***RMA (REVIEW MY APPLICATION) FORM Spring 2020***

NOTE: Be sure to read the RMA Instructions, which is a separate document and contains important information

**SECTION 1: IDENTIFYING INFORMATION**

Name:

UGA ID:

Home State of Residence if U.S. citizen or Permanent Resident:

Country if international (F1):

Cumulative GPA:

BCPM GPA if you know it: (we can calculate this for you during your RMA meeting)

MCAT score if taken; if not, when planned:

Please check any and all boxes for programs you may decide to apply to:

[ ] MD [ ] MD/PhD [ ] DO [ ] DO/PhD [ ] MD/MPH

*Please double click in the header and enter your name and ID number, so all pages will have your name. Thanks very much.*

**SECTION 2: DISCLOSURES**

Medical schools will require you to answer the following questions. These can be sensitive issues. However, medical schools expect and appreciate honesty and learning from all experiences, so if you are unsure if something needs to be disclosed, list it here so that we may help you and provide advice.

a. Do you wish to be considered disadvantaged by medical schools? (If Yes, please describe)

[ ] Yes [ ] No

b. Have you ever been the subject of Institutional Action? (If Yes, please describe)

[ ] Yes [ ] No

c. Do you have a Felony or Misdemeanor on your record? (If Yes, please describe)

[ ] Yes [ ] No

**SECTION 3: WORK AND ACTIVITIES (15 EXPERIENCES or ACHIEVEMENTS)**

List your experience type as one of these:

|  |  |
| --- | --- |
| Community Service/Volunteer – Medical/Clinical | Teaching/Tutoring/Teaching Assistant |
| Community Service/Volunteer – Not Medical/Clinical  | Leadership (if not listed elsewhere)  |
| Physician Shadowing/Clinical Observation | Extra-Curricular Activities |
| Paid Employment - Medical/Clinical | Artistic Endeavors |
| Paid Employment - Not Medical/Clinical  | Hobbies |
| Research/Lab | Other |
| Honors/Awards/Recognitions |  |
| Publications  |  |
| Presentations/Posters |  |

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

Most Meaningful Experience #1 Remarks):

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

Most Meaningful Experience #2 Remarks:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

Most Meaningful Experience #3 Remarks:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

 Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

 Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

1. Experience Type:

Experience Name:

Contact Name, Title:

Contact Email:

Organization Name:

City, State, Country:

Contact Phone:

Dates (Start/finish dates):

Total Hours completed or expected to complete:

Experience Description:

*If you have additional experiences or achievements, you may add them, and later choose which to include in your actual application.*

**SECTION 4: WHO WILL YOU ASK TO WRITE A LETTER OF RECOMMENDATION?**

You can add more than 3 individuals if you'd like.

1. Name:

Title:

How this individual knows you:

2. Name:

Title:

How this individual knows you:

3. Name:

Title:

How this individual knows you:

**SECTION 5: WHICH SCHOOLS DO YOU THINK YOU WILL APPLY TO?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | School | State | Average Overall Accepted | Average BCPM Accepted | Average Accepted MCAT | % of In-State Students | % Out-of-State Students |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |
| 16. |  |  |  |  |  |  |  |
| 17. |  |  |  |  |  |  |  |
| 18. |  |  |  |  |  |  |  |
| 19. |  |  |  |  |  |  |  |
| 20. |  |  |  |  |  |  |  |

**SECTION 6: PERSONAL ESSAYS, THOUGHTS**

1. We all are shaped by our experiences. How has your family and/or community influenced your life?

2. What personal qualities will you bring to the practice of medicine?

3. Have you had a situation where you failed or faced adversity? What did you learn?

4. Have you worked with or had to advocate for someone who is different from yourself?

5. What role have your health care experiences had in your decision to be a physician?

6. What role has research had in your preparation for medicine?