



## Non-Academic Information

Honors:

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Research and Voluntary Work:

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Have you ever been subjected to a disciplinary action by any college or university, such as, dismissal, disqualification, suspension or misconduct?

Yes  No  If yes, explain:

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Have you applied to SJBSOM before? Yes  No  If Yes, When? \_\_\_\_\_

How did you know about the SJBSOM?

Newspaper  Internet  Radio  Fair  Friend  Other  \_\_\_\_\_

## School Credentials

San Juan Bautista School of Medicine is:

- Authorized by the Council on Higher Education of Puerto Rico to offer the Medical Doctor's Degree. **CHEPR**, P.O. Box 19900 San Juan, PR 00910-1900, Tel.: (787) 724-7100, Fax (787)725-2150.
- Recognized by the **Board of Medical Examiners of Puerto Rico**. P.O. Box 13969, San Juan, PR 00908. Tel.: (787)782-8949 / Fax:(787) 792-4436.
- Accredited by The Commission on Higher Education of the Middle States Association of Colleges and Schools (**MSCHE**). The MSACHE is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for the Higher Education Accreditation. MSACHE, 3642 Market Street, Philadelphia, PA 19104, Tel.: (215) 662-5605.
- Accredited by The Liaison Committee on Medical Education (**LCME**). The LCME is the nationally recognized accrediting authority for medical education programs leading to the M.D. degree in U.S. and Canadian medical schools. The LCME is sponsored by the Association of American Medical Colleges and the American Medical Association. American Medical Association , 515 North State Street, Chicago, IL 60610. Phone: 312-464-4933, fax: 312-464-5830. [www.lcme.org](http://www.lcme.org)

## Certification

The information above may be provided to military services (Solomon amendment) for student recruiting. By signing this application you are authorizing us to provide your directory information such as address, telephones, email, date and place of birth, level of education, previous universities and degrees received. If you wish to have your information withheld, you should include a no release letter with this application.

I certify that the information given is complete and accurate to the best of my knowledge. Any information given which is false or fraudulent will be sufficiently enough to disqualify me as a candidate or as a student of San Juan Bautista School of Medicine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

San Juan Bautista School of Medicine does not discriminate on basis of place of birth, sex, ethnic group, age, color, origin, social status, physical handicaps, political or religious beliefs, sexual preferences, or civil status. We believe in the integrity of human beings and their freedom to decide the field of action in which they want to perform.