

# C.A.G.S. Health Professions Education The School for Health Studies, Simmons College

## APPLICATION FOR ADMISSION

September 2007

*Application and ALL required materials must be received by the deadline date, not postmark date, of June 1, 2007.*

All applicants must submit the following materials in **one envelope** (except TOEFL scores) to the Office of Admission of the School for Health Studies:

- Application
- Current resume
- Letter of intent
- A non-refundable application fee of \$50. The check should be made payable to Simmons College. Please print your name at the top of the check.
- All official undergraduate and graduate transcripts (**whether or not a degree was awarded or if the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit**) Student copies are not considered official. **Allow ample time to request transcripts so that you can submit them by the deadline date.**
- If you were born outside of the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. Passport.
- **Please note:** We require two letters of recommendation (one from an employment supervisor and one from a faculty member) **on letterhead stationery with original signatures in signed, sealed envelopes. These individuals should not represent a single facility or institution.** If you are self-employed, the recommendations should come from outside your employment setting from persons you have collaborated with on professional activities or to whom you have referred patients.

**Sent separately:**

- Official TOEFL score from the Educational Testing Service (ETS) for all applicants whose first language is not English, taken within the past two consecutive years. Copies of student score reports are not acceptable. The TOEFL requirement is based on native language not citizenship status.

\* *Due to U.S. immigration policies, students requiring an F-1 student visa must be enrolled full time; this program is part time. Taking classes as a non degree student is not possible.*

### REQUIRED INFORMATION (continued on next page)

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Name: Last (Surname)                      First (Given)                      Middle                      Former

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Permanent Mailing Address: Street

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City                      State                      Postal Code

Date of Birth (month/day/year) \_\_\_\_\_ Place of birth \_\_\_\_\_ Male / Female

Resident Alien Number (if applicable) A \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Do you currently have a U.S. visa? \_\_\_\_\_ no      \_\_\_\_\_ yes If so, which type? \_\_\_\_\_

First (native) Language \_\_\_\_\_

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Phone Number: Days (area code)                      Phone Number: Evenings (area code)

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Email Address (**our primary form of communication**)                      Fax Number (area code)

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### REQUIRED INFORMATION (cont.)

#### Letter of Intent

In one or two pages, please provide the following: your professional goals, your reasons for pursuing the C.A.G.S. Health Professions Education program, and your expected outcomes in completing the certificate.

#### Working knowledge and use of computer software

Please indicate your skill level for each item: 1 for independent, 2 for familiar (needs occasional assistance)  
3 for novice (frequent assistance), 4 no knowledge

- |   |  |
|---|--|
| <input type="checkbox"/> Word Processing (Word, Word Perfect) | <input type="checkbox"/> Literature Searches (PubMed, ERIC, Ovid)                |
| <input type="checkbox"/> Database Management (Access, Excel)  | <input type="checkbox"/> Statistical Analysis (SPSS, SAS)                        |
| <input type="checkbox"/> Presentation (PowerPoint)            | <input type="checkbox"/> Communications (E-mail, Internet Navigation, Chat Room) |

#### How did you learn about the C.A.G.S. Health Professions Education program?

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#### Optional Information

The School for Health Studies seeks information about its applicant pool to evaluate its ongoing efforts to attract a diverse student body. Your candidacy for admission **will not** be adversely affected should you decline to indicate the following.

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaskan Native        | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                                    | <input type="checkbox"/> White (non-Hispanic)                      |
| <input type="checkbox"/> Black or African-American (non-Hispanic) | <input type="checkbox"/> Other (please specify)                    |
| <input type="checkbox"/> Hispanic / Latino/a                      |  |

Social Security Number\* \_\_\_\_\_

*\*Your social security number is requested for identification purposes only. Disclosure of your social security number is voluntary on your part as an applicant to the College. If you do not wish to disclose your Social Security Number, this nondisclosure **will not** negatively affect your candidacy.*

I hereby certify that the information contained in this application and in any supplemental materials which I submit, is factually accurate and honest as of the date submitted. I have reported all post secondary attendance and have submitted all required educational documents. I further assert that this material is for the sole use of Simmons College in determining my suitability for admission. I understand that application materials become the property of Simmons College and cannot be returned to me. Upon my acceptance and matriculation, I am subject to the academic rules and regulations of Simmons College and to the ethical standards and conduct as a student and in my clinical workplace consistent with professional practice as interpreted by the College. I understand that any misrepresentation may be cause for denial or cancellation of admission and enrollment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Print Name

All materials should be mailed to:

**Office of Admission  
School for Health Studies  
Simmons College  
300 The Fenway, Boston, MA 02115-5898**

# Checklist for the C.A.G.S. Health Professions Education Program

Name: Last (Family or Surname)                      Middle                      First (Given)                      Former

Please complete and submit this checklist with your application to assure that you have submitted all the required materials. Please use the same name in the same order on all correspondence. **All materials must be received by the Office of Admission by the application deadline date, not postmark date. Allow ample time to request materials so that you may submit them by the deadline date. Submit all the materials in one envelope, except standardized test scores. (see below)**

**Enclosed:**

- Completed application
- A non-refundable application fee of \$50 payable to Simmons College:  
***Please print your name at the top of the check.***
- Letter of Intent
- Current resume
- If you were born outside of the U.S. but have U.S. citizenship, please provide evidence such as a copy of your U.S. Passport.
- Official transcripts from all undergraduate and/or graduate institutions, **whether or not a degree was awarded, the courses were taken some time ago, were not specific to the program for which you are applying, or appear on another transcript as study abroad or transfer credit** . These transcripts must be submitted in signed and sealed envelopes.

If coursework and/or a degree were earned abroad, official academic records in the native language and an official English translation (if applicable) are required. An evaluation of the overseas degree may be required by a commercial agency at a cost to the student. Only overseas degrees authorized by the Ministry of Education in the home country will be considered for admission.

- |                          | <u>Institution</u>   | <u>Degree Granted</u> | <u>Years of Attendance/Graduation</u> |
|--------------------------|--|-----------------------|---------------------------------------|
| <input type="checkbox"/> | Transcript _____   |                       |                                       |
| <input type="checkbox"/> | Transcript _____   |                       |                                       |
| <input type="checkbox"/> | Transcript _____   |                       |                                       |
| <input type="checkbox"/> | Transcript _____   |                       |                                       |
| <input type="checkbox"/> | Two letters of recommendation (one from an employment supervisor and one from a faculty member) on letterhead stationery, <b><i>in signed, sealed envelopes. Recommenders should not represent a single facility or institution.</i></b> |                       |                                       |
| <input type="checkbox"/> | (Name) _____   |                       |                                       |
| <input type="checkbox"/> | (Name) _____   |                       |                                       |

**Sent Separately:**

- Official TOEFL score sent directly to the School for Health Studies by the Educational Testing Service (ETS) for **all** applicants whose first language is not English. Scores within the past two consecutive years are required; copies of student score reports are **not** acceptable.

Office of Admission  
Simmons College  
School for Health Studies  
300 The Fenway · Boston, MA 02115