

Medical Program Transfer Admissions Application

Physical Address: SJBMC Road 172, Caguas to Cidra, Turabo Gardens, Caguas PR 00725

Mailing Address: P.O. Box 4968 Caguas, PR 00726-4968

Tel: 787-743 3038 Ext. 236

Fax: 787-746 3093

www.sanjuanbautista.edu

Personal Information

Citizenship: ____

Primary language: _____

DOCUMENTS REQUIRED:

- □ Non-refundable certified check or money order for \$100.00 (non-refundable)
- □ Official transcript from the medical school where the candidate completed the first two years of Biomedical Sciences
- □ Official transcripts from all institutions attended (undergraduate and graduate)
- □ Official Certification of the USMLE Step I. * The Admissions Committee will only consider one attempt results.*
- □ Dean's letter using the MSPE form (Medical Student Performance Evaluation), which must certify the applicant current status

Social Security #:_____

Other languages:

- □ Two (2) letters of recommendation from medical school attended
- □ One (1) letter of recommendation from a community leader
- □ A letter indicating his/her interest to be considered in our Institution
- □ Criminal Background Check from the state you are currently studying medicine

Last Name:			Middle Name:	First Name:	
Permanent Address: _					
City:		State:	Zip Code:		
Mailing address (if diffe	erent than ph	ysical):			
E-mail:			Home Phone:		
Cellular Phone:			Legal Residence	:	Visa Status:
Birth Date: Month	Dav	Year	Place of birth:		Sex:

Education

Medical School										
Name (Public/Private)								Biomedical Sciences Completion Date		
GPA: USMLE Score: How many times have you taken the USMLE?										
Post Secondary										
School (Public/Private)	City	State/ Province	Country	Date	Program Level	Major	Minor	Degree	GPA	

Non-Academic Information
Honors:
Research and Voluntary Work:
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:
Have you applied to SJBSOM before? Yes No If Yes, When?
How did you know about the SJBSOM? Newspaper
Newspaper D. Internet D. Radio D. Fail D. Friend D. Other D.
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
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. 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.

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.

Date

Signature