



## Northeastern University PreHealth Program Agreement

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#### 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, I authorize Northeastern University to accept individual letters of evaluation written on my behalf, and to forward, in the future, such copies of these credentials, without limitation or alteration, to health professional schools (allopathic, osteopathic, dental, optometric, podiatric, or veterinary), in support of my application for admissions.

I understand that I cannot request that the letters of evaluation in my NU PreHealth Program file be used in support of any other purpose, including admissions to post-bacc programs and special masters programs intended for pre-med students.

If I choose to waive access to a letter of evaluation, thereby making it confidential, neither its content nor its tone may be divulged to me by members of the Northeastern University PreHealth Program. Such waiver of access also applies to the PreHealth Program Committee Letter.

I understand that it is my responsibility to review my right of access under the Family Educational Rights Privacy Act (FERPA) of 1974 and that I will review my FERPA rights before I request letters of evaluation.

I understand that all letters in my PreHealth Program file will be destroyed six years after the date of the most recent letter-receipt date.

*(Updated, August 2011)*

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**MedAppTrak User Acknowledgements**

- I understand and agree to adhere to the professional guidelines stated above. These guidelines are part of the PreHealth Program Agreement.
- I understand the content of the Credentials Authorization Section of this Agreement.
- I acknowledge that I have listened to the PreHealth Program Orientation Podcast or reviewed the written copy.
- I have bookmarked the NU PreHealth Program website in my internet browser.
- If 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 NU PreHealth Program Advisors.

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**Digital Signature**

When you close this Agreement, you will be directed to click the “Next Page” link. When you so, you will next be prompted to acknowledge each of the statements above and to add your digital signature to this Agreement.

**The Digital Signature Requirement applies to all MedAppTrak Account-holders, whose accounts were created on or after October 1, 2010.**