

PLEASE NOTE: *This is a working copy document ONLY.*

Applicants applying to Dalhousie Medicine must complete and submit both Section 1 and Section 2 of the application online.

Personal Statements: Short Answer Questions

The personal statement format has changed from long form essay to 5 short answer questions. The purpose of this change is to elicit applicants' specific responses to questions intended to assess a variety of non-academic attributes. Questions may vary annually. Responses are limited to 1700 characters. Applicants' responses should answer the question directly and provide specific examples, where applicable.

Responses are reviewed by Admissions Committee. As applications are anonymized for the Admissions Committee, applicants should not include information that could identify themselves (eg name).

Supplemental

The purpose of the supplemental information is to provide the Admissions Committee additional information to support your application and assess for attributes suitable for the study of medicine at Dalhousie Medical School. Descriptions of activities should be concise and clear, answers in point form are easier to review and assess. Only activities completed during your undergraduate and graduate studies and/or within the last 5 years will be used in the assessment of your detailed submission. If an activity was started more than 5 years ago and is ongoing, then it may be included. **Only activities initiated prior to the submissions deadline will be considered. Activities initiated after the submission deadline will not be considered.**

In each section, a maximum of 7 entries are permitted. In choosing activities to list, applicants should thoughtfully consider the relevance of each entry and how it relates to attributes that are applicable to the study of medicine (such as, but not limited to, intellectual curiosity, social values, personal maturity, communication skills, reliability, teamwork, motivation, initiative, leadership, etc.) For each activity listed please indicate if it is medically related experience by selecting “yes”

If one or more supplemental section contains 2 or less entries, you will be prompted to provide additional information (maximum 250 words) about any factors that may have limited ability or opportunities to participate in activities applicable to the category (this may include factors related to the COVID-19 pandemic) You will be prompted with a text box to submit this prior to finalizing and submitting your application.

Verifiers must be provided for ALL activities listed. Verifiers with current contact information is mandatory for verification purposes. It is the applicants responsibility to provide accurate and current information for verifiers. The impact of non-verifiable activities on an application will be determined by the Admissions Committee.

Extra Curricular Activity/Personal Interest

List your extracurricular activities starting with the most recent. Provide a brief description of the activity and why it is important to you. Where applicable, provide a verifier and verifier contact information. Indicate if the activity is medically related experience. Specify your education level, or if you were not a student at the time of the activity. For each activity indicate the hours and the time period (mmddyy-mmddyy) you spent involved. Indicate the type of activity: individual activity (I), team activity (T) or club (C) activity (eg: sports, arts, music, student governments, personal activities, camping etc.) For sports activities, indicate at which level you performed: recreational, varsity, intramural, provincial, national, or international. A maximum number of 7 entries is permitted.

Activity	Description of Activity	Year of study completed or non student	Hours	Time Period(s) (mmddyy-mmddyy)	Type of Activity Level of Performance	Reference Information
Example: Archery	Participated in Recreational Archery League for personal enjoyment and develop skills in archery.	Undergrad years 1-2	2 Hours Per Week	062214-092414 062315-092515 Summer only	(I) Recreational level	Name: Your Verifier Email: verifier@gmail.com Phone: 902-XXX-XXXX
<div style="border: 1px solid black; height: 60px; width: 100%;"></div> Is this Medically Related? <input type="checkbox"/> Yes	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<input type="text"/>	Hours: <input type="text"/> <input type="checkbox"/> Hrs/Week <input type="checkbox"/> Total Hours	<input type="text"/> <input type="checkbox"/> Summer Only	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Name: <input type="text"/> Email: <input type="text"/> Phone: <input type="text"/>

Volunteer Activity

List your volunteer activities starting with the most recent. Volunteer activities may be informal (eg shovelling neighbour's driveway) or formal (eg. Red Cross Volunteer to help with flood relief) Indicate if the activity is medically related. Indicate if the activity is or was part of your educational degree requirements. Provide a brief description of the activity and your responsibilities. Specify education level, or if you were not a student at the time of the activity. For each activity, indicate the hours and the time period (mmddy-mmddy) you spent involved and location where the activity was completed. A maximum number of 7 entries is permitted. Verifiers with current contact information are mandatory for verification purposes.

Activity	Description of Responsibilities	Year of study completed or non student	Hours	Time Period(s) (mmddy-mmddy)	Location (city/province)	Reference Information
Example: Food Bank	Example: Stocked shelves and served patrons at local food bank	Undergrad years 3-4	75 Total Hours	092215-052416 092316-052517	Halifax, NS	Name: Your Verifier Email: verifier@gmail.com Phone: 902-XXX-XXXX
<div style="border: 1px solid black; height: 80px; width: 100%;"></div> Is this Medically Related? <input type="checkbox"/> Yes Part of Degree Requirements? <input type="checkbox"/> Yes	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/>	Hours: <input type="text"/> <input type="checkbox"/> Hrs/Week <input type="checkbox"/> Total Hours	<input type="text"/> <input type="checkbox"/> Summer Only	<input type="text"/>	Name: <input type="text"/> Email: <input type="text"/> Phone: <input type="text"/>

Paid Employment and/or Work Training Experience

List your employment starting with the most recent. Indicate if the activity is medically related experience. Indicate if the activity is or was part of your educational degree requirements. Specify your education level, or if you were not a student at the time of the activity. For each activity indicate the hours and the time period (mmddyy-mmddyy) you spent involved. Provide the location where the employment took place and briefly describe your position and responsibilities. Within this section you are permitted to list experience gained as part of your education program (i.e. practicums, internships, clinical, etc.) A maximum number of 7 entries is permitted. Verifiers with current contact information is mandatory for verification purposes.

Activity	Position and Description of Responsibilities	Year of study completed or non student	Hours	Time Period(s) (mmddyy-mmddyy)	Location (city/prov)	Reference Information
Example: Retail Sales Clerk	Example: Responsible for grocery checkout and managing cash	Undergrad year 4	10 Hrs/Week	092216-122416	Halifax, NS	Name: Your Verifier Email: verifier@gmail.com Phone: 902-XXX-XXXX
<div style="border: 1px solid black; height: 80px; width: 100%;"></div> Is this Medically Related? <input type="checkbox"/> Yes Part of Degree Requirements? <input type="checkbox"/> Yes	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="text"/>	Hours: <input type="text"/> <input type="checkbox"/> Hrs/Week <input type="checkbox"/> Total Hours	<input type="text"/> <input type="checkbox"/> Summer Only	<input type="text"/>	Name: <input type="text"/> Email: <input type="text"/> Phone: <input type="text"/>

Awards, Research, Achievements

These may include, but are not limited to: Dean’s List, Scholarships, Publications, oral and/or poster presentation at regional, national or international meetings, research awards, recognition for community services, personal accomplishments, etc. Specify when they were received, qualifications and competition if any involved (if not explanatory in title). A maximum number of 7 entries is permitted. Do NOT include your name in any entry in this section, including authorship for publications, you may use a blank space/line to indicate level of authorship. For example, as a first author for a publication, you could enter “ _____, Author 2, Author 3) Title. Publication” For items that may be awarded over multiple years, provide a single item for entry and mention the multiple dates, e.g. do not enter “Dean’s List” as multiple entries. Verifiers with current contact information is mandatory for verification purposes.

Award	Year Received	Qualifications	Competition Involved	Reference Information
Example: Recognition of Community Service	2015	Example: Awarded to the individual who...	Examples: Chosen as one of #, Awarded to top #% of individuals, or NA	Name: Your Verifier Email: verifier@gmail.com Phone: 902-XXX-XXXX
Example: Dean's List	2014,2016,2017	Maintained GPA of 3.7	NA	See Transcript
<div style="border: 1px solid black; width: 100px; height: 40px; margin-bottom: 5px;"></div> Is this Medically Related? <input type="checkbox"/> Yes	<input style="width: 100%;" type="text"/>	<div style="border: 1px solid black; width: 100px; height: 40px;"></div>	<input style="width: 100%;" type="text"/>	Name: <input style="width: 100%;" type="text"/> Email: <input style="width: 100%;" type="text"/> Phone: <input style="width: 100%;" type="text"/> <input type="checkbox"/> See Transcript