

TO: Health Profession Applicants
FROM: Dr. Craig M. Story
RE: VITA information for your letter of evaluation

Please complete the following information. Attach a second sheet if necessary. Be specific and as complete as possible.

Name _____

AMCAS ID# _____

Address and telephone numbers where you can most likely be reached:

1. What significant collegiate extra-curricular activities have you been engaged in? Give the approximate amount of time spent in each.

2. What health profession activities have you participated in? (shadowing, volunteering, working, etc.) Be specific and include length of time.

