

Health Professions
Recommendation
Committee
Information and
Instructions
2009-10

The Health Professions Recommendations Committee at Tufts is a faculty committee whose role is to write composite letters of recommendation for those Tufts students and alumni applying to health professions schools. All of the medical, dental, optometry and podiatry schools to which you apply will prefer (or even require) a committee letter. (Veterinary schools do not typically want a committee letter except Tufts University Cummings School of Veterinary Medicine.) Therefore, the work you do with the HPRC is an important piece of your application process.

The HPRC is composed of the following individuals:

	<u>Department</u>	<u>Phone</u>	<u>Email</u>
Bernheim, Harry*	Biology	3187	harry.bernheim@tufts.edu
Chew, Frances	Biology	3189	frances.chew@tufts.edu
Cochrane, David	Biology	3197	david.cochrane@tufts.edu
DeBold, Joe	Psychology	5901	joe.debold@tufts.edu
Ellmore, George	Biology	3188	george.ellmore@tufts.edu
Fuhrman, Juliet	Biology	3183	juliet.fuhrman@tufts.edu
Levine, Steve	Civil Eng.	2212	stephen.levine@tufts.edu
Mistry, Jayanthi	Child Devel	2038	jayanthi.mistry@tufts.edu
Napier, Austin	Physics	3009	austin.napier@tufts.edu
Oliver, William	Physics	5364	william.oliver@tufts.edu
Peattie, Rob	Biomed Eng.	0907	robert.peattie@tufts.edu
Phillips, Joanne	Classics	2039	jh.phillips@tufts.edu
*Committee chair			

Applicant Handbook

Students applying to health professions schools in 2009 should be sure to read the *Applicant Handbook* on-line at <http://uss.tufts.edu/hpa/ApplicationProcess> . The handbook gives an overview of the application process, important dates and deadlines, and a suggested timeline. Additional copies of this packet can also be found at that site. Carol Baffi-Dugan, Program Director for Health Professions Advising, and Shirley Smith, Associate Director, can be reached at carol.baffi-dugan@tufts.edu or shirley.smith@tufts.edu. Appointments can be scheduled by calling 617-627-2000. The Administrative Support staff that assist in the process can be reached at hprc@ase.tufts.edu.

A STEP-BY-STEP OUTLINE OF THE WORK YOU WILL DO WITH THE Health Professions Recommendation Committee:

- 1) **By April 1, 2009:** Submit a completed registration sheet (see attached) along with the signed waiver to the Dowling Hall Service Desk marked "Attn: HPRC."
- 2) **By May 1:** Have submitted on your behalf letters of recommendation (see attached) from four to five individuals. One must be from a Tufts professor who has taught you. A composite letter will not be written without at least three letters, one from a Tufts ASE faculty member.
- 3) **By May 1:** Contact an HPRC faculty member to be your interviewer and report to us (hprc@ase.tufts.edu) who your interviewer will be. Report the date of the interview as well.
- 4) **By May 1:** Have copies of any non-Tufts college transcripts sent to your HPRC file. Your photocopies are acceptable.
- 5) **May 1- September 15:** Interview with a member of the HPRC. No later than 48 hours prior to your interview you must submit a resume and a draft of the essay you will be writing for your application to your HPRC file. You may drop it off at the Dowling Student Service Desk, marked "Attn: HPRC." If a file is incomplete (missing letters, resume, essay or other transcripts) at interview time, the interview will be automatically cancelled and the student will have to reschedule with the interviewer.
- 6) **July through September:** Complete the "Request for Letters to Be Sent" pink form, along with the appropriate fee, and paperwork to the Student Service Desk marked "Attention: HPRC" when you are asked to send letters to schools.
- 7) Out of courtesy, please notify your HPRC interviewer when you receive an acceptance.

****LETTERS WILL NOT BE AVAILABLE BEFORE AUGUST 1****

ALL STUDENTS SHOULD PLAN FOR A 4 TO 6 WEEK TIME PERIOD BETWEEN THE HPRC INTERVIEW AND THE POINT AT WHICH LETTERS ARE READY TO BE SENT. WE CANNOT GUARANTEE A SHORTER TURN-AROUND TIME BECAUSE OF THE MANY STEPS INVOLVED.

Due date: April 1

Health Professions Recommendation Committee Registration Sheet

Name: _____ Date _____

Student I.D. #: _____ Major: _____

School/Year of Graduation: _____

Other schools where you completed science coursework (unofficial transcripts must be sent to the HPRC): _____

Cell Phone: () _____ Perm. Home Phone: () _____

Permanent email (used twelve months a year): _____

<input type="checkbox"/> Allopathic Medicine (M.D.)	<input type="checkbox"/> Veterinary Medicine (D.V.M.)
<input type="checkbox"/> Osteopathic Medicine (D.O.)	<input type="checkbox"/> Optometry (O.D.)
<input type="checkbox"/> Dental Medicine (D.M.D.)	<input type="checkbox"/> Podiatry (D.P.M.)

Recommendations I plan to submit: **
(Please inform us if you make any changes to this list)

(Five letters are suggested, at least one of which must be from a Tufts ASE faculty member. Others may be from professors, employers, internship supervisors, coaches or others who can provide an objective evaluation of you.)

Name (Please Print)	Email	Date Received <small>(office use only)</small>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

****You are responsible for insuring that letters are in your file no later than May 1**
**** Please see Part II of this form.**

Interviewer: _____ date: _____ (office use only)

REGISTRATION SHEET PART II:

WAIVER OF RIGHT TO VIEW CONFIDENTIAL COMPOSITE
LETTER OF RECOMMENDATION

by the Tufts Health Professions Recommendation Committee

I, _____

(please print)

authorize the Tufts University Health Professions Recommendation Committee to write a confidential composite letter of recommendation to be sent to all clinical health professions schools to which I am applying. I understand that this letter of recommendation may only be forwarded to clinical health professions schools and military scholarship programs. Letters cannot be forwarded to third parties including but not limited to employers, graduate schools other than health profession schools, or other educational programs.

My signature indicates I waive my right to future access to this composite letter.

Student Signature _____

Date _____

STATEMENT OF UNDERSTANDING

I understand that in the event that I am charged with falsification or other irregularity in dealing with the Health Profession Recommendation Committee (HPRC) or health professions schools the chair of the HPRC may refer the matter to the appropriate health professions schools association, individual health professions school and/or the Tufts Judicial officer. In the event that I am found guilty of this charge by the Tufts Judicial Officer, a report of the finding will be sent by their office to the chair for forwarding to the appropriate health profession schools association or individual health profession schools.

Signature _____

Date _____

Individual Recommendation Form

Name of Applicant _____

Degree/Major _____

Tufts I.D. #: _____

Applicant E-mail Address: _____

I (please print), _____, hereby authorize _____ to write a confidential letter of recommendation to be used on my behalf for (please indicate purpose of letter and waiver rights by checking line(s) below):

_____ Employment Purposes

_____ Application to Graduate Study (other than Health Professions)

_____ Application for admission to health professions schools

_____ I agree to waive my right to have future access to this letter.

_____ I do not agree to waive my right to have future access to this letter.

Student signature: _____

Date: _____

To the Recommender:

In your appraisal, please describe in what context you know the student. Also please comment upon the student's intelligence, attitude, humanitarianism, thoroughness, work ethic, integrity, ability to follow directions, ability to get along with others, and other qualities that will help assess the candidate for consideration by a graduate program or employer. For those applying to programs in the health professions, please note this will be used in writing a composite letter of recommendation requested by health professions schools. The composite letter will include quotes from individual letters such as yours submitted on the student's behalf. Your letter will only be sent to health professions schools and military scholarship programs in conjunction with the composite letter. Letters will not (cannot) be forwarded to third parties including but not limited to employers, graduate schools other than health professions schools, or other educational programs, unless designated above.

Please note that we can not guarantee the confidentiality of your response unless the student has signed the waiver section on this form, and this form is returned to us.

Please do not write on the back of this form, but rather attach your own letterhead.

Please address letters and return to: Tufts University, Administrative Support, Dowling Hall, 419 Boston Avenue, Tufts University, Medford, MA 02155.

Health Professions Recommendation Committee
Request for letters to be sent
(This will not be accepted before July)

Student Name: _____

Tufts I.D.# _____

AAMC or VMCAS # _____

Medical School applicants:

Please print out the AMCAS status screen that specifies that your application has been processed. *Write the non-AMCAS schools to which you have applied.*

Please print out the AACOMAS screen that specifies that your application has been forwarded to individual schools.

Dental School applicants:

Please list Carol Baffi-Dugan on the AADSAS application as the individual to whom the Evaluation Request should be sent. Also print out the list of dental schools to which you have applied.

Veterinary School applicants:

Please list Carol Baffi-Dugan as the individual from whom your committee packet will be coming. For TUSVM, please register Carol Baffi-Dugan as the individual who will be completing your committee letter of recommendation. Only one listing is necessary since the committee packet will include all letters. Please also provide a list of the schools to which you are applying.

Please enclose a check (payable to the Trustees of Tufts College) for \$25 to process and send your letters.

Student signature _____

Date _____

*Please allow 4-6 weeks after your HPRC interview for your letters to be ready. NO LETTERS WILL BE READY PRIOR TO AUGUST 1. This form will be returned to you if it is not completed accurately or not accompanied by the fee and documents.

This form is on pink paper in the Dowling Lobby.

