



University of Pittsburgh

School of Medicine Biomedical Informatics Graduate Program

Department of Biomedical Informatics
M183 Vale
200 Meyran Avenue
Pittsburgh, PA 15260

Website: <http://www.dbmi.pitt.edu>
Email: tls18@pitt.edu
Telephone: 412-647-7113
Facsimile: 412-647-7190

APPLICATION

APPLICATION INSTRUCTIONS AND REQUIREMENTS

All individuals applying to the Biomedical Informatics Degree Program (including those who wish a specific concentration of study) must use the following procedures for preparing and submitting an application.

Note: Individuals applying to the Biomedical Informatics Track of the Intelligent Systems Program (ISP) must also submit an application to the ISP (in addition to submitting an application to the Biomedical Informatics Degree Program) and pay their separate application fee. Refer to the ISP website at <http://www.isp.pitt.edu> See address below.

1. Complete the enclosed **Application for Admission** to Graduate Study form.
2. Attach the **\$40 application fee** in the form of a check or money order in U.S. dollars made payable to the University of Pittsburgh. This fee is not returnable. We cannot accept credit card payment at this time.
3. Complete the upper portion of the **Applicant Evaluation for Graduate Study** forms and furnish them to three people who are capable of evaluating your academic and research abilities. Their evaluations may be given to you in a sealed envelope and submitted with your application material, or your evaluators may choose to send it to our program under separate cover (address below).

IN ADDITION TO THE APPLICATION FOR ADMISSION, THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE CONSIDERED A COMPLETE APPLICATION TO OUR PROGRAM

4. PERSONAL STATEMENT

Please indicate the basis of your interest in graduate study. The Personal Statement is required to address three items:

- (a) **A brief summary of your background** in all relevant fields, to include at least medicine and computer science. Although it is not necessary that an applicant have backgrounds in medicine or computer science, it helps the admissions committee to determine any prerequisites that you might be required to take before or shortly thereafter being accepted into the program. It is highly encouraged that applicants have some computer programming knowledge in C, C++ and/or JAVA language before entering the program. Describe your research experiences and any hypotheses and results that were generated in your experimental work. Provide dates, research advisors, and project titles.
- (b) **A statement of your educational goals** and how they would be advanced through participation in the training program.
- (c) **A statement of your career objectives**, both short and long term. When preparing the short-term portion of your statement, please be specific regarding any projects you may have in mind that could contribute to the success of your biomedical informatics training.
- (d) **A statement of your writing ability**. Indicate how well you perceive your writing ability to be at this time. State how you will improve on your current writing ability to meet the requirements of rigorous research-based technical papers.

Your personal statement must be typed on separate sheet(s) of paper and included with your application.

5. Include a complete **up-to-date CURRICULUM VITAE**.

6. ACADEMIC DOCUMENTS--TRANSCRIPTS

Please note that documents submitted to the University of Pittsburgh become the property of the University and cannot be returned to the applicant under any circumstances.

A. Domestic Applicants

Official academic records from all institutions attended are required.

B. Foreign Applicants

All academic documents from foreign institutions must be official. Official documents are defined as original academic records issued by the institution attended that bear the actual

– not photocopied – signature of the registrar or appropriate official and the seal of the issuing institution. These documents must be for each year of university-level study. If your university or college issues the academic documents in a language other than English, you must submit the certified copy of the original documents in the ORIGINAL LANGUAGE PLUS A CERTIFIED ENGLISH TRANSLATION. Do not submit a translation only. All translations must be complete and literal translations of the original records. Records issued only once by institutions should be photocopied and certified as official copies either by the school officials or legal authorities. Do not send the original of an academic document that cannot be replaced. You must obtain a properly certified photocopy. A certified photocopy of the original diploma/certificate of graduation must also be submitted. If your university or college issues the diploma/certificate of graduation in a language other than English, you must submit the certified photocopy of the original document in the ORIGINAL LANGUAGE PLUS A CERTIFIED ENGLISH TRANSLATION. Do not submit a translation only. All translations must be complete and literal translations of the original records.

7. Arrange to have your official Graduate Record Examination (GRE) Score results sent directly to this office. (Institution Code: 2927) Your scores must be less than two years old and must be officially reported from ETS; photocopies are not acceptable. GRE score results are a requirement of this program; a waiver of GRE will only be considered for those applicants who provide other formal test results addressing general aptitude for graduate work, such as MCATs.

The program reserves the right to require GRE scores from any applicant whose other score results are insufficient to determine eligibility for our degree programs. Any such waiver must be received by the applicant from the training program before the applicant's application folder is considered complete. Score results from national clinical boards are generally not acceptable substitutes for GRE scores, because they do not adequately address general aptitude for graduate work in biomedical informatics.

8. Official test results of MCAT (Medical College Admission Test), NBME (National Board Medical Examination), USMLE (United States Medical Licensure Examination), GMAT (Graduate Management Admissions Test), NBDE (National Board Dental Examination), and/or DAT (Dental Admissions Test) tests should be included, if taken.

9. Applicants who are citizens of countries where English is not the official language (and the Province of Quebec in Canada) are required to submit evidence of English language proficiency by submitting the official results of the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS). A minimum result of 250 (600 paper test) on the TOEFL or a minimum result of Band 7.0 on the IELTS is required for admission to the program. Only officially reported results are accepted (which means that scores must be less than two years old*); photocopies of results are not accepted. A waiver, if requested, may be considered if an applicant submits the ECFMG (English Certificate for Foreign Medical Graduates). Applicants who have earned a bachelor's degree or a higher degree from a regionally accredited institution in the United States may request a waiver from submitting English language proficiency test results, as requests will be considered in some cases.

To submit TOEFL scores, use **Institution Code 2927**. IELTS results certificates are to be sent directly to the Graduate Studies Office. If you currently do not have original test results, please send a copy if you have one with your application and arrange for original(s) to be sent to us from the official test organization(s) (originals must be received before acceptance decision is made).

*For applications due **December 15, 2009**, GRE, TOEFL and IELTS scores cannot be older than September 1, 2007.

All application materials must be received by December 15 to be considered for admission the following fall.

Note: Applications received after this date can be considered, contingent upon the availability of unallocated trainee positions.

Regular Postal Mailing Address

Biomedical Informatics Training Program
Department of Biomedical Informatics, University of Pittsburgh
M183 VALE
200 Meyran Avenue
Pittsburgh, PA 15260

Express Mailing (e.g., UPS, Federal Express, DHL, U.S. Post Overnight Handling) Address

Biomedical Informatics Training Program
Department of Biomedical Informatics, University of Pittsburgh
M183 VALE
200 Meyran Avenue
Pittsburgh, PA 15260

Use our telephone: 412-647-7113 on all express mail packages.

If you have specific questions about the training program, please contact: Toni Porterfield, Training Program Manager, (412) 647-7176 or write to her at tls18@pitt.edu.

Refer specific questions and applications for the Intelligent Systems Program (ISP) program to:

Intelligent Systems Program
University of Pittsburgh
Attn: Ms. Wendy Bergstein
5113 Sennott Square
Pittsburgh, PA 15213
Phone: 412-624-5755
email: wab23@pitt.edu

Explanation of Citizenship Status (see application below)

U.S. Citizen - A person owing allegiance to the United States of America.

Non-immigrant (Student, Visitor) - All aliens who have residence in a foreign country which they have no intention of abandoning and whose stay in the United States is limited to a definite period of time and a definite purpose that, by its nature, may be promptly accomplished.

Refugee in the U.S. -- All aliens who have fled or been rejected from their country of nationality for reasons of race, religion, political opinion or war.

US Immigrant Permanent Resident - One who intends to make the U.S. his permanent residence and who is in possession of a permanent immigration visa by the U.S. Department of Justice.

NAME _____
Last (family) First name Middle name

Social Security Number: _____ Date of Birth: _____

SSN & birthdate are used only to correctly match transcripts and/or test scores with your application. The information requested is voluntary and optional and that refusal to provide the information will not be used to deny access or admission.

PLEASE FILL IN TEST RESULTS BELOW (for all that apply) Official test reports are required to arrive from official test organizations before acceptance to the program is permitted (see directions, page 3, for institutional and department codes).

ACADEMIC

GRE (Graduate Record Examination)

Verbal: _____ Quantitative: _____ Analytical: _____ Date: _____
OR
Verbal: _____ Quantitative: _____ Analytical Writing: _____ Date: _____

MCAT (Medical College Admission Test)

Verbal Reasoning: _____ Physical Science: _____ Writing: _____ Biological Science: _____ Date: _____

USMLE (United States Medical Licensure Examination)

Step 1: Pass Fail Grade: _____/_____ Date: _____
Step 2: Pass Fail Grade: _____/_____ Date: _____
Step 3: Pass Fail Grade: _____/_____ Date: _____

NBME (National Board Medical Examination; replaced by USMLE)

Part 1: Pass Fail Grade: _____ Date: _____
Part 2: Pass Fail Grade: _____ Date: _____
Part 3: Pass Fail Grade: _____ Date: _____
Part 4: Pass Fail Grade: _____ Date: _____

FLEX (Federal Licensing Examination; replaced by USMLE)

Component I: _____/_____ Date: _____ Component II: _____/_____ Date: _____

GMAT (Graduate Management Admissions Test)

Quantitative: _____ Verbal: _____ Overall: _____ Analytical Writing: _____ Date: _____

NBDE (National Board Dental Examination)

Part 1: Pass Fail Grade: _____ Date: _____
Part 2: Pass Fail Grade: _____ Date: _____
Part 3: Pass Fail Grade: _____ Date: _____
Part 4: Pass Fail Grade: _____ Date: _____

DAT (Dental Admissions Test)

Natural Sciences: _____ Perceptual Ability: _____ Reading Comp: _____ Quantitative Reasoning: _____
Date: _____

ENGLISH LANGUAGE PROFICIENCY

TOEFL (Test of English as a Foreign Language)

Paper Score: _____ or, Computer Score: _____ Date: _____

IELTS (International English Language Testing System)

Listening: _____ Reading: _____ Writing: _____ Date: _____
Speaking: _____ Overall Band: _____

ECFMG (English Certificate for Foreign Medical Graduates)

Certificate No. _____ Date: _____

METLAB (Michigan Test of English Proficiency)

Score: _____ Date: _____

NAME _____
Last (family) First name Middle name

Mailing address _____ Telephone (home) _____
_____ Telephone (work) _____
_____ Telephone (cell) _____

Programming Experience: Please list the name of programming courses you have taken and the grade received: _____

The following information is collected to determine state/country residency to determine tuition rates.

If this address will not be valid after March, provide detailed permanent mailing address and telephone number where you can be reached:

Beginning (date): _____

Address: _____

Are you a resident of Pennsylvania?

- Yes (more than one year) Yes (less than one year) No

Have you previously attended the University of Pittsburgh?

If yes, dates attended? _____

Have you attended a college or university, full or part-time at any time during the twelve months prior to the term for which are you applying?

Please circle one of the following:

- No, I have not attended college.
 Yes, I attended a college or university in Pennsylvania.
 Yes, I attended a college or university outside of Pennsylvania.

Have you been employed, or self-employed (including homemaker), continuously, full or part-time for at least twelve months prior to the term for which you are applying? Please check one of the following:

- No, I was not employed or self-employed continuously.
 Yes, I was employed outside of Pennsylvania.
 Yes, I was employed in Pennsylvania.

If you have been a college student at any time during the twelve months prior to the term for which you are applying, please answer the following question:

Were you employed or self-employed (including homemaker), continuously, full or part-time in Pennsylvania for at least twelve months prior to enrolling in college? Indicate No if your employment was not continuous, or you were employed for less than twelve months.

- Yes No

Please list previous employers:

Name	Address	Position Title	Dates Employed

Please list three persons from whom you have requested academic/research evaluations:

NAME	POSITION	ADDRESS

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

DEMOGRAPHIC INFORMATION: This demographic information is requested on a voluntary basis, will be kept confidential, and is intended to assist the University in providing data to demonstrate compliance with civil rights laws. Participation is optional. Refusal to complete this information will not be used to deny access or admission or otherwise affect consideration of your application.

Race/Ethnic status

Black (1) Asian/Pacific Islander (2) American Indian (3) Hispanic (4) White (5)

Sex: Female Male

Disability identification is voluntary, confidential and cannot affect your eligibility for admission. The University of Pittsburgh offers academic support accommodations for qualified, eligible students with disabilities. Please contact our Office of Disability Resources and Services at 412-648-7890 for information regarding eligibility requirements and deadlines to ensure accommodations which require extended preparation time for the beginning of the semester. Application materials also are available in alternative formats upon requests.

Disabilities: Auditory Visual Motor/Physical Other None

My signature on this application certifies that all of the information contained in this application is factually correct, is honestly presented, and contains no significant omissions. If, at a later date, it becomes clear that this is not true, I agree that the University may revoke any offer of admission it makes to me or to dismiss me from the University.

Should I be admitted to study at the University of Pittsburgh, I agree that I will honor the University's academic and ethical standards and that I will abide by all requirements established by the University concerning academic progress and conduct. I agree that the University may dismiss any student whose academic standing is unacceptable or whose general conduct jeopardizes the community or is otherwise unacceptable.

Signature _____
Date _____



University of Pittsburgh

School of Medicine

Biomedical Informatics Graduate Program

Department of Biomedical Informatics

M183 VALE, 200 Meyran Avenue

Pittsburgh, PA 15260

NAME _____
 Last (family) **First name** **Middle name**

Applicant's Authorization:

In compliance with Public Law 93-380, Section 438 ("Buckley Amendment")

I waive I do not waive my right of access to this recommendation.

Applicant's Signature: _____ **Date:** _____

Signing this form is not required as a condition of admission.

EVALUATOR'S NAME _____

Title/Position: _____

Telephone: _____ **Email address:** _____

Institution/Company: _____

Postal Address: _____

In what capacity have you known the applicant?

- As student in a large lecture course As his/her advisor As his/her employer Other
 As student in a lab course As researcher under your direction As student in small class

How long have you know the applicant? Years: _____ Months _____

What is the rank of this applicant as compared with other students you have know at his/her educational level?

	Top 1%	Upper 5%	10%	25%	50%	Lower 50%	Cannot assess
Intellectual abilities							
Motivation/perseverance							
Scholarly creativity/independence							
Analytical skills, science and math							
Breadth of general knowledge outside of science							
Ability to express self in writing							
Ability to express self verbally							
Laboratory skills							
Integrity in academic assignments and tasks							
Ability to interact with others							
Emotional stability and maturity							
What is your overall ranking of this student?							

The letter of recommendation is a key element in our evaluation of the candidate. Please write a statement below signature line in which you identify any strengths or weaknesses that could affect his or her performance as a graduate student or future scientist.

EVALUATORS' SIGNATURE: _____ Date: _____

The letter of recommendation is a key element in our evaluation of the candidate. Please write a statement below signature line in which you identify any strengths or weaknesses that could affect his or her performance as a graduate student or future scientist.

EVALUATORS' SIGNATURE: _____ Date: _____

The letter of recommendation is a key element in our evaluation of the candidate. Please write a statement below signature line in which you identify any strengths or weaknesses that could affect his or her performance as a graduate student or future scientist.

EVALUATORS' SIGNATURE: _____ Date: _____