



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

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, 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
Email: apply@aaims.edu.jm

PLEASE DO NOT WRITE IN THIS SECTION

Fee Received (Date & Amount)

--

Final Decision (Date and Decision)

--