

Consent.

Electronic Signature/FERPA Confidentiality Statement

By placing my initials in the box below, I give the University of Kentucky College of Medicine and my university's pre-medical advisory committee permission to access and review my application for the Early Assurance Program.

test

Q2. Which EAP program are you applying to?

- Lewis Honors College - Lexington Campus
- RPLP – Morehead Campus
- Bowling Green Campus
- Northern Kentucky Campus

Q3.4. Please select your current College/University from the list below - NKY campus applicants only

Northern Kentucky University ▼

Header. **Applicant Information**

Q-. Name

First name

Test

Middle Name

Test

Last name

Test

Q6. Date of Birth (mm/dd/yyyy)

11/08/2005

Q81. Gender

Male

Q10. E-Mail Address

sampletest@gmail.com

Q11. Are you a U.S. citizen or lawful permanent resident?

Yes

No

Q12. Permanent Address

Street Address

ewyert

City

wtewe

State

KY

Zip Code

40536

Q13-0. Is your mailing address the same as your permanent address?

Yes

No

Q14. Cell Phone Number (XXX-XXX-XXXX)

875-965-9898

Header - Edu. **Education Information**

Q15. Major

Biology

Q16. 2nd Major *if applicable*

Q17.
Minor(s) *if applicable*

Q18. Classification

Sophomore ▼

Q19.
Transcript Entry

Please upload transcripts from any/all college-level courses that you have completed, including final grades received, at an accredited institution. Please upload each institution's transcript as a separate PDF document.

Q19.1. Please use the upload space below for any additional transcripts

Q19.2.
Please use the upload space below for any additional transcripts

Q19.3.
Please use the upload space below for any additional transcripts

Header. **Criminal History**

Q20. Have you ever been convicted of a felony?

Yes

No

Q22. Have you ever been convicted of a misdemeanor?

Yes

No

Q24.1.

References

In the space below, please provide two professional references. **One must be a science-department faculty member, and the other must be a science or non-science faculty member who can speak to your academic, professional, and personal attributes.**

After you submit this application, your references will receive an email from kymedap@uky.edu with a secured link to upload their PDF letters. It is the applicant's responsibility to check whether your references have received the email. If not, please provide [this link](#) for them to upload the letters.

It is the responsibility of the applicant to ensure that the following references submit a letter of recommendation, blinded to the applicant, directly to the UK College of Medicine, by the designated deadline.

This question was not displayed to the respondent.

Q24. Reference #1 (Science Faculty)

Name	Reference full name
Department	reference's department
College/University	Reference's college
Email Address	sampletest@uky.edu
Phone Number	859-999-9999

Q25. Reference #2 (Science/Non-Science Faculty)

Name and Title	Reference 2 full name
Department (if applicable)	Reference 2 department
College/University	Reference 2 college
Email Address	Ssampletest2@uky.edu
Phone Number	859-888-8888

Q26.

Waiver of Liability:

I authorize and give full consent for the persons named on the application as well as the faculty members and administrators serving on the Early Assurance Advisory Committee to provide a reference for me. I realize this reference may be positive or negative and, regardless of its contents, I release the faculty, staff, and administrators from any and all liability.

I authorize

Header PS.

Personal and Professional Experiences

Please use the following questions to tell us more about yourself, including your philosophies, goals, and overall personal and community-based experiences.

Q27.

Why are you interested in the Early Assurance Program? *(Please limit your response to no more than 4000 characters)*

This is a sample.

Q29.

Describe your commitment to living, studying, and ultimately practicing in Kentucky. *(Please limit your response to no more than 4000 characters)*

This is a sample.

Q30.

Given that many of Kentucky's health outcomes are below national averages, the mission of the University of Kentucky College of Medicine is to provide excellence in education, equitable health care and transformative

research to improve the health and wellness of Kentuckians. Please describe how your career goals could contribute to this mission. (Please limit your response to no more than 1000 characters)

This is a sample.

Q31.

Physicians can improve their patient health outcomes when they appreciate their patients' cultural backgrounds. Please describe how your background, life experiences and/or cultural identity will enable you to care for the diverse population of Kentucky in the future. (Please limit your response to no more than 700 characters)

This is a sample.

Q32.

Please include any additional details about yourself and/or an experience that you think is important for the committee to know. (Please limit your response to no more than 700 characters)

This is a sample.

Q33.

List extracurricular activities (organization, role, dates, descriptions) (Please limit your response to no more than 700 characters)

This is a sample.

Header DI.

Demographic Information

Q34. Ethnicity Self-Identifiers

- Hispanic or Latino
- Non Hispanic or Latino
- Prefer not to disclose

Q35. Racial Self-Identifiers

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- White
- Other
- Prefer not to disclose

Q36.
Are you a First Generation College Student?

Yes ▼

Q37.
Have you ever, or are you currently serving in our Military Armed Forces?

Yes ▼

Q38. You have reached the end of the application. If you need to make any changes please do so now. Once your application is submitted, you will not be able to go back in and make any changes. If you're ready to submit, please click the arrow below.