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

MPH Application for MD/MPH Applicants

I am applying for admission for: Summer _____ (Year)  
Application deadline for Summer: May 15th

Please select your primary choice of study:  
☐ Biostatistics (BIOS)  
☐ Community Health Sciences (CHSC) - Urban & Immigrant Health  
☐ Environmental & Occupational Health Sciences (EOHS)  
☐ Epidemiology (EPID)  
☐ Health Policy and Management (HPMG)  
☐ Please check this box if you are applying to the Advanced Certificate in Public Health Program

Placement in applicant’s primary choice of study may not always be possible. Therefore, please indicate your second and third choice of study from the list above:

Second Choice of Study: _____________________________  
Third Choice of Study: ______________________________

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)

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.**
WRITING REQUIREMENTS FOR APPLICATION TO THE SCHOOL OF 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 School of 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

TO THE RECOMMENDER

The person whose name appears above is applying for admission to the SUNY Downstate Medical Center School of 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 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

5. How would you rate your personal knowledge of the student?
   I know the student:  □ only from course grades   □ not well at all   □ moderately well
   □ fairly well   □ very well (have had individual conversations with the student)

6. Please assess the applicant to other students or employees whom you have known in a similar capacity.

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<thead>
<tr>
<th>Academic Performance</th>
<th>Outstanding (Top 5%)</th>
<th>Superior (Top 10%)</th>
<th>Good (Top 1/3)</th>
<th>Fair (Middle 1/3)</th>
<th>Poor (Bottom 1/3)</th>
<th>Not Observed</th>
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<td>Intellectual ability</td>
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<td>Motivation for proposed field of study</td>
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<td>Oral communication</td>
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<td>Maturity</td>
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<td>Leadership skills</td>
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<td>Overall evaluation as an applicant for graduate study</td>
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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: ___________________________
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 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