# SHPC logo.pngME_logo_final.pngMedical Experience Program

### *Spring 2013 Application*

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | | |  | | | | | | First | | |  | | | | | | | M.I. | | |  | | Date | |  | | | |
| Campus Mailbox # | | | |  | | | | | | | | | | | | | Cell Phone # | |  | | | | | | | | | | | | | |
| E-mail Address | | |  | | | | | | | | | | | | | | | | | | Cumulative GPA | | | | | | | | | | | |
| What is your Spring 2013 semester status?  (Place an ‘x’ in the appropriate box.) | | | | | | | | | [ /4] or [ /5] | | | | |  | | | Are you on Co-Op Spring 2013 semester? | | | | | | | | | | | YES [] | | NO [] | | |
| What is your major? | | | | Chemistry [] | | | | Chemical Biology [] | | | | | | | | Biomedical Engineering [] | | | | | | | |  | | | | | | | | |
| Have you ever applied for this program? | | | | | | | | | YES [] | | NO [] | | | | | If so, when? | | | | | | | | | | | | | | |  | |
| Are you certified as a volunteer at Hoboken University Medical Center? | | | | | | | | | YES [] | | NO [] | | | | | **If not, you MUST attend the orientation at Hoboken University MC** | | | | | | | | | | | | | | |  | |
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| Extracurricular information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On Campus Activities *(Please be brief.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| From | |  | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| From | |  | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| Off Campus Activities *(Please be brief.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| From |  | | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| From |  | | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| Employment *(Please be brief.)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| From | |  | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
| From | |  | | | To | |  | | | Title | | |  | | | | | Description | | | | |  | | | | | | | | | |
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| Medical interests | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please briefly describe why you are interested in medicine. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release.  Please save this application as “Last Name\_First Name\_SHPC\_MEP\_APP2013.docx” and email it to [meprogram@gmail.com](mailto:meprogram@gmail.com). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electronic Signature | | | | | |  | | | | | | | | | | | | | | Date | | | | | |  | | | | | |