



# All American Institute of Medical Sciences

Medical Education Par Excellence

## Application for Admission

I would like to be considered for Admission starting

January       May       September      \_\_\_\_\_ Year       Regular / Transfer

5.4 years MD (includes Pre Med)       4 years MD       MD/MSc

### 1. Personal Information

Please print clearly or type

Name: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Last                      First                      Middle                      Maiden/Nickname

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month      Day      Year                      City                      State                      Country

Country of Citizenship: \_\_\_\_\_ Sex:     Female     Male    SSN/ National Identification#: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
City                      State/Province                      Postal Code                      Country

Permanent Address: \_\_\_\_\_  
City                      State/Province                      Postal Code                      Country

Home Phone: \_\_\_\_\_ Work or Day Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Please print clearly

In the event of an Emergency, please contact: \_\_\_\_\_  
Name                      Relationship

Address: \_\_\_\_\_  
City                      State/Province                      Postal Code                      Country

Contact Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

List Names of Dependents/ Children	Age

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How many individuals, whether family members or dependents, will join you while you are studying at AAIMS? \_\_\_\_\_

## 2. ACADEMIC INFORMATION

Check Appropriate:

High School Diploma \_\_\_\_\_ Undergraduate: \_\_\_\_\_ Graduate: \_\_\_\_\_ Other Medical School: \_\_\_\_\_

Standardized Tests:

Test	Location(s) Taken	Dates	Attempts (Total)	High Score
SAT / ACT				
MCAT				
Other Admission Entrance Test _____				
TOEFL/ IELTS				
GRE				
USMLE 1/2CS/2CK				
Other Tests _____				

List all Colleges/Universities Attended	Dates	Major/ Field of Study	Degree	GPA

Specific Undergraduate/Graduate Courses Completed (Prerequisites/ Transfer Credits)

List all Colleges/Universities Attended	Dates	Course Title	Credit Hours	Grade

Clinical Rotations (Transfer Students):

Rotation	Hospital/University	Location	Dates	Grade	Preceptor

List any scholarships, awards, distinctions, or special academic achievements

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### 3. FINANCIAL INFORMATION

How do you plan to pay for your education at AAIMS?

- Personal Savings \_\_\_\_\_%  Private Loans \_\_\_\_\_%  Family Support \_\_\_\_\_%  Federal Loans \_\_\_\_\_%  
 Scholarship/Bursary \_\_\_\_\_%

### 4. ACTIVITIES AND EMPLOYMENT INFORMATION

The Admissions Committee requires a chronological list of the applicants employment history since graduation from High School. Please list a Summary of all College, Community and Employment activities in which you participated, a brief description of the duties, and any elective or honorary positions held. If space is not sufficient please list on separate sheet.

Employer Name	Location	Date(s)	Position Held	Job/Duties description

### 5. MEDICAL INFORMATION

Do you have any physical disabilities?  Yes  No

Have you any medical condition or learning disability that may require special attention during medical school:  Yes  No

Are you taking any form of medication prescribed by a Physician?  Yes  No

### 6. SUPPLEMENTAL INFORMATION

If you answered "Yes" to any of the following questions, please submit a full statement of relevant facts for all incidents along with your Application. You may be required to furnish copies of all official documents explaining the final disposition of the proceedings.

Have you ever matriculated at or attended any medical school as a candidate for the M.D. program?  Yes  No

Were you every the recipient of any action by any college or medical school for:

1. Unacceptable academic performance? (e.g. dismissal, disqualification, suspension, probation, etc.), or
2. Conduct violations?  Yes  No

Were you ever a party in a civil lawsuit?  Yes  No

Have you ever been convicted of, or charged with, a felony or misdemeanor?  Yes  No

### 7. LETTERS OF RECOMMENDATION

Please provide the name, employment position, address, and phone number of the person who will be forwarding official letters of recommendation from your pre-medical course professors. These letters must be on original letterhead stationery and sent directly from the person to AAIMS or sent along with your application.

Note: If you have attended another medical school, a letter from the Dean's Office, Medical Faculty, must also be included.

1. Professor/Faculty Member: \_\_\_\_\_ Position: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Professor/Faculty Member: \_\_\_\_\_ Position: \_\_\_\_\_

College/University: \_\_\_\_\_ Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 8. OFFICIAL TRANSCRIPTS

Official Transcripts are to be sent directly from the college or university to AAIMS. Notarized copies of original transcripts may be sent when official transcripts are not readily available. However, Official Transcripts must be received before the Admissions Committee makes a final decision. For translation of transcripts, please refer to the World Education Services at [www.wes.org](http://www.wes.org), or a comparable service.

## 9. APPLICATION CERTIFICATION

Attach 2" x 2" photo

I certify that the information provided herein is complete and accurate to be best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Checklist

- Completed Application Form
- Application Fee of US\$75.00 by Check or Bank Draft payable to: All American Institute of Medical Sciences
- 6 Passport size photographs
- 2 Letters of Recommendation
- Official Transcript or Notarized copy of Transcripts
- Personal Statement

Please Mail Completed Application to the below address

Attn: Registrar  
AAIMS  
66 High Street  
Black River, St. Elizabeth Parish  
Jamaica, West Indies  
Tel: 876 634 4068  
Fax: 876 634 4109

[www.AAIMS.edu.jm](http://www.AAIMS.edu.jm)  
Email: [apply@aaims.edu.jm](mailto:apply@aaims.edu.jm)

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**PLEASE DO NOT WRITE IN THIS SECTION**

Fee Received (Date & Amount)

Final Decision (Date and Decision)