

Committee Letter Review Packet (C.L.R.P)

HEALTH PROFESSIONS ADVISORY OFFICE
Vanderbilt University
PMB 321
230 Appleton Place
Nashville, TN 37203
(615) 322-2446
hpao@vanderbilt.edu

At least **3 BUSINESS DAYS** in advance of the scheduled Committee Letter Review Meeting, this packet should be completed and emailed to HPAO@vanderbilt.edu and the subject line MUST include “**Committee Letter Review Packet Attached.**”

Failure to do so may result in a cancellation of the meeting.

Please review the following requirements:

1. A Committee Letter Review (CLR) meeting/interview is required in order for the Health Professions Advisory Office (HPAO) to prepare a committee letter from this office to a health professions school. (Most health professions schools require and/or expect to receive a letter from the school's health professions advisor if a student is still enrolled or has just graduated.) These meetings can be scheduled to take place as early as January of the application year. The HPAO should be contacted well in advance of the preferred meeting date since the calendar fills up quickly.

This packet must be TYPED and completed IN ITS ENTIRETY, and it must be emailed to the HPAO at least 3 business days prior to the beginning of the CLR meeting/interview. **Committee letters are based in part on your interview with the Health Professions Advisor AND the information you provide in this document, so ample time and attention should be given to your responses.** In addition to providing an electronic copy to the HPAO, please retain a hardcopy for your records. Some faculty members may also require a copy in order to write a recommendation letter.

2. If you arrive to the CLR meeting later than 10 minutes past your appointment time or have not provided the information in advance, the meeting will automatically be cancelled and you will be put on a waiting list for the next available date.
3. If additions or changes are made to the list of recommendation letter writers or the list of schools to which you are applying, those changes must be emailed to the HPAO immediately upon determination.
4. Answers must be typed, and character/space limitations must be met! (The document will **NOT** alert you if the character limit has been exceeded. You must highlight your text and monitor your character usage.) **[Health Professions Applications (such as AMCAS and TMDSAS) limit the number of characters you may use, so it is important to be able to answer succinctly.]**
5. Carefully read the *Health Professions Advisory Office Notice Regarding Rights under the Family Education Rights and Privacy Act and Request for Committee Letter* (Page 18). After you have read this page, check the appropriate box, sign, and date the document. **The CLR meeting cannot take place unless the HPAO has this completed page including a hand-written signature.**
6. The committee letter written by the HPAO will not be finalized until all letters of recommendation have been received.
7. The final page of this packet is the Recommendation Letter Request and Waiver. You are to complete the top portion of this form and give a signed copy to each of your letter writers. You should also specify the requested due date in the middle of the form. Please ask each letter writer to complete the bottom portion of this form and returned it to the HPAO, along with his/her recommendation letter. You must also include a signed copy in your CLR packet for the HPAO. **The CLR meeting cannot take place unless the HPAO has this page with the top portion completed including a hand-written signature.**
8. Please sign and confirm that you have thoroughly read all of the above instructions.

Name: _____

Date: _____

BACKGROUND INFORMATION

In order for the Health Professions Advisory Office Director to write a committee letter on your behalf, you must email this completed document to the HPAO at least **3 BUSINESS DAYS** prior to your scheduled CLR meeting/interview.

***** BIOGRAPHICAL INFORMATION *****

FULL NAME: _____

1) NAME/NICKNAME YOU PREFER: _____

2) EXPECTED DATE OF GRADUATION: _____

3) DEGREE TO BE EARNED: _____

4) MAJOR(S): _____

5) MINOR(S): _____

6) YEAR OF APPLICATION: _____

7) CAREER GOAL: _____
(Medical, MD/PhD, Dental, Veterinary, Pharmacy, Other-Specify)

8) EMAIL ADDRESS: _____

9) PERMANENT ADDRESS: _____

10) PHONE NUMBER - CELL: _____

11) PHONE NUMBER - HOME: _____

12) PARENTS' OCCUPATIONS

FATHER: _____

MOTHER: _____

13) DATE ON WHICH ADMISSION TEST WAS (OR WILL BE) TAKEN: _____

Applicable Test: **LIST SCORE AND PERCENTILE**

MCAT: TOTAL ____ / ____%

MCAT: CPBS ____ / ____% CARS ____ / ____% BBFL ____ / ____% PSBB ____ / ____%

DAT: Academic ____ / ____% Perceptual ____ / ____%

GRE: V ____ / ____% QT ____ / ____% W ____ / ____%

Other: _____ / ____%

14) NAME(S) OF COLLEGE(S) OTHER THAN VANDERBILT THAT YOU HAVE ATTENDED:

Did you transfer from any of these colleges? _____

If Yes, please list which one: _____

15) PLEASE ANSWER THE FOLLOWING QUESTION WHICH IS ASKED IN VARIOUS FORMS ON ALL HEALTH PROFESSIONS APPLICATIONS:

“WERE YOU EVER THE RECIPIENT OF ANY ACTION (e.g., DISMISSAL, SUSPENSION, DISQUALIFICATION, ETC.) BY ANY COLLEGE OR OTHER INSTITUTION FOR UNACCEPTABLE ACADEMIC PERFORMANCE OR CONDUCT VIOLATIONS?”

IF ‘YES’, EXPLAIN FULLY :

WORK AND ACTIVITIES (AMCAS SECTION 5)

This section is designed to give you the opportunity to highlight any work experience, extracurricular activities, awards, honors, or publications that you would like to bring to the attention of medical schools to which you are applying. A maximum of 15 total experiences may be entered; however you can enter up to 4 occurrences for each experience.

Up to 3 (of the 15) experiences can be chosen as “Most Meaningful” and extra space is given.

**** PLEASE LIST YOUR 1-3 MOST MEANINGFUL EXPERIENCES FIRST IN THIS PACKET. ****

EXPERIENCE 1

Experience Type (Select ONE): _____

Most Meaningful Experience? (Up to 3 Experiences can be most meaningful) _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

If you listed this as a Most Meaningful Experience, please discuss the transformative nature of the experience, the impact you made while engaging in the activity, and the personal growth you experienced as a result of your participation (Limit 1325 characters):

EXPERIENCE 2

Experience Type (Select ONE): _____

Most Meaningful Experience? (Up to 3 Experiences can be most meaningful) _____

| | | |
|-------------------------------------|-----------------------------|-------------------------|
| Experience Name: _____ | Dates: _____ - _____ | Total Hrs: _____ |
| (Up to 4 occurrences if applicable) | Dates: _____ - _____ | Total Hrs: _____ |
| | Dates: _____ - _____ | Total Hrs: _____ |
| | Dates: _____ - _____ | Total Hrs: _____ |

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

If you listed this as a Most Meaningful Experience, please discuss the transformative nature of the experience, the impact you made while engaging in the activity, and the personal growth you experienced as a result of your participation (Limit 1325 characters):

EXPERIENCE 3

Experience Type (Select ONE): _____

Most Meaningful Experience? (Up to 3 Experiences can be most meaningful) _____

| | | |
|-------------------------------------|-----------------------------|-------------------------|
| Experience Name: _____ | Dates: _____ - _____ | Total Hrs: _____ |
| (Up to 4 occurrences if applicable) | Dates: _____ - _____ | Total Hrs: _____ |
| | Dates: _____ - _____ | Total Hrs: _____ |
| | Dates: _____ - _____ | Total Hrs: _____ |

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

If you listed this as a Most Meaningful Experience, please discuss the transformative nature of the experience, the impact you made while engaging in the activity, and the personal growth you experienced as a result of your participation (Limit 1325 characters):

EXPERIENCE 4

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 5

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 6

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 7

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 8

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 9

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 10

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 11

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 12

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 13

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 14

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

EXPERIENCE 15

Experience Type (Select ONE): _____

Experience Name: _____ **Dates:** _____ - _____ **Total Hrs:** _____
(Up to 4 occurrences if applicable) **Dates:** _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____
Dates: _____ - _____ **Total Hrs:** _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (Limit 700 characters):

PERSONAL STATEMENT

PERSONAL COMMENTS ESSAY:

Use the Personal Comments essay as an opportunity to distinguish yourself from other applicants. Consider and write your Personal Comments carefully; many admission committees place significant weight on this section. Some questions you may want to consider while writing this essay are:

- Why have you selected the field of medicine?
- What motivates you to learn more about medicine?
- What do you want medical schools to know about you that hasn't been disclosed in other sections of the application?

In addition, you may wish to include information such as:

- Unique hardships, challenges, or obstacles that may have influenced your educational pursuits.
- Commentary on significant fluctuations in your academic record that are not explained elsewhere in your application.

(Limit 5300 characters):

**PLEASE TYPE YOUR PERSONAL STATEMENT
ON THE FOLLOWING PAGE**



MD-PHD ESSAY

If you are applying to an MD-PhD program(s), you are required to provide two (2) additional essays. Use the MD-PhD essay to state your reasons for pursuing the combined MD-PhD degree. Your responses will only be forwarded to your designated MD-PhD program(s).
(Limit 3000 characters):

PLEASE PREPARE AS A WORD DOCUMENT AND ATTACH TO THE EMAIL ALONG WITH THIS CLRP.

SIGNIFICANT RESEARCH EXPERIENCE ESSAY

In addition to the MD-PhD essay, you are also required to provide an essay that describes your research experiences. In your essay statement, please specify your research supervisor's name and affiliation, the duration of the experience, the nature of the problem studied, and your contributions to the project.
(Limit 10,000 characters – Please check your character count):

PLEASE PREPARE AS A WORD DOCUMENT AND ATTACH TO THE EMAIL ALONG WITH THIS CLRP.

Your Application Profile: A Self Assessment
(To be completed in advance for discussion at the CLR Meeting)

David Verrier, PhD, and Gale Lang, MSW, *The Advisor*, March 2000/Vol. 20, No.2

In a survey conducted by the American Association of Medical Colleges, it was found that the pre-admission variables accorded high importance by medical school admissions personnel included: (1) undergraduate grade point average, (2) MCAT scores, (3) quality of degree-granted undergraduate institution, (4) letters of evaluation, (5) involvement in health related work experiences, (6) interview ratings, (7) personal comments on AMCAS or supplemental applications, and (8) involvement in extracurricular activities.

In light of these variables, it is important that you are able to step back and assess your developing profile as an applicant to health professions schools. What are the strengths of your developing application profile? What are the areas in need of attention? What are ways you can improve your overall application?

Consider the following self-inventory. Be honest with yourself as you — confidentially — rate yourself according to the following scale:

- Ratings: 1 = needs considerable improvement
 2 = needs some improvement
 3 = OK
 4 = very good shape
 5 = outstanding

- *your involvement in health-related experiences* 1__ 2__ 3__ 4__ 5__
- *your involvement in extra-curricular activities* 1__ 2__ 3__ 4__ 5__
- *your ability to present yourself in person* 1__ 2__ 3__ 4__ 5__
- *your ability to present yourself in writing* 1__ 2__ 3__ 4__ 5__
- *how well you relate to others* 1__ 2__ 3__ 4__ 5__
- *ways you exhibit independence/initiative/perseverance* 1__ 2__ 3__ 4__ 5__
- *ways to exhibit leadership skills* 1__ 2__ 3__ 4__ 5__
- *your sense of purpose and motivation* 1__ 2__ 3__ 4__ 5__
- *your sense of intellectual curiosity* 1__ 2__ 3__ 4__ 5__
- *your common sense* 1__ 2__ 3__ 4__ 5__
- *your ability to handle stressful situations* 1__ 2__ 3__ 4__ 5__
- *your interests in science and biomedical research* 1__ 2__ 3__ 4__ 5__
- *your breadth of interests* 1__ 2__ 3__ 4__ 5__
- *how you have demonstrated commitment to service* 1__ 2__ 3__ 4__ 5__
- *your familiarity with current issues in health care* 1__ 2__ 3__ 4__ 5__
- *how you will distinguish yourself as a candidate* 1__ 2__ 3__ 4__ 5__
- *how well your professors and advisors know you* 1__ 2__ 3__ 4__ 5__
- *strength of your overall undergraduate/post-bac GPA* 1__ 2__ 3__ 4__ 5__
- *strength of your undergraduate/post-bac science GPA* 1__ 2__ 3__ 4__ 5__
- *strength of your standardized test scores* 1__ 2__ 3__ 4__ 5__

**Health Professions Advisory Office
Notice Regarding Rights under the Family Education Rights and Privacy Act
And Request for Committee Letter**

Your Rights Under the Family Education Rights and Privacy Act

The Family Education Rights and Privacy Act of 1984 (“FERPA”) gives you the right to inspect letters of recommendation and evaluation unless you choose to waive this right at the time that you request the letters from each recommender/evaluator. If you waive your right to see these letters, your Health Professions Advisory committee letter will be marked CONFIDENTIAL, to indicate that you, the applicant, will not have access to the letters. If you do not waive your right to inspect these letters, your committee letter will be marked NON-CONFIDENTIAL.

Please check one of the following:

- I WAIVE my right to inspect the committee letter.
- I DO NOT WAIVE my right to inspect the committee letter.

Policy Regarding Committee Letters of Evaluation

1. **Purpose:** The Health Professions Advisor Office (HPAO) will send recommendation letters for the following purposes only:

- Application to that type of professional school identified by the student on the HPAO recommendation request form.
- Application for a scholarship to support the student’s education in the profession identified by the student on the HPAO recommendation form.
- Application to post-M.D. residency programs when requested within the five (5) year retention period for recommendation letters.

Please note: The HPAO will not transmit letters to the Career Center, to prospective employers, or to a non-Health Professions school.

2. **Five (5) year retention period:** The HPAO retains recommendation letters for five years beyond the year of graduation. The HPAO cannot submit recommendation letters for any purpose after this five (5) year period has expired.
3. **Subsequent Applications:** Students who make another application to professional school(s) in years subsequent to the year of graduation from Vanderbilt may request a different set of recommendation letters to be included in a new committee letter packet, and the HPAO will submit a new letter packet using the different set of recommendation letters to produce the committee letter. The HPAO will make available, at the request of the school, a copy of the original committee letter submitted in connection with a previous application by the applicant.
4. **Health Professions School Applicants:** In order for the HPAO to prepare and send a committee letter to a health professions school, the applicant must complete the Committee Letter Review and have an interview. Although a committee letter is not an option for students who have not had the interview and/or have not completed the CLRP, the HPAO will collect letters of evaluation and forward them with a transmittal cover letter to the health professions schools designated by the applicant.

I have read and understand my rights under FERPA described above and the HPAO policy regarding committee letters.

Name: _____ Signature: _____ Date: _____

LETTERS OF RECOMMENDATION

RECOMMENDATIONS – It is the responsibility of the student to be familiar with the specific recommendation letter requirements for each school to which the student is applying. Students are requested to limit the number to five individuals who will be submitting letters to the HPAO on their behalf. (More are allowed if required by a specific medical school.) The HPAO recommends at least (3) academic recommendations, ideally (2) of which should be from science faculty members who have taught you plus (1) additional faculty member who has taught you. If you have had significant research, you should also include a letter from your research mentor. The HPAO committee letter will be based on the CLR packet, the interview, the HPAO's overall familiarity with the Applicant, and may include impressions from the recommendation letter writers. The letter will not be finalized until: 1) all letters of recommendation are received at the HPAO office and 2) the applicant has submitted his/her AMCAS, AADSAS, ACOMAS, TMDSAS, or other application.

| | NAME | COURSE(S)/PROJECT(S) | INSTITUTION |
|---|-------|----------------------|-------------|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ |
| 5) | _____ | _____ | _____ |
| (LIST ADDITIONAL LETTER WRITERS IF NECESSARY) | | | |
| 6) | _____ | _____ | _____ |
| 7) | _____ | _____ | _____ |
| 8) | _____ | _____ | _____ |

LIST ALL HEALTH PROFESSIONS SCHOOLS TO WHICH YOU ARE APPLYING

***** Please notify the HPAO via email if any schools are added later *****
(If you do not notify the HPAO, schools may not receive your letters.)

SCHOOL NAMES:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____
- 11) _____
- 12) _____
- 13) _____
- 14) _____
- 15) _____
- 16) _____
- 17) _____
- 18) _____
- 19) _____
- 20) _____
- 21) _____
- 22) _____
- 23) _____
- 24) _____
- 25) _____

(LIST ADDITIONAL SCHOOLS IF APPLICABLE)

Recommendation Letter Request and Waiver

STUDENT/APPLICANT: You are to complete the top portion of this form and give a copy to each of your letter writers. (You must also include a signed copy in your CLR packet for the HPAO.) Please ask the letter writer to complete the bottom portion of this form and returned it to the HPAO, along with his/her recommendation letter.

EVALUATION FOR: _____ GRADUATION DATE: _____
Student/Applicant (PRINT)

As Part of my application to _____ school, I am requesting your written evaluation. Your letter/comments will become part of a letter packet that is prepared and transmitted verbatim to one or more professional schools by the Health Professions Advisory Office (HPAO) at Vanderbilt.

Under the Family Education Rights and Privacy Act of 1974, I may inspect evaluation letters unless I waive this right.

- I WAIVE my right to inspect any letter of evaluation at any time.**
- I DO NOT WAIVE my right to inspect the letters of evaluation.**

Student Signature: _____ Date: ____/____/____

TO THE EVALUATOR:

Requested Due Date: ____/____/____

All letters must be on **LETTERHEAD, DATED, and SIGNED**. Letters should be addressed to “**Dear Admissions Committee**”. Admissions Committees are seeking your input on ANY of these 15 Core Competencies you may have observed.

| Interpersonal Competencies | Intrapersonal Competencies |
|---|---|
| Service Orientation Social Skills Cultural Competence Teamwork Oral Communication | Ethical Responsibility to Self and Others Reliability and Dependability Resilience and Adaptability Capacity for Improvement |
| Science Competencies | Thinking and Reasoning Competencies |
| Living Systems Human Behavior | Critical Thinking Quantitative Reasoning Scientific Inquiry Written Communication |

Please attach your letter to this form so that we may record the conditions of the privacy waiver. Your letter will be forwarded to the admissions committees, but the waiver will not. It will be held on file in the HPAO.

[Yes] [No] I provide permission to have this letter forwarded to post-baccalaureate programs or other health professions programs, if applicable.

 Signature of Evaluator

 Name and Title (Please PRINT or TYPE)

 Institution/Company

Email or Mail the Waiver &
 Letter (**On Letterhead AND Signed**)
 to
hpao@vanderbilt.edu
 or
 Health Professions Advisory Office
 PMB 0321, 230 Appleton Place
 Nashville, TN 37203-5721