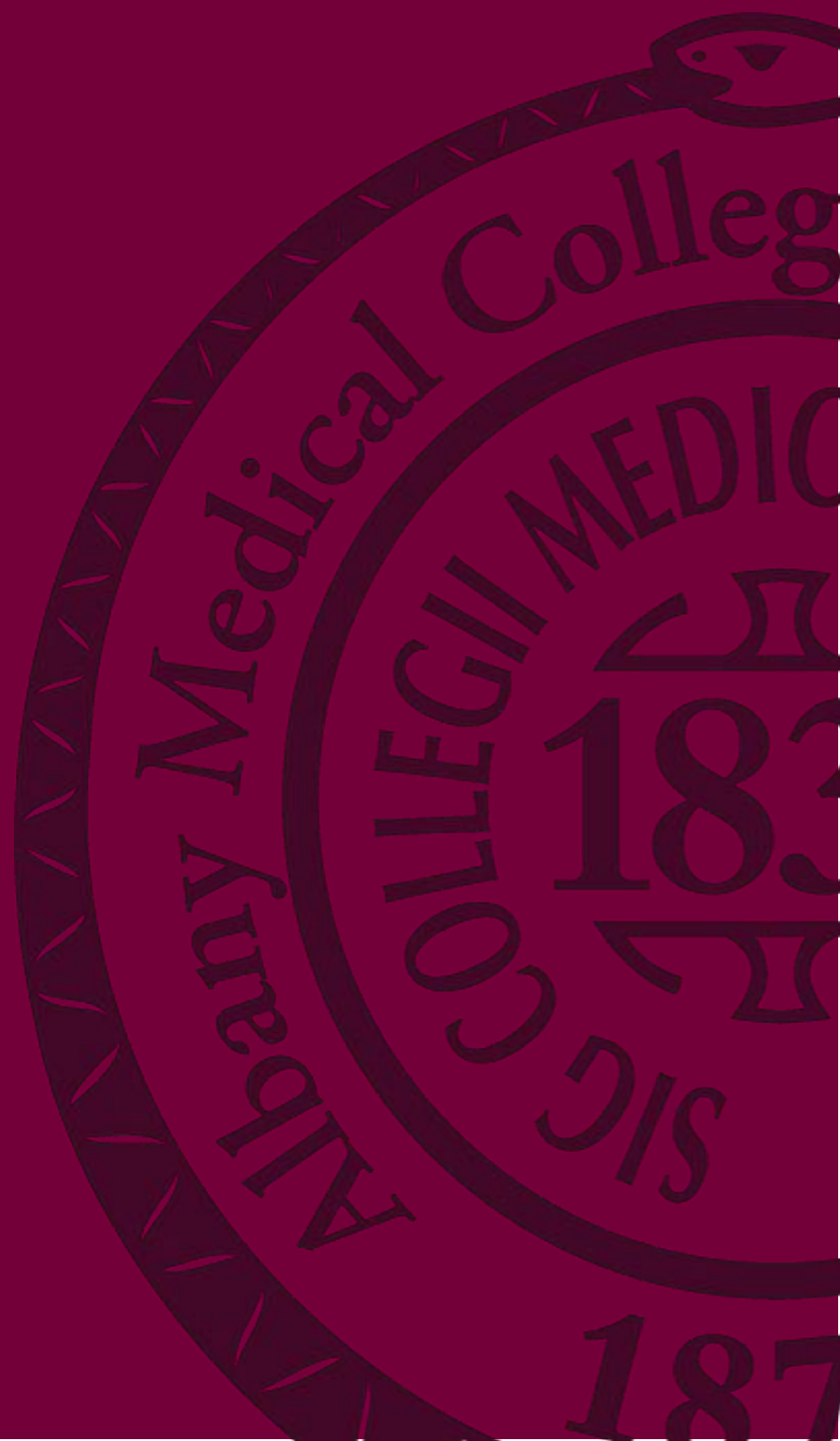


# EARLY ASSURANCE APPLICATION



ALBANY  
MEDICAL  
COLLEGE

## Early Assurance Program Overview

This program at Albany Medical College is for promising rising juniors who are planning to enroll in medical school immediately following their undergraduate education. Students accepted to the program will be held a seat for the class matriculating to Albany Medical College in Fall 2025 and will not need to sit for the MCAT exam.

Students in the program are expected to meet the following standards to remain in good standing:

- Successful completion of each of the following with related laboratory experience. Additional laboratory and research experiences are valued:
  - ❖ Biology (*please visit the Albany Medical College Admissions website for a list of acceptable courses*)
  - ❖ Chemistry/Organic Chemistry/Biochemistry (*please visit the Albany Medical College Admissions website for a list of acceptable courses*)
  - ❖ Physics
- Albany Medical College expects that applicants will have taken at least one to two upper-level rigorous science electives showing willingness to challenge themselves.
- Students must maintain a semester and overall grade point average of 3.50 or above, in both general course work and the sciences.
- Students will participate in a clinical experience of at least 250 hours. Examples of clinical experiences include but aren't limited to Patient Care Associate (PCA), Nurse's Aide, or medical scribe.
- Students are expected to conduct themselves professionally and maintain the academic standards of the Early Assurance program. Albany Medical College will review student progress on a semi-annual basis.
- Acceptance to the Early Assurance program is a binding reciprocal agreement. Albany Medical College will reserve a place in the class matriculating in the Fall of 2025, the student will not apply to any other medical schools. The pre-health advisory committee will not support any application to another medical school for students enrolled in the Early Assurance program.

## Prior to matriculation

Albany Medical College requires entering medical students to provide updated medical records including vaccination status. More details on the exact deadline, process of submission and updated requirements will come prior to matriculation. Additionally, all students are required to receive an annual flu vaccine.

Failure to comply with the items above may result in dismissal from the program.

To completely and carefully evaluate your candidacy for admission, the Albany Medical College Admissions Committee requests that all applicants complete an application for the Early Assurance Program. Please follow all directions to ensure successful submission of your application.

**The following are due back by July 1st:**

1. Fully completed application e-mailed to:  
**Divya Pitamber**  
AMC Special Programs Coordinator  
[pitambd@amc.edu](mailto:pitambd@amc.edu)
  
2. Letters of recommendation:
  - a. A letter of support from the Pre-Medical Committee or Advisor
  - b. Up to 4 letters of support (minimum 3) from the following:
    - One science professor (two letters preferred)
    - One non-science professor
    - A letter from a supervisor from a substantial activity that you have done or are currently engaged in. For example, a research PI, supervisor of volunteer activity, or manager at work.

Your letter-writers should submit letters by email directly to:

**Divya Pitamber**  
AMC Special Programs Coordinator  
[pitambd@amc.edu](mailto:pitambd@amc.edu)

3. Official transcript showing complete grades from Freshman and Sophomore year, mailed to:

**Albany Medical College**  
Attn: Special Programs MC-3  
47 New Scotland Ave  
Albany, NY 12208

4. Application Fee of \$130.00 (unless officially waived)  
Make checks payable to:

**Albany Medical College**  
Attn: Special Programs MC-3  
47 New Scotland Ave  
Albany, NY 12208

**2023 Application for the Albany Medical College  
EARLY ASSURANCE PROGRAM**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

LEGAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ARE YOU A US CITIZEN OR PERMANENT RESIDENT? (CIRCLE CHOICE)      YES                  NO

RACIAL/ETHNIC SELF-DESCRIPTION \_\_\_\_\_

PARENT/GUARDIAN 1 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PARENT/GUARDIAN 2 \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**Enter the names and locations of all secondary schools and colleges attended**

School	Address (City, State)	Dates of Attendance

## SHORT ESSAYS

- A) Please address your motivation for a career in medicine. (No more than 500 words)**

*Type your response here:*

- B) Describe your reasons for wanting to participate in an early assurance program specifically. (no more than 500 words)**

*Type your response here:*

- C) Describe yourself. (No more than 250 words)**

*Type your response here:*

- D) What non-academic challenge have you had to overcome? (No more than 500 words)**

*Type your response here:*

- E) Please include a proposal (no more than 1000 words) for achieving the following goals and objectives through specific academic and extracurricular activities. Please address the following:**

- a. Identify clinical experiences to date and plans for obtaining additional experience including direct patient care experience.
- b. Include specific information on planned activities for your junior and senior years and how these activities will enhance your capacities as a future physician.

*Type your response here:*

- F) Is there anything else you would like the admissions committee to know when reviewing your application? If so, please use the space provided. (250 words)**

*Type your response here:*

**TEST SCORES – UNIVERSITY WILL VERIFY THESE SCORES**

SAT I	Score	ACT	Score
Math		English	
Verbal		Math	
Writing		Reading	
		Science	
		COMPOSITE	

**OTHER ACTIVITIES**

To the best of your ability, estimate the total number of hours you spent participating in each activity over the duration of your involvement. If the number of different experiences under any one of these categories listed exceeds the space provided, report only those where you have spent the most time.

Healthcare Related Experience	Experience Description	Dates	Estimated Hours	Paid or Volunteer?
Non-Healthcare Related Experience (e.g. work experience, clubs, leadership roles, etc.)	Experience Description	Dates	Estimated Hours	Paid or Volunteer?

## **MOST MEANINGFUL EXPERIENCES**

Identify three experiences that you consider the most meaningful. When considering which experiences are the most meaningful, you may want to consider the transformative nature of the experience: the impact made while engaging in the activity and the personal growth experienced because of your participation. Space is provided to summarize why this experience has been selected as one of the most meaningful.

**Experience:**

**Organization:**

**Location:**

**Start Date:**

**End Date:**

**Total Hours:**

**Describe the experience and why it is one of your most meaningful experiences:**

**Experience:**

**Organization:**

**Location:**

**Start Date:**

**End Date:**

**Total Hours:**

**Describe the experience and why it is one of your most meaningful experiences:**

**Experience:**

**Organization:**

**Location:**

**Start Date:**

**End Date:**

**Total Hours:**

**Describe the experience and why it is one of your most meaningful experiences:**

## DISCLOSURES

If any of your relatives attended the Albany Medical College, please list their names, relationship to yourself, and year of graduation (list only parents, grandparents, siblings or spouse).

Name	Relationship	Year of Graduation

If your parents or guardians are currently employed by Albany Medical Center, please list their name(s) and date of hire.

Name	Date of Hire

Have you ever been convicted of a felony or misdemeanor?

Yes    No

If the answer is yes, please provide a complete explanation here: