

FACULTY COMMITTEE ON HEALTH PROFESSIONS
CREDENTIAL REQUEST FORM

OFFICE USE ONLY

Date Sent: _____

Initials: _____

E-3310 Melville Library, Stony Brook, NY 11794-3351 ~ (631) 632-7080~ Fax: 631-632-9259

Name: _____ SB ID #: _____ Phone: _____ Email: _____

Are you a Re-Applicant ? YES NO

*If you answered 'YES' to being a Re-Applicant we STRONGLY recommend that you schedule to have an update committee letter
*If you are a first time applicant we STRONGLY recommend that you opt to get a committee letter. Many health professional schools STRONGLY PREFER and others may REQUIRE it. This letter can impact on your application a great deal!

Committee Evaluation Interview Date: _____

No Committee Evaluation

This form can be completed to have your Committee Letter Packet/letters of recommendation sent to the schools listed below or to Post Bac Enrichment programs. These letters are intended only for colleges of dentistry, medicine (MD & DO), optometry, podiatry, veterinary medicine, or Post-Bac Enrichment programs.

Applicants who want their letters to be sent to other graduate schools, professional programs or scholarship programs will need to get the permission of their recommenders.

PLEASE NOTE: There is an annual fee of \$80.00 for the preparation and processing of your letters of recommendation for sending to application services in each cycle. Please pay the credentials fee via SOLAR. Log-in to your SOLAR account and click on CAMPUS FINANCIAL SERVICES.

Click on HEALTH PROFESSIONS PAYMENT. Follow the prompts to pay the fee.

US ALLOPATHIC SCHOOLS

AMCAS AAMC ID #:

Letter ID #:

OSTEOPATHIC MEDICAL SCHOOLS

AACOMAS ID #:

TEXAS MEDICAL & DENTAL

TMDAS ID #:

DENTISTRY

AADSAS ID #

AADSAS (Please check "electronic" in your AADSAS application and use the following email address: prehealth@stonybrook.edu)

OPTOM-

OptomCAS ID #

OptomCAS (Please check "electronic" in your OptomCAS application and use the following email address: prehealth@stonybrook.edu)

VETERINARY

VMCAS ID #

PODIATRIC COLLEGES

AACPMAS ID #

AACPMAS (Please check "electronic" in your AACPMAS application and use the following email address: prehealth@stonybrook.edu)

INTERNATIONAL MD SCHOOLS

American University of the Caribbean School of Medicine (Caribbean)

American University of the Antigua (Caribbean)

Ben-Gurion University of the Negev (Israel)

Ross University School of Medicine (Caribbean)

SABA University School of Medicine (Caribbean)

Sackler School of Medicine (Israel)

St. George's University (Caribbean)

Technion American Medical Student Program (Israel)

University of Queensland School of Medicine (Australia)

COMMENTS/OTHER:

Please let us know if you are waiting on any addition letters of recommendation:

By signing this form, I authorize Pre-Professional Advising to send my evaluations to the schools indicated above. My signature also verifies that I have paid the \$80 Credential Request Fee and I have submitted proof of payment.

SIGNATURE: _____

DATE: _____