

Alabama Medical Education Consortium Application page 1 of 4

PLEASE TYPE

AMEC Use _____

I am applying for admission to _____ Medical school _____ Dental school

Name <i>(last, first, middle, suffix)</i>		Maiden or Previous Last Name <i>(if applicable)</i>		Social Security Number	
Resident Address			Mailing Address <i>(if different from Resident Address)</i>		
Street			Street or Box		
City, State, Zip			City, State, Zip		
First Time Applying to AMEC? (circle) Yes No			AMEC Application Plan <i>(medical applicants, only)</i>		
If NO, Indicate Other Year(s) Applied			Partnership Traditional Unknown		
Telephone			E-Mail Address		
Birthdate (mm/dd/yyyy)		Gender (Circle) Male Female		Place of Birth	
Race (Circle) African American American Indian Asian Caucasian Other (specify)					Hispanic Origin (Circle) Yes No
Are you a U.S. citizen? (Circle) Yes No			If NO, are you a permanent U.S. resident? (Circle) Yes No		
Family information		Living? (Circle)	Occupation	State of Residence	Education - College or Highest Level
Father		Yes No			
Mother		Yes No			
Guardian <i>(if applicable)</i>		Yes No			
Is any family member a physician or dentist? Yes, physician Yes, dentist No		If YES, please list degree and relationship to applicant.			

Have you ever been convicted of a felony or misdemeanor? <i>(Exclude parking violations.)</i> Yes No		If YES, please explain.	
Have you had any U.S. military experience? Yes No		If YES, was your discharge honorable? Yes No	

Education data – Personal and Professional background and information

Current Educational Status (circle)	Undergraduate Student: Sophomore Junior Senior
	Graduate Student Not currently a Student

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High School information – list in chronological order

Name of High School – City and State	Dates attended	Graduated? (circle)	Honors courses and / or advanced placement courses taken (If none were offered, so indicate)
		Yes No	
		Yes No	
		Yes No	
		Yes No	

Year of High School Graduation	Overall H.S. GPA	ACT Score	SAT Score
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Did you take college courses while in high school? Yes No	If YES, please indicate institution, courses, and grades received: _____ _____ _____
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Honors/Awards Received

Leadership Roles

In what volunteer or school activities did you participate?

College and University information – list in chronological order

Name of College/University – City and State	Dates attended	Graduated? (circle)	Degree and Year	GPA	Major Subject (list Minor subject under Major if needed)
		Yes No			
		Yes No			
		Yes No			
		Yes No			

College and University information – continued

Honors/Awards Received
Leadership Roles
In what volunteer or school activities did you participate?

Employment or Work Experience (especially medically-related) – list in chronological order

Name of Employer – City and State	Dates of employment	Brief description of duties

Have you ever shadowed a healthcare professional? (circle) Yes No	Briefly describe
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MCAT Scores (medical applicants, only)						
Mo.	Yr.	V.	PS	W.	Bio.	Cum.

For AMEC use

Date Entered Pre-Med Program and university attending
Expected Date of Matriculation to Medical School

DAT Scores (Dental applicants, only)									
Mo.	Yr.	Perceptual	Quantitative Reasoning	Reading Comprehension	Biology	General Chemistry	Organic Chemistry	Total Science	Academic Average

Personal Comments - List any explanations, comments, or additional information you believe is pertinent to your application, such as, but not limited to, motivation for osteopathic medicine, experiences in the medical community, strengths, weaknesses, how you handle stress, etc. Attach additional sheets if necessary.

Certification

I certify that the information submitted in this application is complete and correct to the best of my knowledge.

Signed _____ Date _____

*******Attach high school and undergraduate academic transcripts with ACT/SAT score.*******

Return to: Lucy Sowell
AMEC
PO Box 2387
Robertsdale, AL 36567