical curriculum designed to educate humane physicians for the highest standards of the practice of medicine.

Preparation and training to become a physician requires each student to understand and meet the Essential Functions Required for Admission, Continuation and Graduation identified below. The faculty has developed the course requirements and activities to provide critical elements of physician training. It is expected that student will participate in all course activities (including but not limited to lectures, seminars, laboratories, clinics, physical examinations, patient procedures) and adhere to individual hospital rules and regulations as well as COM policies regarding these activities. Learning is based on active student participation rather than simple observation and/or note taking.

### **Essential Functions Required for Admission, Continuation and Graduation**

A candidate for the M.D. degree must be able to demonstrate intellectual-conceptual, integrative and quantitative abilities; skills in observation, communication, motor functions; and mature behavioral and social attributes. Technological compensation can be made for some handicaps in certain of these areas, but a candidate should be able to perform in a reasonably independent manner without a trained intermediary. The use of a trained intermediary means that a candidate's judgment must be mediated by someone else's power of selection and observation.

**Observation:** The candidate must be able to observe demonstrations and experiments in the basic sciences, including but not limited to physiologic and pharmacologic demonstrations in animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A candidate must be able to observe a patient accurately at a distance and close at hand. Observations necessitate the functional use of the sense of vision and somatic sensation. It is enhanced by the functional use of the sense of smell.

**Communication:** A candidate should be able to speak, to hear and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with

patients. Communication includes not only speech but also reading and writing. The candidate must be able to communicate effectively in oral and written form with all members of the health care team.

**Motor:** Candidates should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers. A candidate should be able to execute motor activities reasonably required to provide general care, to perform diagnostic procedures, and to provide emergency treatment to patients. Examples of emergency treatment reasonably required of physicians are cardiopulmonary resuscitation (CPR), the administration of intravenous medication, and the application of pressure to stop bleeding. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision.

**Intellectual-Conceptual, Integrative, and Quantitative Abilities:** These abilities include measurement, calculation, reasoning, analysis, and synthesis. Problem solving, the critical skill demanded of physicians, requires all of these intellectual abilities. In addition, the candidate should be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures.

**Behavioral and Social Attributes:** A candidate must possess the emotional health required for full utilization of intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients. Candidates must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of many patients. Commitment to excellence, service orientation, goal setting skills, academic ability, self-awareness, integrity, and interpersonal skills are all personal qualities that are assessed during the admission and education process. Because the nature of medical education is based on a mentoring process, candidates are expected to be able to accept criticism and respond by appropriate modification of behavior.

Handicapped individuals are encouraged to apply. Applicants whose responses indicate that they cannot meet the expectations will be further reviewed by the Admissions Committee to assess the extent of difficulty and the potential for compensating for such difficulty.

**Recommendation Forms:** The two recommendation forms should be given to persons in the categories stated on the application who know you well and can evaluate you.

At least one form should give us information about your undergraduate college performance. Because each undergraduate college has a different way of handling premedical evaluations, you should check with the premedical advisory committee at your college about its own method of handling such forms. If they wish to use their own format, it will be accepted only if it is sent directly from the undergraduate college to us. Should your college not have such a committee, one science faculty recommendation will be considered in its place.

The remaining form should be given to the academic dean at the institution you presently attend. It is your responsibility to make certain that your recommenders submit these forms to us. Your file is not complete until our office receives these recommendations. Recommendations from people other than those listed on your application will not be considered.

**Selection Sessions:** The primary selection session will be scheduled for June. A second session will be scheduled, if needed. Selection sessions are by invitation only. Priority will be given to candidates who have competitive credentials, including USMLE Step 1 scores by the April 1, 2008 deadline.

The sessions will be conducted over a three-day period. Invited candidates must pay a \$600.00 fee to defray the costs of the sessions. They must also bear the cost of their living expenses over this three-day period. The sessions will consist of three parts as follows:

Part I: Admissions Interview	Day 1 Morning	Admissions Committee
Part II: Diagnostic Clinical Skills Assessment	Day 1 Afternoon	Clinical Faculty
Part III: Clinical Preceptorship	Days 2 & 3	Clinical Faculty

Part I of the selection session will be the Admissions Interview that will last approximately 30-45 minutes and will be conducted by members of the Admissions Committee. Candidates will be invited to arrive 15 minutes prior to their interview to meet informally with an admissions representative to receive general information on NEOUCOM and to have questions answered.

Part II of the selection session will be the Diagnostic Clinical Skills Assessment in which the candidate will conduct two complete histories and physical examinations, including case write-ups (Bates method) and presentations. These assessments will be videotaped in the Center for Studies of Clinical Performance (CSCP) and observed by a physician on NEOUCOM's Clinical Faculty. Candidates must arrive 45 minutes prior to their assessment for an orientation.

The Clinical Preceptorship will be Part III of the session and will take place over a two-day period in the office/clinical setting of a physician on NEOUCOM's Clinical Faculty.

Up to date immunizations are REQUIRED for all candidates invited for interviews. The immunization form must be received before participating in the selection session. Please refer to the sample immunization form for a complete listing.

**Course Requirement Upon Admission:** Successful candidates accepted to M3 through Clinical Advanced Standing Admissions are required to enroll in a half-day training program on the physical examination of female and male genitalia at a cost of \$300.00 prior to entering the clerkships. If the student is unable to attend assign date and time the fee is subject to increase.

**Criminal Background Check:** The Northeastern Ohio Universities College of Medicine will require a criminal background check (CBC) on all applicants offered acceptance to the College. In addition, a CBC may be required annually thereafter to meet enrollment and registration requirements. If offered acceptance to the College, this acceptance is conditional, pending the result of the background check. The College reserves the right to revoke an offer of acceptance and/or to terminate participation in any and all curricular activities based on the background check report. Applicants offered acceptance must also incur the cost of the CBC.

**Inquiries:** Because it is difficult to handle telephone inquiries concerning unusual circumstances or hardships surrounding your situation, please elaborate in writing and submit your explanation to Admissions at NEOUCOM.

**Selection Timeline: All dates subject to change**

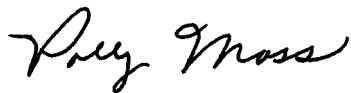
December 1, 2007	Applications available
April 1, 2008	Application deadline
June - July	Selection Session for invited candidates
August	Matriculation of accepted candidates

**Mailing Address: All application materials need to be postmarked by April 1, 2008, and mailed to:**

Clinical Advanced Standing Program  
Office of Admissions  
Northeastern Ohio Universities College of Medicine  
4209 State Route 44, P.O. Box 95  
Rootstown, OH 44272-0095

We appreciate your time and interest in applying to the Clinical Advanced Standing Program of Northeastern Ohio Universities College of Medicine.

For the Admissions Committee,



Polly Moss, M.Ed.  
Assistant Dean  
Student Affairs and Admissions

## **Immunization Requirement Policy**

The Institution, through the Student Health and Counseling Committee, establishes immunization requirements for all students. These **pre-matriculation** requirements are based on the recommendations of the Centers for Disease Control (CDC), the Association of American Medical Colleges (AAMC), and our consortium hospitals. No student will be permitted to continue in the curriculum without meeting these requirements prior to matriculation. Each student is responsible for payment for all of the required titers. The required immunizations are listed below:

**Chicken pox** – proof of immunity can be documented by:

- 1) proof of personal history of illness;
- 2) two doses of Varicella vaccine within two months of each other; or
- 3) a positive Varicella antibody titer documented with the lab report results (copy of lab report required).

If the results of your Varicella titer are negative, then you would be required to receive the two doses of Varicella vaccine.

**Hepatitis B vaccine** – proof of immunity is a positive antibody titer (hepatitis B surface antibody – anti-HBs) documented with a copy of the lab report results. Students are required to obtain the three dose hepatitis B series as well as provide documentation of a positive hepatitis B surface antibody (anti-HBs) before matriculation.

If the results of your initial hepatitis B antibody titer are negative, then you would be required to receive the three doses of hepatitis B vaccine plus the hepatitis B surface antibody (anti-HBs) titer.

**MMR (Measles/Mumps/Rubella)** – proof of immunity can be documented by:

- 1) two doses of MMR; or
- 2) Positive antibody titers against Measles virus, Mumps virus, and Rubella virus. These must be documented with the lab report results (copy of lab report required). If any one of the three antibody titers are negative (Measles, Mumps, or Rubella), then an MMR booster should be administered to the student.

**Tdap (Tetanus, Diphtheria, & Pertussis)** – required for all students prior to matriculation unless you have received a tetanus booster within the last two years. Students will be required to receive the Tdap once the two year period has expired. Students will be notified if they are no longer in compliance with the immunization policy for the tetanus immunization.

**TST (Tuberculin skin test)** – is required on a yearly basis for all students. A TST within 3 months (of your application) is required prior to interviewing. According to College policy when a student tests positive he/she is referred to our designated infectious disease specialist for follow-up and retesting. If the student tested positive prior to matriculation and has consulted a physician, the results of that consultation must be presented to the infectious disease specialist as soon as possible. The student must comply with the management decision and is responsible for payment of services associated with the follow-up care. Annual TST clinics for continuing students will be provided during orientation at the College.

Students are strongly encouraged to receive an annual flu shot. Each year the Office of Student Services provides a flu clinic where students may receive a flu vaccine. The clinics are generally held during late October or early November depending upon accessibility of the flu vaccine.

IMMUNIZATION RECORD

PART I

Name Last Name First Name
Address Street City State Zip

PART II - TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER. (Provide dates of immunizations-mm/dd/yy.)

A. M.M.R. (Measles, Mumps, Rubella-two doses required or a positive MMR antibody titer.)

- 1. Dose 1 given at age 12-15 months or later...#1 / /
2. Dose 2 given at age 4-6 years or later, and at least one month after first dose...#2 / /
Rubeola #1 / / #2 / / #3 / /
Mumps #1 / / #2 / / #3 / /
Rubella #1 / / #2 / / #3 / /

or 3. MMR antibody / / Reactive Non-reactive (Attach copy of lab report.)

B. TETANUS, DIPHTHERIA & PERTUSSIS (Primary series with DTaP or DTP and booster with Tdap or TD in the last two years meets requirement.)

- 1. Primary series of four doses with DTaP or DTP #1 / / #2 / / #3 / / #4 / /
2. Tetanus-Diphtheria (TD-within the last two years) / /
or 3. Tetanus, Diphtheria & Pertussis (Tdap) / /

C. POLIO (Primary series in childhood meets requirement; three primary series schedules are acceptable.)

- 1. OPV alone (oral Sabin three doses) #1 / / #2 / / #3 / /
2. IPV alone (injected Salk four doses) #1 / / #2 / / #3 / / #4 / /
3. IPV/OPV sequential IPV #1 / / IPV #2 / / OPV #3 / / OPV #4 / /

D. VARICELLA (Either a history of chicken pox, two doses of vaccine given within two months of each other, or a positive Varicella antibody titer.)

- 1. History of Disease Yes No Age or Year
2. Immunizations a. Dose #1...#1 / /
b. Dose #2, given at least one month after first dose...#2 / /
3. Varicella antibody / / Reactive Non-reactive (Attach copy of lab report)

E. HEPATITIS B (Three dose Hepatitis B series plus a positive antibody titer - Hepatitis B surface antibody [anti-HBs] meets the requirement)

- 1. Immunization Dose #1 / / Dose #2 / / Dose #3 / /
2. Hepatitis B surface antibody Date / / Reactive Non-reactive (Attach copy of lab report)

F. TUBERCULOSIS

- 1. Tuberculin skin test within the past 3 months (after June 1, 2007). Date / / Neg Pos mm induration (horizontal diameter) mm
2. If results positive, chest X-ray required. Date / / Normal Abnormal (Attach copy of lab report)
3. If INH therapy administered, provide documentation.
4. Date of BCG / /

HEALTH CARE PROVIDER

Name Address

Signature Phone



Please have your official scores sent to NEOUCOM no later than April 1, 2008. Priority will be given to candidates with earlier scores.

**IX. Honors, Extracurricular Activities, Employment**

Under the appropriate categories, indicate and explain in detail all of your honors, activities, and work experiences. Explanations could include reasons for the award, duties of the offices, responsibilities on the job, nature of activities, etc.

	Title of Award, Activity, Position, Company, Etc.	Hours Spent per Week and Dates	Explanation
Academic Honors			
Community or Other Honors			
College Activities and Offices			
Community Activities			
Paid Medical Employment			
Volunteer Medical Employment			
Paid Non-Medical Employment			
Volunteer Non-Medical Employment			
Hobbies and Interests			

X. If you have any military service, complete the following:  
 Branch of Service \_\_\_\_\_ Highest Rank \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

XI. Father (living <input type="checkbox"/> deceased <input type="checkbox"/> )  Name _____ Occupation _____ State of Residence _____ Education/College _____ Ages of your Brothers _____	Mother (living <input type="checkbox"/> deceased <input type="checkbox"/> )  _____ _____ _____ _____ Ages of your Sisters _____
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**XII. Community:**

Indicate the type and name of the community where you spent **most** of your pre-college years. Indicate the type of community by choosing the correct letter or letter-number configuration from the categories listed below and placing them in the designated area.

**Type:**

- Large Metropolitan Area (100,000) people or more
- A-1 Inner city
- A-2 Other city area
- A-3 Suburb
- B Small City (50,000-99,999)
- C Large Town (10,000-49,999)
- D Small Town, Rural Area, Reservation (1-9,999)

Birth to age 7: \_\_\_\_\_

Ages 8 - 13: \_\_\_\_\_

Ages 14 - 18: \_\_\_\_\_

**XIII. Recommendations:** The Admissions Committee has specified that each applicant must submit recommendations under Option A or Option B below, not both options. If your undergraduate school had a Premedical/Preprofessional Committee, you **must** submit Option A. Please complete appropriate information for you by marking an "X" by A or B and completing the names under the Option you have selected. All recommenders, except the Premedical/Preprofessional Committee (if a standard format is already prepared by the Committee), must use NEOUCOM Recommendation Forms, which are enclosed in this NEOUCOM Clinical Advanced Standing Application packet.

OPTION A

OR

OPTION B

1. Undergraduate Premedical/Preprofessional Committee Recommendation.

1. Name of Academic Performance Recommender from undergraduate school who knows your ability to complete a science-oriented, medical curriculum.

\_\_\_\_\_

2. Name of Present Academic Dean

2. Name of Present Academic Dean

\_\_\_\_\_

**XIV.** Have you ever been convicted of, or pleaded guilty or no contest to, any criminal offense (including traffic violations) in a court of law? If yes, please explain fully below or on an attached statement of explanation.

Yes  No

**XV.** Were you ever the recipient of any action (e.g., dismissal, disqualification, suspension, etc.) by any college or medical school for: (1) unacceptable academic performance or (2) conduct violations? If "YES," explain fully in the "Personal Comments" section. Be specific including offenses, dates, etc...

Yes  No

**XVI. Personal Comments**

In this space, write an essay describing yourself as a person, a medical student and a physician-to-be.

XVII. Do you have a relative who is or was a member of the NEOUCOM faculty, staff, student body, or alumni?  Yes  No  
 If yes, please provide the name of faculty/staff/student/graduate \_\_\_\_\_  
 Your relationship to this person \_\_\_\_\_

XVIII. **Ohio Residency Information**

- A. Are you applying as a bona fide resident of Ohio?  Yes  No If no, which state? \_\_\_\_\_  
 B. Are you applying as a citizen of the United States?  Yes  No  
 Are you applying as a permanent resident of the United States?  Yes  No  
 If U.S. permanent resident, indicate country of citizenship: \_\_\_\_\_ Visa Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_

**Sections C through E below should be completed only by those applying as Ohio residents:**

C. Below please write **all** of the addresses where you were/will be **physically residing** (not necessarily permanent address) from September 1, 2005, to September 1, 2008, if you are not presently attending a foreign medical school. **If you are attending a foreign medical school, please list all of your addresses from 12 months prior to your enrollment in a foreign medical school through September 1, 2008.**

No. & Street	City & State	From (Mo/Da/Yr)	To (Mo/Da/Yr)

D. Below please write all of the addresses where your parent(s) or legal guardian was/will be **physically residing** (not necessarily permanent address) from September 1, 2005, to September 1, 2008, if you are not presently attending a foreign medical school. **If you are attending a foreign medical school, please list all of their addresses from 12 months prior to your enrollment in a foreign school through September 1, 2008.**

No. & Street	City & State	From (Mo/Da/Yr)	To (Mo/Da/Yr)

A. If you or your parent(s)/legal guardian have lived/will live outside the State of Ohio during any times listed above (other than vacations and short trips), please complete the following questions:

		No	Yes	Which State?
1. Did or will you file a state income tax return in:	2005	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2006	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2007	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2008	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Did or will your parent(s) or legal guardian file a state income tax return form:	2005	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2006	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2007	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2008	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Did or will your parent(s) or legal guardian claim you as a dependent on their income tax return in:	2005	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2006	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2007	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2008	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Did or will your parent(s) provide the majority of your financial support in:	2005	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2006	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2007	<input type="checkbox"/>	<input type="checkbox"/>	_____
	2008	<input type="checkbox"/>	<input type="checkbox"/>	_____

5. If you answered **no** to any of the years of #4 above, please indicate how you did or will support yourself.

2005 \_\_\_\_\_  
 2006 \_\_\_\_\_  
 2007 \_\_\_\_\_  
 2008 \_\_\_\_\_

6. Are you being considered an Ohio resident **for tuition purposes** at the college/university you presently attend?  
 Yes  No  Not applicable Reason: \_\_\_\_\_

**XIX. Information Transfer Authorization**

As an applicant, I authorize the development of personal data files in the NEOUCOM Admissions Office. If accepted as a student, I also authorize the development of my confidential student file in Academic and Student Affairs, Alumni, Minority Affairs, and Finance. Only persons with a legitimate educational interest will be allowed access to my file. Beyond this I understand that my confidentiality will be maintained within the limits of the law. I authorize the two-way flow of information between my college(s)/university(ies) and the College of Medicine throughout my application to and participation in the NEOUCOM program. I request that the Admissions Committees and the Committee on Academic and Professional Progress Committees initiate those evaluation procedures necessary for the review of my application and for the ongoing review of my continuation in the NEOUCOM program if I am accepted. I authorize the use of my personal data files for continuing longitudinal studies. Information derived from research and evaluation procedures, both cognitive and noncognitive, will be confidential and a part of my personal data files releasable only in aggregate form for educational studies.

\_\_\_\_\_  
Signature

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**XX. Essential Functions Required for Admission, Continuation and Graduation**

I certify that I have read and understand the list of Essential Functions Required for Admission, Continuation and Graduation and that I am capable of meeting these essential functions with or without accommodations.

Yes             No

**XXI. Certification:** Please read this certification carefully and affix your signature on the bottom.

I affirm that the information that I have provided on this application form is complete and accurate. I understand that any misrepresentation of facts on this application may be cause for refusal of admission, cancellation of registration, and/or suspension or dismissal from the College of Medicine. I also understand that NEOUCOM may require a criminal background check on all applicants offered acceptance to the College, this acceptance is conditional pending the result of a background check, to be done at my cost.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO THE APPLICANT:** Please deliver this form directly to the individual named on your application.

Name of Applicant \_\_\_\_\_  
(please print)

**TO THE RECOMMENDER:** Please complete Parts I and II of this form for the applicant named above and forward it, postmarked no later than **April 1, 2008**, to:

Clinical Advanced Standing Admissions  
Office of Admissions  
Northeastern Ohio Universities College of Medicine  
4209 St. Rt. 44, P.O. Box 95  
Rootstown, OH 44272-0095

**NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE  
RECOMMENDATION FOR ADMISSION**

**Part I. Please mark an "X" next to the statements that apply to this applicant.**

1. In what capacity have you been associated with the applicant?  
 Lecture instructor       Classmate  
 Lab instructor       Socially  
 Academic advisor       Other (Explain) \_\_\_\_\_
  
2. How well do you know the applicant?  
 Very well  
 Fairly well  
 Slightly  
 Not at all
  
3. Has there been any evidence that would lead you to question this applicant's integrity or behavior under stress?  Yes  No  
If yes, explain: \_\_\_\_\_
  
4. To your knowledge, was there ever any disciplinary or other action involving this applicant which might indicate unsuitability for the study and practice of medicine?  Yes  No  
If yes, explain: \_\_\_\_\_
  
5. What would be your attitude toward having this applicant in a responsible position under your direction?  
 Unable to judge       Would be satisfied to have  
 Definitely would not want       Would want  
 Would prefer not to have       Definitely would want
  
6. Please indicate your feelings of the possible future of this applicant. (Check as many as apply.)  
 Applicant will probably not be able to complete a rigorous medical program.  
 Applicant will experience serious problems in medical school and should perhaps make a different career choice.  
 Applicant will need to work hard but will make it in medical school and should have no problems as a physician.  
 Applicant will perform satisfactorily in medical school and will be a doctor to whom I would entrust my own health.  
 Applicant will perform at the honors level in medical school and will be a renowned physician.  
 Unable to judge.
  
7. How would you rate this applicant overall as compared to all the medical school applicants you have known?  
 Unacceptable       Above average  
 Below average       Highly acceptable  
 Acceptable       Unable to judge



**TO THE APPLICANT:**

Please deliver this form directly to the individual named on your application.

Name of Applicant \_\_\_\_\_  
(please print)

**TO THE RECOMMENDER:** Please complete Parts I and II of this form for the applicant named above and forward it, postmarked no later than **April 1, 2008**, to:

Clinical Advanced Standing Admissions  
Office of Admissions  
Northeastern Ohio Universities College of Medicine  
4209 St. Rt. 44, P.O. Box 95  
Rootstown, OH 44272-0095

**NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE  
RECOMMENDATION FOR ADMISSION**

**Part I. Please mark an "X" next to the statements that apply to this applicant.**

1. In what capacity have you been associated with the applicant?  
 Lecture instructor       Classmate  
 Lab instructor       Socially  
 Academic advisor       Other (Explain) \_\_\_\_\_
  
2. How well do you know the applicant?  
 Very well  
 Fairly well  
 Slightly  
 Not at all
  
3. Has there been any evidence that would lead you to question this applicant's integrity or behavior under stress?  Yes  No  
If yes, explain: \_\_\_\_\_
  
4. To your knowledge, was there ever any disciplinary or other action involving this applicant which might indicate unsuitability for the study and practice of medicine?  Yes  No  
If yes, explain: \_\_\_\_\_
  
5. What would be your attitude toward having this applicant in a responsible position under your direction?  
 Unable to judge       Would be satisfied to have  
 Definitely would not want       Would want  
 Would prefer not to have       Definitely would want
  
6. Please indicate your feelings of the possible future of this applicant. (Check as many as apply.)  
 Applicant will probably not be able to complete a rigorous medical program.  
 Applicant will experience serious problems in medical school and should perhaps make a different career choice.  
 Applicant will need to work hard but will make it in medical school and should have no problems as a physician.  
 Applicant will perform satisfactorily in medical school and will be a doctor to whom I would entrust my own health.  
 Applicant will perform at the honors level in medical school and will be a renowned physician.  
 Unable to judge.
  
7. How would you rate this applicant overall as compared to all the medical school applicants you have known?  
 Unacceptable       Above average  
 Below average       Highly acceptable  
 Acceptable       Unable to judge

