



Northeastern University PreHealth Program Agreement

General Information and Purpose

1. The PreHealth Program at Northeastern University is advisory in nature – The work that is necessary to achieve your goal as a future healthcare professional is yours to do.
2. This is the first phase of your health professional career. Think ahead – our evaluation of you and your suitability for a career in medicine will be based on your overall performance and interactions at Northeastern University and beyond (e.g., Co-op experiences, community service).
3. We may not know you well— we look to the ways in which you work with faculty, staff, employers, and others for signs of professional behavior (e.g., reliability, integrity, maturity).

Guidelines for working with Professionals (e.g., NU Faculty and Staff, Coop Employers, Mentors, Admissions Office at Health Professional Schools)

Working with the PreHealth Professions Office

- ❖ Be respectful and courteous.
- ❖ Pay attention to e-mails you receive and be responsive to feedback.
- ❖ Communicate concisely.
- ❖ Stay in touch – Communicate information that we need to know.
- ❖ Be patient – We work with 75-100 applicants and more than 500 advisees each year.
- ❖ If you make an appointment – Be there or cancel with notice (Do not be a “no-show”).

Email Correspondence

- ❖ Use “Hi” “Good Morning” or another greeting (not “hey”— it’s not professional).
- ❖ Use Titles, not first names—when in doubt, use “Dr.”
- ❖ Although email can be casual among friends, professional e-mails should be more formal. Use proper punctuation, complete sentences, etc. (avoid acronyms).
- ❖ Use your NU email address (or an account that identifies you by name).
- ❖ Always include a specific informative subject line (e.g., “premed question” is too generic).
- ❖ Have a professional voicemail greeting (speak slowly, include full name).

Accept Responsibility/”Own It”

- ❖ Your grades, your test preparation, your health career explorations, the application process, missing deadlines (or anything else).
- ❖ Misunderstanding information or instructions - Use the PreHealth website as a resource – lots of information is at this site as well as important links.
- ❖ Making mistakes – No one is perfect - There will be times when each of us messes something up. We may need to say we were wrong, apologize, and set it right. You may need to do the same.

Deadlines

- ❖ APPLY EARLY* APPLY EARLY* [Do not be deadline-driven.]
- ❖ Anticipate that which you can’t control.
- ❖ Keep track of your status through the process.

Facebook/Studentdoctor.net/Any Others

Is everything about you that you posted in public places really what you would want employers, medical schools, dental schools, etc. to see?



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Credentials Authorization

By signing this PreHealth Program Agreement, you authorize Northeastern University to accept letters of recommendation written on your behalf, and to forward, in the future, such copies of these credentials, without limitation or alteration to prospective institutions of higher learning related to your future career as a health care professional.

If you choose to waive access to a letter of recommendation, thereby making it confidential, neither its content nor its tone may be divulged to you by members of the Northeastern University PreHealth Program. Such waiver of access also applies to the PreHealth Committee Letter which contains quotes from such confidential letters of recommendation.

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Student/Applicant Section

- I understand and agree to adhere to the guidelines and requirements of this PreHealth Program Agreement.
- I acknowledge that I have listened to the PreHealth Program Orientation Podcast at the PreHealth website. I have bookmarked the NU PreHealth Program website in my internet browser.
- Whenever I have general questions about the PreHealth Program at NU or about general requirements pertaining to my field of medicine, I will visit the PreHealth website and its related links to search for answers before contacting the NU PreHealth Program.

_____ Date: _____
(Signature)

Printed Name: _____

Instructions

Please provide the information requested below and return the completed form (Page 2 only) to the PreHealth Program. (You may scan it and e-mail it to prehealth@neu.edu, fax it to 617-373-4022, or drop it off at 413B Mugar.) *Please be sure to keep a copy for your files.*

You will receive a MedAppTrak (MAT) account only after you submit a signed agreement AND a **headshot** photo in jpg format [size: 85 pixels(w) by 95 pixels(h)]. File name should be lastname and first name (e.g., smith_alice). Send the digital photo as e-mail attachment to prehealth@neu.edu.
Please allow 10 business days for your account to be created.

NU E-Mail Address: _____
Alternate E-Mail Address: _____
Major: _____
Anticipated (Actual) Year of Graduation from NU: _____
Anticipated Year of Health Professional School Matriculation: _____