

Name: _____

AMCAS Experience Type Options:

Artistic Endeavors	Honors/Award/Recognition	Paid Employment – Not Med/Clinical
Community Svc/Vol – Med/Clinical	Intercollegiate Athletics	Physician Shadowing/Clinical Observation
Community Svc/Vol – Not Med/Clinical	Leadership – Not Listed Elsewhere	Presentations/Posters
Conferences Attended	Military Service	Publication
Extracurricular Activities	Other	Research/Lab
Hobbies	Paid Employment – Med/Clinical	Teaching/Tutoring/Teaching Assistant

Experience Type: _____

Experience Name: _____

Start Date: _____ End Date: _____ Total Hours: _____

Contact Name & Title: _____

Contact Email: _____

Organization Name: _____

City / State/ Country: _____

Experience Description: (What you did/What you learned/How you grew) 700 CHARACTER MAX

Why Meaningful: (What specifically made this experience meaningful.) 1325 CHARACTER MAX