

MD/MPH



SUNY
DOWNSTATE
Medical Center

Want to Change your Career?
Want to Change your Community?
Want to Change your World?

**CHANGE
STARTS
HERE**



School of Public Health

Master of Public Health Application for Admission
for MD/MPH Applicants





SUNY
DOWNSTATE
Medical Center

Office of Admissions

450 Clarkson Avenue, Box 60 Brooklyn, NY 11203
Phone (718) 270-2446 Fax: (718) 270-4775
[E-mail: admissions@downstate.edu](mailto:admissions@downstate.edu)

**MPH Application for those applying to
Medical School this year and seeking the concurrent MPH degree
(MD/MPH)**

Review these guidelines and make certain that you understand them for they are designed to assist you in presenting the strongest and most timely application possible.

An application must be completed with all supporting documentation before the Admissions Committee can review it. A completed application file includes:

- ❑ Completed School of Public Health MD/MPH Program application
- ❑ A Personal Statement and a Public Health Essay
- ❑ One (1) Letter of recommendation
Note: A hard copy of this letter of recommendation must be mailed directly to the Office of Admissions. The Letter of recommendation must be addressed to the “School of Public Health Committee on Admission” and **must speak directly to your interest and/or experience in public health.**
- ❑ A \$75 non-refundable School of Public Health (SPH) application processing fee made payable to **SUNY Downstate Medical Center**
- ❑ Completed MD application for this year
- ❑ Signed Applicant’s Checklist form

The completed application should be sent to:

SUNY Downstate Medical Center
Office of Admissions
450 Clarkson Avenue, Box 60
Brooklyn, New York 11203-2098
Tel: 718-270-2446
Fax: 718-270-4775
e-mail: admissions@downstate.edu



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MD/MPH Application for Admission

Application fee: \$75

I am applying for admission for: Summer _____ (Year)

Application deadline for Summer: May 15th

Please indicate which track you intend to pursue:

- Biostatistics (BIOS)
- Community Health Sciences (CHSC) - Urban & Immigrant Health
- Environmental & Occupational Health Sciences (EOHS)
- Epidemiology (EPID)
- Health Policy and Management (HPMG)

IDENTIFICATION INFORMATION

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR, III, ETC.)

If you have worked or have educational records under a different name, please give former name(s)

Social Security or AAMC ID Number _____

Date of Birth _____ Sex: Female Male
Month/Date/Year

Mailing Address

(NUMBER AND STREET) (APT. #)

(CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

Home Telephone _____ Business Telephone _____ Cell Phone _____

E-mail address _____

****Must Complete****

How often do you check your e-mail? _____

Permanent Address (if different from above)

(NUMBER AND STREET)

(CITY) (STATE) (ZIP CODE) (COUNTRY, If other than US)

CITIZENSHIP/RESIDENCY INFORMATION (Priority will be given to U.S. citizens or Permanent Residents)

Place of Birth: _____

- Current Status: U.S. Citizen Permanent Resident (provide copy of card)
 Temporary visa holder, specify visa category (F-1, H-1, etc.) _____ (attach a copy of immigration document)

PLEASE NOTE: If you are a permanent resident or temporary visa holder, a copy of your alien registration card or visa must be submitted with your application.

Are you a New York State resident (for tuition purposes)? Yes No

The definition of a New York State resident for tuition purposes appears in the Office of Admissions section of the website http://sls.downstate.edu/admissions/application_instructions.html

If you wish to identify yourself as a member of an ethnic/racial group, please indicate:

- African-American, Non-Hispanic Caucasian Hispanic/Latino
 Asian Native American/Alaskan Native Native Hawaiian/Pacific Islander
 Other _____

Military Experience: Date of Entry _____ Date of Discharge _____ Branch of Service _____
Highest Rank _____ Months of Active Duty _____ Type of Duty _____

APPLICANT'S SIGNATURE

I have read and understand the Admissions Brochure instructions. I certify that the information submitted in this application and associated material is complete, accurate and correct to the best of my knowledge.

Applicant Signature

Date

Admission to SUNY Downstate Medical Center is based on the qualifications of the applicant. SUNY Downstate Medical Center does not discriminate on the basis of race, sex, color, creed, age, national origin, disability, sexual orientation, religion, marital status or status as a disabled veteran in the Vietnam era. Responses on this application to questions of race, sex, and date of birth are voluntary and are used for statistical purposes only.

PLEASE MAKE CERTAIN YOU READ AND RESPOND TO THE REQUIRED STATEMENTS (PERSONAL STATEMENT AND ESSAY) ON THE FOLLOWING TWO PAGES.



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WRITING REQUIREMENTS FOR APPLICATION TO THE GRADUATE PROGRAM IN PUBLIC HEALTH.

Applicant-prepared written materials provide a more complete picture of an individual's problem solving and writing skills, as well as an opportunity for the applicant to present her or his public health strengths. As such, the Committee on Admissions requires each applicant to complete a personal statement. The writing assignment should be typed and **300** words or less. A description of each follows.

PERSONAL STATEMENT

Your personal statement should be typed and contain **300** words or less. The personal statement should explain your interest in pursuing an MPH degree and what you hope to achieve by with this degree. Please note that you do not have to have specific experiences or expertise in the field of public health to be considered for admission. However, you must explain your interest in public health and what you hope to achieve by obtaining a MPH. Make certain that you write clearly and without grammatical or spelling errors. The Committee on Admissions weighs all aspects of the Personal Statement when considering your application. **Please use separate sheets of paper for your personal statement, number the pages, and make certain that you include your name on each sheet.**

PUBLIC HEALTH ESSAY

The Committee on Admissions understands that while some applicants to the Graduate Program in Public Health have public health experience, others do not. As such, the Committee does not expect you, the applicant, to respond as an expert might. Nevertheless, the Committee wishes to gain some understanding of how you might approach a public health issue.

For an essay of no more than **1,000** words, carefully choose and describe a public health issue/problem in which you have an interest and present at least one possible approach to addressing that issue/problem.

In your essay we would like you to carefully describe the issue or situation, using and citing current references to substantiate your arguments. Then present your thoughts on how you might go about addressing some aspect of it. Please note that you can present a solution wherein you might work as an individual, or with other people or organizations. We expect you essay to be clearly written and that you have carefully checked it for grammar and spelling. **Please use separate sheets of paper for your essay, number the pages, and make certain that you include your name on each sheet.**



LETTER OF RECOMMENDATION

(Applicant Please Print) If you have educational records under a different name, give your former name(s)

(LAST NAME) (FIRST NAME) (MIDDLE INITIAL) (JR., III, ETC)
Date of Birth _____ Sex: Female Male

Applicant: In accordance with the provision of the Family Education Rights to Privacy Act of 1974(Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below.

I hereby Waive Do not waive my right of access to the attached letter of recommendation.

Signature of Applicant **Date**

(NOTE: If you waive the right of access to review this letter of recommendation it will remain confidential.)

TO THE RECOMMENDER

The person whose name appears above is applying for admission to the SUNY Downstate Medical Center Graduate Program in Public Health. The Office of Admissions seeks your opinion regarding the applicant and your judgment regarding the applicant's ability to successfully complete advanced study in this field. Please know that your help is appreciated and that the Admissions Committee will give your recommendation.

1. Nature of relationship with applicant?
 Professor/Teacher Advisor Employer/Supervisor Other _____
2. If you have received a public health degree, please answer the following two questions.
a) Public Health School/Program from you which you graduated: _____
b) Degree received and Department: _____
3. How long have you known the applicant?
 Less than one year 1-3 years 3-5 years more than 5 years
4. How well do you know the applicant?
 Very well Moderately Minimally Not at all
4. Please assess the applicant to other students or employees whom you have known in a similar capacity.

Academic Performance	Outstanding (Top 5%)	Superior (Top 10%)	Good (Top 1/3)	Fair (Middle 1/3)	Poor (Bottom 1/3)	Not Observed
Intellectual ability						
Motivation for proposed field of study						
Oral communication						
Written communication						
Interpersonal skills						
Integrity						
Maturity						
Leadership skills						
Overall evaluation as an applicant for graduate study						

Continued on other side

Recommendation concerning admission:

- I recommend this applicant with enthusiasm
- I recommend this applicant with confidence
- I recommend this applicant
- I recommend this applicant, but with some reservations
- I am not able to recommend this applicant

A narrative description or letter of the applicant's strengths and weakness is most helpful. Use the reverse side or a separate sheet if desired.

Name of Recommender _____ Signature _____

Title _____ Organization _____

Address _____

Description of applicant's strengths, weaknesses, and capacity for graduate study.

Signature of Recommender: _____

Date: _____



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MD/MPH Applicant's Checklist

Applications for the MD/MPH concurrent program are accepted for the Summer semester ONLY and must be completed by May 15th.

Dear School of Public Health,

I have read all applicable instructions and am submitting the following:

- Completed School of Public Health MD/MPH Program application
- One (1) Letter of recommendation
Note: A hard copy of this letter must be mailed directly to the Office of Admissions.
 The Letter of recommendation must be addressed to the "School of Public Health Committee on Admission" and must speak directly to your interest and/or experience in public health.
 Please print the name of the person who will be submitting this letter:

- A Personal Statement and a Public Health Essay
- A \$75 non-refundable application processing fee made payable to **SUNY Downstate Medical Center**
- A completed MD application for this year
- Signed Applicant's Checklist form

ADDITIONAL QUESTION:

Where/how did you hear about the School of Public Health at SUNY Downstate Medical Center?
 _____.

I am enclosing this checklist with my completed application. If you need further information, please contact me

at () _____ - _____ or by e-mail at: _____

Sincerely,

Applicant Signature

Date