

University of Medicine
and Health Sciences

ST KITTS

APPLICATION FOR ADMISSION

UNIVERSITY OF MEDICINE & HEALTH SCIENCES, ST. KITTS

APPLICATION INSTRUCTIONS AND SIGNATURE FORM

All documents must be in English or must have a certified English translation attached and must be originals or certified copies.

ITEMS TO BE MAILED:

- Completed application for admission if not electronically submitted.
- Application Fee: \$75.00 (U.S. dollars). The check must be payable to University of Medicine & Health Sciences, St. Kitts.
- Signed Signature Form.
- Personal statement if you did not include it with your on-line application.

THE FOLLOWING ITEMS SHOULD BE SENT DIRECTLY FROM THE APPROPRIATE INSTITUTIONS:

- Official transcripts from all other institutions attended.
- Foreign transcripts must be translated and evaluated by an approved NACES agency such as World Educational Services at www.wes.org
- Official copies of all test scores (if taken).
- Letters of recommendation.
- Official TOEFL or IELTS test results (for all international applicants).

ALL APPLICATION MATERIALS SHOULD BE FORWARDED TO THE FOLLOWING ADDRESS:

University of Medicine & Health Sciences, St. Kitts
North American Administrative Office
460 West 34th Street, 12th Floor
New York, NY 10001

Telephone: (866) 686-0380
Facsimile: (212) 868-4722
E-Mail: admissions@umhs-sk.net
Internet: www.umhs-sk.org

It is essential that medical students be able to perform a number of physical activities and possess required mental attributes in the clinical portion of the program. Individuals should give careful consideration to the mental and physical demands of the medical program prior to enrolling in the program.

The clinical experience places students under considerable mental, emotional and physical stress as they undertake responsibilities and duties impacting patients' lives.

Medical students must possess the following attributes: Critical thinking ability sufficient for clinical judgment; Interpersonal abilities sufficient to interact with individuals, families and groups from a variety of backgrounds; Communication abilities sufficient for interaction with others in verbal and written form; Physical abilities sufficient to move from room to room and maneuver in small spaces; Gross and fine motor abilities sufficient to provide safe and effective medical care; Auditory ability sufficient to monitor and assess health needs; Visual acuity sufficient for observation and assessment necessary in medical care; Tactile ability sufficient for physical assessment.

SIGNATURE FORM

By my signature below I certify that all information provided on the application, and any attachments thereto, is true, complete and accurate to the best of my knowledge. Falsification or omission of any requested information in the Admissions package is sufficient grounds for rejection of your application or dismissal from the UMHS as a student. I agree that all information provided to UMHS may be used by the school in making an admissions decision. I am enclosing my non-refundable application fee of \$75.

Applicant's Signature _____ Date _____

UNIVERSITY OF MEDICINE & HEALTH SCIENCES, ST. KITTS

APPLICATION FORM

North American Administrative Office, 460 West 34th St., 12th Floor, New York, NY 10001
Tol Free: (866) 686-0380 Web: www.umhs-sk.org E-mail: admissions@umhs-sk.net Fax: (212) 868-4722

A nonrefundable application fee of \$75 and signed Signature Form must accompany this application. Make check payable to University of Medicine & Health Sciences, St. Kitts.

Seeking Admission for: January May September Year _____ New Student Transfer Re-Admission

I. PERSONAL DATA

PLEASE PRINT

Title _____ Last Name _____ First Name _____ Middle Initial _____
(Mr./Miss/Ms/Mrs./Dr.) (Family Name)

Former Last Name (if any) _____ Date of Birth _____ Age _____
(Month/Day/Year)

Country of Citizenship _____ Country of Birth _____

U.S. Visa Status (Green Card Holder) _____ U.S. Permanent Resident Yes No Gender Male Female
(if applicable)

Current Mailing Address (Street) _____ City or Town _____

State/Province/County _____ Zip Code/Postal Code _____ Country _____

E-mail Address _____ Fax Number _____
(Country/Area/City Code)

Home Phone _____ Work Phone _____ Cell Phone _____
(Country/Area/City Code) (Country/Area/City Code) (Country/Area/City Code)

PERMANENT ADDRESS IF DIFFERENT THAN MAILING ADDRESS:

Street _____

City or Town _____ State/Province/County _____ Zip Code/Postal Code _____

NAME, ADDRESS AND PHONE NUMBER OF PERSON TO CALL IN CASE OF EMERGENCY: (MUST BE FILLED IN)

Name _____ Phone Number _____ Relationship _____
(Country/Area/City Code)

Street _____ City or Town _____ State/Province/County _____ Zip Code/Postal Code _____

II. FAMILY INFORMATION

Marital Status: Single Married Divorced Number of Dependents _____

Spouse's Name _____ Occupation _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Names of Dependents and/or Children _____ Age _____ Age _____

_____ Age _____ Age _____

III. TEST SCORES/DATES

Medical College Admissions Test if taken (MCAT) Scores: _____ Date Taken: _____
Verbal Phy. Sci. Writing Bio Sci.

_____ Scores: _____ Date Taken: _____
Verbal Phy. Sci. Writing Bio Sci.

Other: Description: _____ Scores: _____ Date Taken: _____

Other: Description: _____ Scores: _____ Date Taken: _____

IV. ACADEMIC RECORD

REQUIRED COURSES

The following specific Pre-Med courses are required. One year of study for each is required (two semesters or three quarters).

COURSE TITLE	YEAR TAKEN	CREDIT HOURS	GRADE	INSTITUTION
BIOLOGICAL SCIENCES + LAB				
GENERAL CHEMISTRY + LAB				
ORGANIC CHEMISTRY + LAB				
PHYSICS + LAB				
ENGLISH				
MATH (One semester of Calculus or Statistics)				

COLLEGE ACADEMIC RECORD (All colleges or universities must be listed)

COLLEGE(S) OR UNIVERSITY(S) ATTENDED	DATES ATTENDED	CREDITS	DEGREE/DATE AWARDED

V. EMPLOYMENT, VOLUNTEER WORK AND EXTRACURRICULAR ACTIVITIES AND HONORS PERTAINING TO THE HEALTH PROFESSIONS

VI. PERSONAL HISTORY (Please use separate page if necessary)

Have you faced any hardships from birth to present that have interfered with your educational pursuits?

Yes No If yes, please explain. _____

Have you ever been under the care of any health care provider for any physical, mental, emotional and/or learning disability?

Yes No If yes, please explain. _____

Have you ever been convicted of a felony, misdemeanor or other crime?

Yes No If yes, please explain. _____

Have you ever had privileges or a license, (professional or otherwise) denied, suspended and/or revoked?

Yes No If yes, please explain. _____

Have you ever been dismissed from an academic institution?

Yes No If yes, please explain and indicate which institution. _____

What is your first (native) language? _____

VII. HOW DID YOU FIRST HEAR ABOUT UNIVERSITY OF MEDICINE & HEALTH SCIENCES, ST. KITTS?

Newspaper Advertisement, Name of Paper: _____ School Advisor, Name of Advisor/School: _____

Reference Book, Name of Book: _____ Internet, IUON Website, Other website (please specify): _____

Faculty: _____ Other, Please Specify: _____

VIII. APPLICATION ESSAY:

Please attach a personal statement expressing why you are considering a career in medicine.