

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: (If experience was meaningful, specify exactly what made it so meaningful.) 1325 CHARACTER MAX