



MPH Program Application Guidelines

MPH APPLICATION FOR THOSE APPLYING TO MEDICAL SCHOOL AND SEEKING THE CONCURRENT MPH DEGREE (MD/MPH)

Please review these guidelines and make certain that you understand them for they are designed to assist you in presenting the strongest and most timely application possible. An application must be completed with all supporting documentation before the MPH Program Admissions Committee can review it.

A completed application file includes:

- ❑ Completed and signed MPH application for medical school applicants, including personal statement and essay. Please note that some of your AMCAS information will be used as part of your MPH application.
- ❑ Supporting Documents:
 - One completed and signed Applicant Recommendation Forms
 - \$45.00 non-refundable Application Fee (check or money order)
 - Signed Applicant’s Checklist form

The AMCAS information will provide us with the remaining relevant information. When your AMCAS application is received in the Office of Admissions, it will become a part of your medical school application file and the MPH program application file.

The completed application should be sent to:

SUNY Downstate Medical Center
Office of Admissions
450 Clarkson Avenue, Box 60
Brooklyn, New York 11203-2098

718-270-2446



Please note that both the AMCAS and MPH applications must be submitted at the same time to the Office of Admissions. The MPH applications will be reviewed beginning in February for June MPH entrants. You will be notified within 6-8 weeks of review.

Applicant Do's:

- **DO** be certain that you have completed the MPH application form for medical school applicants applying for a concurrent MPH degree.
- **DO** use the application checklist to ensure that you have enclosed and submitted all the appropriate materials to the SUNY Downstate Medical Center Office of Admissions.
- **DO** enclose the application fee for the MPH Program with the application packet.
- **DO** make certain that materials are legible and easy to read. Whenever possible, type your application and accompanying documents.
- **DO** call the MPH program office at 718-270-1065 if you are unclear about any aspect of the admissions process.
- **DO choose recommenders whom you believe will represent you well – one who can speak to your abilities and your interests or experiences in public health .** Make certain that your recommender understands the need to be specific in addressing your strengths, skills, qualifications, and background. A letter from the recommender, in addition to a completed recommendation form, is often helpful in providing information about you. **Applicants must submit one letter of recommendation unless your AMCAS evaluations speak directly to your interest or experience in public health.**

Applicant Do Nots

- **DO NOT** submit recommendations from people who do not know you in an academic or professional capacity.
- **DO NOT** forget that you must indicate why you are interested in obtaining a degree in public health in your personal statement.
- **DO NOT** be dismayed by the public health essay if you are not a public health professional. The Admissions Committee is interested in how you problem solve and express your ideas in writing.



APPLICANT EVALUATION FORMS

Applicants must submit one letter of recommendation unless your medical school premedical letter or letters of recommendation speak directly to your interest or experience in public health.

Please complete your portion of the Applicant Evaluation Form and be sure to include your name and address on the enclosed envelope. Then forward these forms as soon as possible to the individuals you have listed on your application form. Recommenders might include, but are not limited to the following:

- 1. an undergraduate or graduate school advisor
- 2. an employer/supervisor
- 3. an instructor in your major field
- 4. a professional colleague

Please ensure that the individuals you have selected return the recommendation directly to the Admissions Office, **with the recommender's signature across the seal.**





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Application fee: \$45

I am applying for admission for: Summer _____ Year _____

Application deadline for Summer: February 15th. (MD/MPH Students are only eligible for Summer Semester admission.)

Note: If you intend to pursue the medical school (MD) concurrent degree, you must complete the both the MPH application for the MPH in Urban Health and AMCAS for your primary program through the College of Medicine.

IDENTIFICATION INFORMATION

 (LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR, III, ETC.)

If you have worked or have educational records under a different name, please give former name(s)

Social Security Number _____

Date of Birth _____ Sex: []Female []Male
Month/Date/Year

Mailing Address

(NUMBER AND STREET) (APT. NO.)

(CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

Home Telephone _____ Daytime Telephone _____

E-mail address _____

****Must Complete****

Please indicate how often you check your e-mail. _____

Permanent Address(if different from above)

(NUMBER AND STREET)

(CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

Citizenship/Residency Information

Current Status: [] U.S. Citizen [] Permanent Resident(provide copy of card)
 [] Temporary visa holder, specify visa category (F-1, H-1, etc.) _____
 (attach photocopy of INS document)

PLEASE NOTE: If you are a permanent resident or temporary visa holder, a copy of your alien registration card or visa must be submitted with your application.

Are you a New York State resident for tuition purposes? Yes No The guidelines for NYS residency for tuition purposes is listed on the Office of Admissions section of the website.

Length of time living in New York State (Month/Years) _____

If you wish to identify yourself as a member of an ethnic/racial group, please indicate:

- African-American, Non-Hispanic Caucasian
 Hispanic/Latino(a) Native American/Alaskan Native
 Asian Hawaii/Pacific Island
 Other _____

REFERENCES

(Refer to the Application Instructions for listing references)

Last Name	First Name	Title	Organization, Hospital or School
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Last Name	First Name	Title	Organization, Hospital or School
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Last Name	First Name	Title	Organization, Hospital or School
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APPLICANT'S SIGNATURE

I have read and understand the Admissions Brochure instructions. I certify that the information submitted in this application and associated material is complete, accurate and correct to the best of my knowledge.

Applicant Signature

Date

Admission to SUNY Downstate Medical Center is based on the qualifications of the applicant. SUNY Downstate Medical Center does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, sexual orientation, religion, marital status or status as a disabled veteran on the Vietnam era. Responses on this application to questions of race, sex, and date of birth are voluntary and are used for statistical purposes only.

PLEASE MAKE CERTAIN YOU READ AND RESPOND TO THE REQUIRED STATEMENTS (PERSONAL STATEMENT AND ESSAY) ON THE FOLLOWING TWO PAGES.

WRITING REQUIREMENTS FOR APPLICATION TO THE MASTER OF PUBLIC HEALTH PROGRAM. Applicant-prepared written materials provide a more complete picture of an individual's problem solving and writing skills. The personal statement also provides an opportunity for the applicant to present her or his public health strengths. As such, The Committee on Admissions requires each applicant to complete **two (2)** specific writing assignments: 1) a personal statement, and 2) a public health essay – a response to a public health situation or issue. Both writing assignments are to be a minimum of 500 words and a maximum of 1,500 words typed. A description of each follows.

PERSONAL STATEMENT

Your personal statement should be typed and contain a minimum of 500 words and a maximum of 1,500 words. The personal statement should address your interest and any experiences in public health. Please note that you do not have to have specific experiences or expertise in the field of public health to be considered for admission. However, you must explain your interest in public health and what you hope to achieve by obtaining an MPH. Make certain that you write clearly and correct grammatical or spelling errors. The Committee on Admissions weighs all aspects of the Personal Statement when considering your application. **Please use separate sheets of paper for your personal statement, number the pages, and make certain that you include your name on each sheet.**

ESSAY

The Committee on Admissions understands that while some applicants to the MPH Program have public health experience, others do not. As such, the Committee does not expect you, the applicant, to respond as an expert might. Nevertheless, the Committee wishes to gain some understanding of how you might approach a public health issue.

Please select **ONE** example from among the three (3) presented below and prepare an essay of a minimum of 500 words and a maximum of 1,500 words. Please note that two (2) of the issues present a specific example, while the third allows you to select a topic of your choosing and address it.

Examine the issue or situation and then present your thoughts on how you might go about addressing that issue/situation, or some aspect of that issue/situation. Please note that you can present a solution wherein you work alone or with other individuals or organizations. Make certain that you write clearly and correct for any grammatical or spelling errors. **Please use separate sheets of paper for your essay, number the pages, and make certain that you include your name on each sheet.**

Example #1. Many women fear mammograms, a radiographic test whose purpose is to detect the presence of possible breast cancer. Yet, mammograms have been shown to be important in the early detection and subsequent treatment of breast cancer. The director of an urban community-based organization comes to you seeking your help to create a mammography awareness campaign in her community. Propose a plan that would assist her in reaching women of different racial and ethnic groups in her community and raising their awareness of the need for such screening.

Example #2. Men are often more reluctant to seek health care than women. Yet, their health issues demand prevention and intervention action if they are to live healthy and productive lives. You have decided to use a popular local workout center to engage young men in seeking proper health care. What do you propose to engage them to take action and see their health care provider for a check-up?

Example #3. Please select a public health issue/problem of your own choosing and present one possible approach to addressing that issue/problem.



LETTER OF RECOMMENDATION

(Applicant Please Print)

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR., III, ETC)

Social Security Number _____

Date of Birth _____

Sex: Female Male

If you have educational records under a different name, give your former name(s)

*Applicant: In accordance with the provision of the Family Education Rights to Privacy Act of 1974;
I hereby waive do not waive my right of access to the attached letter of recommendation.*

Signature of Applicant

Date

(NOTE: If you waive the right of access to review this letter of recommendation it will remain confidential; If you check not to waive access to this letter, you may review the recommendation after you are a matriculated student at SUNY Downstate)

TO THE RECOMMENDER

The person whose name appears above is applying for admission to the SUNY Downstate Medical Center Master of Public Health Program. The Office of Admissions seeks your opinion regarding the applicant and your judgment regarding the applicant's ability to successfully complete advanced study in this field. Please know that your help is appreciated and that the Admissions Committee will give your recommendation.

- In what capacity have you known the applicant?
Teacher Advisor Employer/Supervisor Other _____
- How long have you known the applicant?
Less than one year 1-3 years 3-5 years more than 5 years
- Please assess the applicant to other students or employees whom you have known in a similar capacity.

Academic Performance	Outstanding (Top 2%)	Superior (Top 10%)	Good (Top 1/3)	Fair (Top 50%)	Poor Bottom Third	Not Observed
Intellectual ability						
Motivation for proposed field of study						
Oral communication						
Written communication						
Interpersonal skills						
Integrity						
Maturity						
Leadership skills						
Overall evaluation as an applicant for graduate study						

A narrative description or letter of the applicant's strengths and weakness is most helpful. Use the reverse side or a separate sheet if desired.

Name of Recommender _____ Signature _____
Title _____ Organization _____
Address _____

Description of applicant's strengths, weakness, and capacity for graduate study.

Signature of Recommender: _____

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SCHOOL AND SEEKING THE CONCURRENT MPH DEGREE
(MD/MPH)**

Applicant's Checklist

Dear MPH Program,

I have read all applicable instructions and am submitting a complete application. The following items are enclosed.

- A fully completed and signed Application Form with both essays.
- One Applicant Evaluation Forms in sealed envelopes with the recommenders' original signatures on the recommendation forms and/or letters and across the envelope seals
Applicants must submit one letter of recommendation unless your AMCAS evaluations speak directly to your interest or experience in public health.
- A check or money order for forty-five dollars, payable to SUNY DOWNSTATE Medical Center.

In addition, it is my responsibility to ensure that the following are forwarded directly to the Office of Admissions:

- Recommendation letter has been forwarded and received by the Admissions Office.

ADDITIONAL QUESTION

Where/how did you hear about the MPH Program at SUNY Downstate Medical Center _____.

I am enclosing this checklist with my completed application. If you need further information, please contact me at () _____ - _____ or by e-mail at: _____

Sincerely,

Signature & Date