



PONCE HEALTH SCIENCES UNIVERSITY

OFFICE OF ADMISSIONS

PROCEDURE TO APPLY

- Please retain this instruction page for your records.
- Print clearly and complete all items on the application.
- Keep a photocopy of your completed application form and other materials you submit. Application materials may not be returned or duplicated for personal use.
- You must notify the Admissions Office of any changes in your address, e-mail and phone numbers.

PLEASE PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- Three letters of recommendation (form provided) from college professors or individuals familiar with your professional work and skills. Must be sent directly to the Admissions Office by the concerned professors or individuals. If applying for the Professional Certificate in Family & Couples Therapy, only two letters are required.
- Official transcript (in English) from all universities attended. Must be mailed directly to the Admissions Office by the concerned university.
- Official scores of professional tests:
 - GRE - for admission to the Doctoral Program in Biomedical Sciences and Doctor of Public Health GRE or EXADEP - for admission to the Doctoral Program in Clinical Psychology (PsyD & PhD-Psy) GRE, EXADEP or MCAT - for admission to the Master in Public Health
 - For official scores & information visit: GRE & EXADEP www.ets.org, MCAT www.aamc.org
- Copy of professional license - for admission to the Professional Certificate in Family & Couples Therapy only.
- US \$50.00 non-refundable application fee - Check or MO payable to Ponce Health Sciences University.
- Certificate of No Penal Record "Certificado Negativo de Antecedentes Penales"

Mail your completed application to:
Ponce Health Sciences University
Office of Admissions
PO Box 7004
Ponce PR 00732

Or bring to:
Ponce Health Sciences University
Office of Admissions
Student Affairs Building 388 Urb.
Industrial Reparada 2
Ponce PR 00716

DEADLINES:

PhD Biomedical Sciences	January 15
Clinical Psychology	March 15
Public Health	May 30
Family & Couples Therapy	September 30
Master of Science in Medical Sciences	May 30

PONCE HEALTH SCIENCES UNIVERSITY is accredited by:

Council of Education of the Commonwealth of Puerto Rico (CE)
Middle States Commission on Higher Education (MSCHE)
Liaison Committee on Medical Education (LCME)

American Psychological Association (APA)
Council on Education for Public Health (CEPH)
Accreditation Council for Graduate Medical Education (ACGME)
Accreditation Council for Continuing Medical Education (ACCME)

<p>Please select academic program desired:</p> <p><input type="checkbox"/> Doctoral Program in Biomedical Sciences (PhD)</p> <p><input type="checkbox"/> Doctoral Program in Clinical Psychology <input type="checkbox"/> PsyD <input type="checkbox"/> PhD-Psy</p> <p><input type="checkbox"/> Doctoral Program in Public Health - Epidemiology (DrPH)</p> <p><input type="checkbox"/> Master in Public Health (MPH) <input type="checkbox"/> General <input type="checkbox"/> Epidemiology <input type="checkbox"/> Environmental</p> <p><input type="checkbox"/> Master of Sciences in Medical Sciences (MSMS)</p> <p><input type="checkbox"/> Professional Certificate in Family & Couples Therapy</p> <p><input type="checkbox"/> Postgraduate Certificate in Neuroscience of Learning</p>	<p>For official use only</p> <p>Date received:</p> <p>Fee paid: <input type="checkbox"/></p> <p>Type of payment:</p>
---	---

PERSONAL & CONTACT INFORMATION										
Last Name		Mother's Maiden Last Name			First Name		Middle Name			
Social Security Number					Email address					
Permanent Home Address					City		State		Zip Code	
Current Mailing Address (if different)										
Cell Phone					Home Phone					
Emergency contact: Name					Relationship		Phone number			
Father's Name					Occupation					
Mother's Name					Occupation					
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			Spouse's Name			Spouse's Occupation				
Date of Birth		Birthplace		Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Are you a US veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not US citizen, country of citizenship		Type of VISA

(Bachelor, Master, MD, etc. - List in Chronological Order)

(Bachelor, Master, MEd, etc. List in Chronological Order)				
Name of Institutions Attended	Dates		Degree Awarded & Major	Date Degree Awarded
	From	To		
Name & location of High School			Graduation Date	<input type="checkbox"/> Private <input type="checkbox"/> Public

[illegible]

KNOWLEDGE OF LANGUAGES

LANGUAGES	READING			WRITING			SPEAKING		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
SPANISH (Compulsory)									
ENGLISH (Compulsory)									
Other									

Academic honors:

Research work and publications:

Community service and/or volunteer work:

PROFESSIONAL WORK EXPERIENCE

Name & address of employer	Position or Job Title	Date of Employment
Years at present position	Total years of professional experience	

FOR OUR STATISTICS:

Please indicate your ethnicity (your response will be kept confidential and will provide data to the federal government in compliance with the Title VI of the Civil Rights Act of 1964):

☐ Hispanic ☐ White, non-Hispanic ☐ Black, non-Hispanic ☐ Asian or Pacific Islander ☐ American Indian / Alaskan Native ☐ Other

PLEASE READ AND SIGN

I certify that all the information I have supplied in this application is true and complete. I understand that falsifying and/or giving incorrect information in this application may be considered for denial of admission or, if admitted, immediate suspension from Ponce Health Sciences University. I promise to abide and respect the norms and regulations of Ponce Health Sciences University. I understand that all documents submitted for admission purposes will become permanent property of Ponce Health Sciences University.

Applicant's Signature

Date

Applications for admission are considered on the basis of each applicant's qualifications without regard to race, color, gender, creed, political or sexual orientation, national origin, age or handicap.
Ponce Health Sciences University reserves the right of admission.

PERSONAL STATEMENT

Explain your interest in graduate studies and your long-range professional plans: (if necessary, you may attach an additional page)

I certify that I am the author of this Personal Statement. I understand that falsifying and/or plagiarizing is considered unethical and may result in denial of admission or suspension from Ponce Health Sciences University

Signature

Date



PONCE HEALTH SCIENCES UNIVERSITY

ADMISSIONS OFFICE

PO Box 7004 - Ponce, Puerto Rico 00732-7004 787-
840-2575 Ext 2142 - 2143
www.psm.edu admissions@psm.edu

LETTER OF REFERENCE

Applicant: Complete items 1 to 5 and give this form to a person acquainted with your education and abilities.			
1. Name of Applicant:			
2. Institution:			
3. Program of Interest:			
4. I, the applicant	<input type="checkbox"/> DO	<input type="checkbox"/> DO NOT	waive my right of access to this document
5. Signature:		Date:	

Writer: State your opinion of the applicant in the following table and in page 2 of this letter of reference.

SKILLS	Outstanding Upper 5%	Good Upper 25%	Average Upper 50%	Below Average Below 50%	Unable to evaluate
Intellectual capacity (Ability to grasp, analyze, integrate and understand complex material and concepts)					
Maturity (Adaptability, leadership)					
Judgment (Common sense, decisiveness)					
Perseverance					
Reliability/Dependability					
Self confidence					
Emotional stability					
Honesty/Integrity					
Personal relations with peers					
Ability to work with others (Rapport, cooperation, attitudes toward supervision)					
Ability for independent work					
Resourcefulness (Ability to use resources at hand and develop new ones as needed)					
Oral communication skills (Articulateness, clarity of expression)					
Written communication skills (Articulateness, clarity of expression)					
Knowledge in area of interest					
Research involvement					
Community service involvement (Volunteer service in medical or paramedical, religious, social, etc)					
Understanding of and motivation for chosen profession					
Professional Attitude					
Accountable (Liable to account for one's action)					
Overall evaluation					

State your opinion regarding the applicant's ability to carry on graduate studies:

How long have you known the applicant?	In what capacity?			
In your professional life this student ranks in the _____ percent.				
Would you feel comfortable in seeking service from or in employing this person in a professional capacity after they have completed their degree?				
Yes	Very Likely	Likely	With Reserve	Not at All
Name:		Institution:		
Signature:		Date:		
Field:		Position:		
Email:		Daytime Phone:		

PLEASE SEND TO:	PONCE HEALTH SCIENCE UNIVERSITY ADMISSIONS OFFICE PO BOX 7004 PONCE PR 00732
-----------------	---

PONCE HEALTH SCIENCES UNIVERSITY

For admission to the PhD Program in Biomedical Sciences ONLY

Supplemental Application Form

Please complete this form and submit with a CV or resume as part your application package to the Admissions Office. Answer all questions concisely and write N/A for those that do not apply to you. Application deadline is **January 15**. Students accepted into the PhD Program will be considered for appointment in the RISE program. RISE admission decisions will be made after students have been officially accepted into the PhD program. RISE support is contingent upon renewal of NIH funding.

I. Personal Information	
Name:	Email:
II. Undergraduate/Pre-graduate Information (list only accomplishments prior to entering the PSMHS Biomedical PhD Program)	
Have you ever participated in MARC, RISE, PRLSAMP or other minority research program at another institution? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, then please list location and dates:	
List your presentations of the last three years, including title, authors, meeting name, location, date and presentation-format: Publications / manuscripts (provide full citation):	
Awards received in the past three years:	
List research experiences (if not included in your CV/resume). Include a brief description, mentor, location and dates:	
III. Fellowship Information	
Have you applied for a fellowship to support your studies? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, date: _____ Institution, program: _____	
What were the outcomes: What is your current status of fellowship support? What is your future plan regarding a fellowship? What is your timeline?	
IV. Other Information	
How long (years) do you think it will take you to complete the PHSU Biomedical PhD Program? What are your plans immediately after your PhD?	
What are your long-term goals?	
V. Certification	
I affirm that the information I have provided on this application is complete, accurate and true to the best of my knowledge. I agree that as a student I will be subject to the rules and policies set for by Ponce Health Sciences University. I understand that providing false or incomplete information may result in cancellation of admission, or suspension from PHSU. I have read and understood the above statement: PHSU does not discriminate against race, color, creed, sexual orientation, ethnic origin, age or disqualifying disability.	

Mail your completed application to:
Ponce Health Sciences University
Office of Admissions
PO Box 7004
Ponce PR 00732

Or bring to:
Ponce Health Sciences University
Office of Admissions
Student Affairs Building 388 Urb.
Industrial Reparada 2
Ponce PR 00716