



HAMLIN
UNIVERSITY

**MEDICAL
CREDENTIAL
FILE INSTRUCTIONS**

Guide for 2021 Medical
School Applicants

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OPENING A FILE

Credential files will be opened and committee letters written for academically qualified applicants (GPA at least 3.45). If you feel you do not meet these credentials, please speak to a pre-med advisor.

Opening a file takes about 5 minutes — just stop by RSC 105, or contact the faculty assistant (see contact information on page 15) to set up a time. Ideally this would happen mid-late March.

At this point, you will fill out and sign a waiver, and pay the \$10 fee.

It is important that your credential file is completed early so that there will not be a delay getting your committee letter submitted in the fall.

FORMS 1 – 5

These forms are for the benefit of the committee only and will not be uploaded to AMCAS by Hamline Med Cred. Any information you give here will also need to be inputted on AMCAS where applicable. All forms can be found on and downloaded from the Hamline Pre-Med Website.

Form 1 – Student Data Form

Form 2 – Reference List

Form 3 – Medical School List

Form 4 – Academic Record

Form 5 – Activities & Personal Statement

The personal statement you submit to us should be the same or very similar to what you submit to AMCAS.

AMCAS

LETTER REQUEST

Once you've begun your medical school application within AMCAS, your main application page will feature a checklist that includes "Letters of Evaluation"

Application - Not Submitted to AMCAS

Identifying Information	✔ Completed
Schools Attended	✔ Completed
Biographic Information	❗ Incomplete
Course Work	❗ Incomplete
Work/Activities	❗ Incomplete
Letters of Evaluation	❗ Incomplete
Medical Schools	❗ Incomplete
Essays	❗ Incomplete
Standardized Tests	❗ Incomplete

AMCAS only allows you to submit a letter request form once you have completed these two sections.

Forms

Print Letter Request Forms

Print Application

Clicking on "Letters of Evaluation" will bring you to a page with more information and instructions about requesting a letter.

Please create one letter entry for each Committee letter, Individual letter, or Letter Packet being sent to AMCAS. Most medical schools participate in the AMCAS Letter Service. Please review [additional information about letters of evaluation](#).

A maximum of ten (10) letter entries may be created. Letter entries may be added and assigned to medical schools after you have submitted your application. However, once you have submitted your application, existing letter entries cannot be edited or deleted; they can only be marked "No Longer Being Sent".

[+Add Letter of Evaluation/Recommendation](#)

have no Letters to add

AMCAS

LETTER REQUEST, 2

AMCAS offers three different types of letters of evaluation:

- Committee Letter
- Letter Packet
- Individual Letters

Hamline uses a **Committee Letter** system.

The Committee Letter we submit incorporates all individual letters into one overarching evaluation, and we include the individual evaluations in the file we upload to AMCAS.

This way, you only need to create one AMCAS letter request, and individual evaluators do not need to navigate the AMCAS system.

The “additional information about letters of evaluation” link on the letter request page takes you to the **section of the applicant guide** that describes the different types of letter evaluations. The full descriptions can be found on page 8 of this guide.

AMCAS

LETTER REQUEST, 3

In the 'Contact' section, fill out Dr. Betsy Martinez-Vaz's information



Select School *
Hamline University

Primary Contact/Author
Prefix
Dr.

First Name *
Betsy

Middle Name
Please enter the author's middle name

Last Name *
Martinez-Vaz

Suffix
Select Suffix

Title
Please enter the author's title

Organization Name
Hamline University

Address *
1536 Hewitt Ave

Address 2
MS-B1807

Country*
United States of America (the)

State *
Minnesota

City*
Saint Paul

Zip Code *
55418

Phone *
(651) 523-2493

Email *
bmartinezvaz@hamline.edu

After pressing 'Save', click 'Letter Request Form'...



Name	Letter Status	Letter ID	Actions
Dr. Betsy Martinez-Vaz, Widman MD Hamline	Not Received	8123478	Letter Request Form Delete Details

AMCAS
American Medical College
Application Service

Kebby Ann Widman
1536 Hewitt Ave
MS-B1807
Saint Paul, MN 55104
United States of America (the)

AMCAS LETTER REQUEST
May 29, 2020

☆☆ For AMCAS 2021 applications only ☆☆

AMCAS ID: 14719001
Last Name: Widman
First/Middle Name: Kebby/Ann
AMCAS Letter ID: 8123478
Letter Type: Committee Letter

Letter ID: 8123478

Visit www.aamc.org/amcasletters for guidelines on writing letters.
Medical Schools may require your letter(s) to be on official letterhead and include your signature.

TO:
DR Betsy Martinez-Vaz
Hamline University
1536 Hewitt Ave
MS-B1807
Saint Paul, MN 55418
United States of America (the)

With this form, I am requesting that you forward my letter of evaluation to the American Medical College Application Service (AMCAS), which collects all letters on behalf of medical schools participating in the AMCAS Letters Service. Below is more information from AMCAS on how to submit the letter.

The AMCAS Letters Service is a centralized service that allows medical schools to receive all letters of evaluation electronically from AMCAS. This service also allows letter authors to send letters to AMCAS, rather than to individual medical schools (as long as those schools participate in AMCAS Letters).

The AACMS has established a centralized set of guidelines for letter writers. Please be sure to review these guidelines when crafting letters of evaluation.

For more information about this service, the guidelines, and a list of participating schools please visit www.aamc.org/amcasletters.

How to Submit Letters to AMCAS

- AMCAS Letter Writer Application
Create an account, upload your letter, enter the AACMS ID and Letter ID numbers printed on this form, and you're done. To securely upload a PDF using the AMCAS Letter Writer Application, visit <https://services.aamc.org/letterwriter>
- Interfolio
AMCAS can collect letters sent using Interfolio if the student requesting this letter is an Interfolio user or your institution/organization uses Interfolio to deliver letters of evaluation.

For more information about AMCAS, visit www.aamc.org/amcas.

Download the form and send to Hamline Med Cred

LETTER TYPES

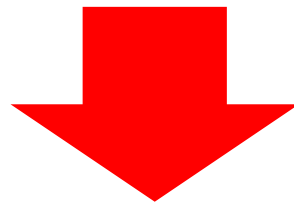
Committee Letter: A letter authored by a prehealth committee or prehealth advisor and intended to represent your institution's evaluation of you. A Committee Letter may or may not include additional letters written in support of your application. The Committee Letter is sometimes called a Composite Letter.

Letter Packet: A packet or set of letters assembled and distributed by your institution, often by the institution's career center. A Letter Packet may include a cover sheet from your prehealth committee or advisor; however, in contrast to a Committee Letter, a Letter Packet does not include an evaluative letter from your prehealth committee or advisor.

Individual Letter: A letter written by, and representing, a single letter author. If you have already included an Individual Letter within either a Committee Letter or Letter Packet, you do not need to add a separate entry for that letter.

COMMITTEE LETTER PROCESS

Send signed waiver and evaluation forms to individual letter writers



Request a Letter of Evaluation on AMCAS and send the form to Hamline Med Cred

Individual letter writers submit their evaluation forms and letters to Hamline Med Cred



Hamline Med Cred committee writes a letter that incorporates the individual evaluations and submits all letters to AMCAS

CANDIDATE EVALUATION FORM

**CANDIDATE EVALUATION FORM
MEDICAL SCHOOL APPLICATION**
If you cannot complete both sides of this form and write a personal narrative, please return this form to candidate.
Important: If above waiver statement is not signed, candidate retains right to review this recommendation.

CANDIDATE (please print your name): _____
 I request that you complete this evaluation form as a part of my medical school application. I understand that your candid evaluation of me and information from school records is sought. In compliance with Public Law 93-380, I waive my right to review this evaluation.

Signature _____ Date _____

Important: If above waiver statement is not signed, candidate retains right to review this recommendation.

The candidate name is _____ and that an evaluation from you be included in the _____ application file. Please complete both sides of this form and _____ typed on your stationery. We cannot accept letters submitted in the body of an email. They must be attached as a PDF, preferably on letterhead. The information you provide will help the pre-medical advisors compile a comprehensive evaluation supporting this student's application to medical school. The Pre-Medical Committee will submit photocopies of each written evaluation with the student's pre-medical application. Please respond as quickly as possible.

By June 15th please return this completed evaluation form and personal narrative to:
**Hamline University Pre-Medical Committee c/o
 Kelsey Widman, kwidman02@hamline.edu**

(please print)

REFERENCE WRITER: _____
 Signature _____ Date _____
 Title _____ Phone _____
 School or Organization: _____
 Department: _____
 Street Address: _____
 City, State, Zip _____

**THIS SECTION IS TO BE COMPLETED BY REFERENCE WRITER.
PLEASE TYPE OR PRINT CLEARLY USING BLACK INK ONLY.**

In what capacity have you been associated with the candidate?
 Instructing Laboratory Seminar Independent Study
 Academic Advising Employment as laboratory assistant Student organizations Socially
 Other (please specify) _____

How well do you know the candidate? (If not acquainted, please return the form without completing the items below.)
 Very Well Fairly Well Slightly Not At All

How long have you known the candidate? _____

OVER PLEASE

Please indicate with a check (✓) your opinion of this candidate's position on that factor relative to undergraduate seniors.

FACTORS	Outstanding Top 5%	Excellent Top 10%	Very Good Top 15%	Good Top 25%	Fair Top 50%	Poor Lower 50%	No Basis for Judgment
ABILITY TO MASTER INFORMATION: mastery of course content, following instructions.							
ABILITY TO CONCEPTUALIZE AND APPLY KNOWLEDGE: connecting disparate information, synthesizing information from multiple sources.							
CRITICAL THINKING SKILLS: ability to analyze, interpret or evaluate information.							
COMMUNICATION SKILLS: clarity of expression in oral and written forms, active listening skills.							
RESEARCHFULNESS: curiosity, ingenuity, skillful management of available resources.							
MOTIVATION FOR MEDICINE: genuineness and depth of commitment.							
MATURITY: personal development, ability to cope with life situations.							
INDEPENDENCE: ability to complete tasks without supervision, ability to manage time.							
PERSONAL STABILITY: performance under pressure, mood stability, consistency in ability to relate to others.							
INTERPERSONAL RELATIONS: ability to get along with others, support, cooperation, attitudes toward supervisors.							
EMPATHY: sensitivity to needs of others, tact, consideration.							
JUDGMENT: common sense, decisiveness.							
RELIABILITY: dependability, sense of responsibility, promptness, carelessness.							
PERSISTENCE: does not give up easily, does not get discouraged easily, endurance.							
SELF-CONFIDENCE: awareness, capacity to achieve with awareness of one's strengths and weaknesses.							

What would be your attitude toward placing this person in a responsible position under your direction? Please check (✓) proper box.	What would be your attitude toward enlisting yourself as a member of your faculty as this person as a physician, after appropriate training? Please check (✓) proper box.
<input type="checkbox"/> I would definitely choose this particular person above others.	<input type="checkbox"/> I would definitely choose this particular person above others.
<input type="checkbox"/> I would choose this person as one of a group of many good prospects.	<input type="checkbox"/> I would choose this person as one of a group of many good prospects.
<input type="checkbox"/> I would be satisfied with this person.	<input type="checkbox"/> I would be satisfied with this person.
<input type="checkbox"/> I would prefer not to have, but would accept, this person.	<input type="checkbox"/> I would prefer not to have, but would accept, this person.
<input type="checkbox"/> I would prefer not to have this person.	<input type="checkbox"/> I would prefer not to have this person.
<input type="checkbox"/> I have insufficient information to decide on this.	<input type="checkbox"/> I have insufficient information to decide on this.

Please circle your overall evaluation of the candidate for medical school.

Top 5% Top 15% Top 50% No Basis for Judgment
 Top 10% Top 25% Lower 50%

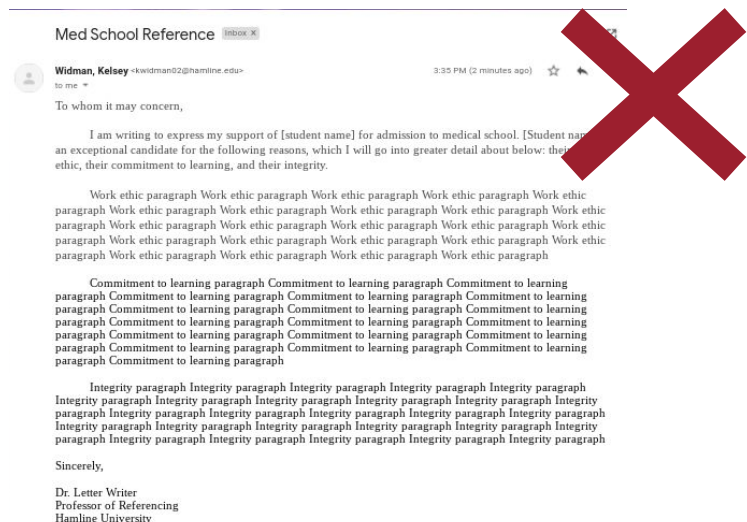
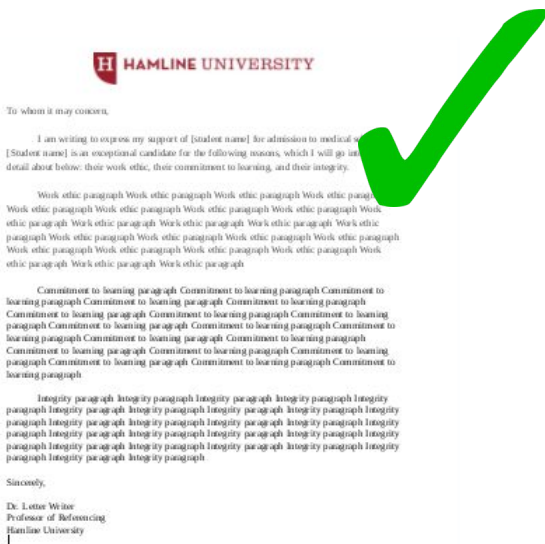
It is very important that you complete the circled section before sending to your references.

Please make sure that your references fill out this evaluation form and submit it along with their letter.

CANDIDATE EVALUATION LETTER

DO: Whenever possible, letter writers should use official letterhead from their institution

DON'T: We cannot accept letters submitted in the body of an email. They must be submitted as an attached .docx or .pdf, or as a shared Google file.



TRANSCRIPT REQUEST

All instructions can be found in full on the [Hamline Registrar website](#)

Option 1

Official Transcript, via Pipeline:

1. Login to Pipeline.
2. Click on Student Services.
3. Click on Student Records.
4. Click on Request Official Electronic Transcripts (\$5.50) or Request Official Paper Transcripts (free)
5. Follow the on-screen instructions.

Option 2

Unofficial Transcript, via Pipeline

1. Steps 1-3 from above
2. Click 'View Online Transcript' link
3. Print to PDF or screenshot
4. Send to Hamline Med Cred

Option 3

Official Transcript options, without Pipeline:

- A. Contact the ITS Central Service Desk at 651-523-2220 to request a Hamline ID number and Pipeline PIN. Then, follow the instructions above.
- B. For electronic transcripts, go to Parchment's website to create an account and order an electronic transcript.
- C. For paper transcripts, print, complete, and sign our Transcript Request Form, which can be emailed, faxed, mailed, or brought in person to our office. We cannot accept phone call requests.

REMINDER: This transcript is only for the benefit of Hamline Med Cred. You also need to follow AMCAS' instructions to provide them with an official transcript.

MED CRED FILE CHECKLIST

- Opened Med Cred file and signed waiver form
- Paid \$10 fee
- Sent waivers and evaluation forms to letter writers
- Request Committee Letter on AMCAS and submit form to Hamline Med Cred
- Submitted directly to Hamline Med Cred:
 - Form 1 – Student Data Form
 - Form 2 – List of References
 - Form 3 – Medical School Application List
 - Form 4 – Academic Transcript and Chart
 - Form 5 – Activities Record
 - Personal Statement
- Requested transcript be sent to Hamline Med Cred

Opening a Med
Cred File: **May 1-15**

Forms 1-5, Personal
Statement, Transcript,
AMCAS Letter Request
Form: **June 1**

Letters of
Evaluation: **June 15**

DEADLINES

CONTACT

All physical materials submitted to “Hamline Med Cred” should be sent to:

**Hamline Pre-Med Committee
Attn: Kelsey Widman
Hamline University
1536 Hewitt Ave
MS-B1807
Saint Paul, MN 55104**

All electronic materials submitted to “Hamline Med Cred” should be sent to:

kwidman02@hamline.edu

QUESTIONS?

Betsy Martinez-Vaz, bmartinezvaz01@hamline.edu, 651-523-2493
Kelsey Widman, kwidman02@hamline.edu, 651-523-2291