In partnership with:
The School of Health Sciences of Touro University
Touro College of Pharmacy
Touro College of Osteopathic Medicine

Integrated Honors Track Application

DEADLINE: FEBRUARY 1, 2023

(must first be accepted to Lander College for Men)

Complete the following application form and submit along with an essay. Although not required, you may wish to include up to two letters of recommendation from sources who can speak to your motivation and aptitude for the health care or medical field.

If applying for The School of Health Sciences of Touro University, please also submit a reflective paper and proof of 25 hours of volunteer work or shadowing. You are also expected to submit a letter from your volunteer supervisor.

Pharmacy					
Osteopathic Me	edicine				
Speech-Langua	ige Pathology				
Occupational T	herapy: Manhat	tan Bay Sho	re		
Physical Therap	y: Manhattan _	Bay Shore			
Physician Assis	tant: Manhattan	Bay Shore	Nassau Uni	versity Medical Center M	liddletown
1.11					
1. Name (please use y	our legal name):				
Last		First		Middle/Maiden	Preferred/Hebrew
2. Last 4 digits of you	r Social Security num	ber:	3. Touro ID	# (if known): T00	
2. Last 4 digits of you	r Social Security num	nber:	3. Touro ID	# (if known): T00	
Last 4 digits of you Email Address:					
4. Email Address:		@			
		@			
4. Email Address: 5. Telephone:	Home	@	Cell	Israel Cell (if appl	
4. Email Address:	Home	@	Cell	Israel Cell (if appl	
4. Email Address: 5. Telephone: 6. High School:	Home	@	Cell GPA:	Israel Cell (if appl	
4. Email Address: 5. Telephone:	Home	@	Cell GPA:	Israel Cell (if appl	
4. Email Address: 5. Telephone: 6. High School: 7. Seminary:	Home	@	Cell GPA:	Israel Cell (if appl	
4. Email Address: 5. Telephone: 6. High School: 7. Seminary:	Home	@	Cell GPA:	Israel Cell (if appl	
4. Email Address: 5. Telephone: 6. High School: 7. Seminary: (if currently attending) 8. SAT Exam	Home	ACT Exam	Cell GPA:	Israel Cell (if appl	
4. Email Address: 5. Telephone: 6. High School: 7. Seminary: (if currently attending) 8. SAT Exam Date:	Home	ACT Exam Date:	Cell GPA:	Israel Cell (if appl	

For more information, please contact:

Rabbi Ari Manheim | 718.820.5019 | aryeh.manheim@touro.edu

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9. Academic Awards and/or Honors you received. Include any SAT II's that you have taken (please include dates and scores):
10. Answer the following as fully as possible:
a. Describe your career plans. Why does this field interest you?
b. Describe your hobbies, talents and interests:
11. Essay: Each applicant is expected to submit an original 3-5 page essay from among the following topics; any sources you quote must be cited. Attach your essay to this application.
I. Medical care has changed a great deal over the past few decades, from physicians who once made house calls, to highly sophisticated, technologically advanced diagnosis and treatment. Reflect about the advantages and disadvantages of these changes. How do you think medical care can be improved in the future?
II. Identify some of the most important problems the American health care system faces. To what extent do you think the legislation recently passed by Congress will address these problems? What kind of health care system do you favor?
III. Discuss the book that has had the greatest impact on your life or way of thinking. How has this book influenced you?
IV. What song(s) would you include on the soundtrack of your life?
V. Who is the person you would most want to model your career after? Why is this person your professional role model?
If applying to the Integrated Honors Track in Health Sciences, please continue to the next page. (For those applying for the Pharmacy or Osteopathic Medical School, this application ends here.)

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Integrated Honors Track Application in Health Sciences

If applying for The School of Health Sciences of paper must be submitted as part of this application.	f Touro University, proof of 25 hours of volunteer work of the stion.	or shadowing and a reflective
Full Name:		_
12. Volunteer Hours: A letter documenting your licensed professional at the institution at which	volunteer hours must be submitted on stationery from you did your volunteer hours.	the director of volunteers or a
I. Volunteer Position 1		
Name of Institution:		-
Director/Professional:		_
Address:		-
Contact Number:	Email:	_
Start and End Dates		
II. Volunteer Position 2		
Name of Institution:		-
Director/Professional:		_
Address:		-
Contact Number:	Email:	_
Start and End Dates		

13. Reflective Paper: Each applicant to the Health Science Integrated Honors Track is expected to submit a 3-5 page reflective paper regarding their volunteer experience in their field of interest. Please attach your essay to this application. Please address each of the following issues:

- I. Compare and contrast any preconceived notions about what you thought it would be like to volunteer in your placement to what it was actually like; how might this comparison assist you in your journey to becoming a member of your chosen field?
- II. Critically appraise what you observed during your placement; what did you like or not like about what you observed?
- III. Relate your personal strengths and limitations to what you observed in the facility where you volunteered; what characteristics would make you a good practitioner?

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