



# Renaissance School of Medicine

## Stony Brook University

### Pre-Medical Access to the Clinical Experience (PACE) 2025 Application

#### CHECKLIST

**NOTE: Upon submission, all application materials will become the property of the Renaissance School of Medicine at Stony Brook University and will not be returned.**

- ☐ Please submit completed application forms (personal info, education history, extra-curricular activities, volunteer experience, personal statement).
- ☐ Please include a copy of Resume/Curriculum vitae **AND** Unofficial transcript.
- ☐ Please include a copy of current health record. Including your COVID-19 vaccination. All vaccinations must be current.
- ☐ Please submit two **strong** recommendation letters.  
Note: Two **strong** letters of recommendation are **required**. One letter should be from **science instructors/professors** and the second can be from an **individual of your choice**.
- ☐ Please sign all pages where required.
- ☐ **Important note: Applying to the program does not guarantee acceptance into the program. An in-person interview may be requested.**

**ALL APPLICATION MATERIALS MUST BE SUBMITTED via EMAIL TO:**

Ms. Inel J. Lewis, MPA  
Director, Office of Inclusion & Belonging  
The Premedical Access to the Clinical Experience (PACE) Program  
Renaissance School of Medicine at Stony Brook University  
101 Nicolls Road, Health Sciences Center, Level 4, Room 4-146A  
Stony Brook, New York 11794  
Phone: 631.444.2866  
Email: [Inel.lewis@stonybrookmedicine.edu](mailto:Inel.lewis@stonybrookmedicine.edu)

#### IMPORTANT DEADLINES:

Your complete application, including letters of recommendation must be **emailed** by 5 p.m.

**Friday, September 5, 2025 to:**

[Inel.lewis@stonybrookmedicine.edu](mailto:Inel.lewis@stonybrookmedicine.edu)

**Notifications: Friday, September 19, 2025 (Email)**

**Program Begins: Friday, October 3, 2025 (In Person)**

**It is your responsibility that ALL application materials are submitted. No incomplete applications will be considered. Signed letters of recommendation must be emailed directly by the author.**

THANK YOU FOR APPLYING TO THE PACE PROGRAM.



## Pre-Medical Access to the Clinical Experience (PACE) 2025

**PURPOSE (PLEASE READ THIS VERY CAREFULLY):** The Renaissance School of Medicine at Stony Brook University's Pre-Medical Access to the Clinical Experience (PACE) is a program designed for SUNY Stony Brook University and SUNY Old Westbury College juniors, seniors or graduate students who are who are **SERIOUSLY** pursuing a career in medicine (**this program is Not for students who are pursuing the allied health professions**), have completed the core sciences, but lack the clinical and research shadowing, as well as ancillary support such as mentoring, etc. in order to create a competitive medical school application. Applicants must also have a **strong commitment** to the healthcare of underserved populations. Interviews will be conducted prior to acceptance into the PACE program. **PLEASE TYPE OR PRINT LEGIBLY.**

The PACE Program offers:

- Mentoring by RSOM medical students
- AMCAS Application Information
- Financial Aid Information
- Medical Student and Faculty Panels
- Mock Interviews
- Simulation Laboratory experiences
- HIPAA Certification
- Shadowing experiences with RSOM faculty in clinical and research settings
- Access to MCAT Prep materials-on-line (Critical Reasoning and MCAT Prep)

### I. ELIGIBILITY

To participate in **PACE**, applicants **must** meet the following criteria:

- Junior, senior from Stony Brook University
  - Self-identify as a pre-medical student. This program is specifically designed for pre-medical students.
  - **Cumulative and science GPA of 3.2 or higher.**
  - Must provide evidence of strong commitment to the health of underserved populations (past service experience on resume' or personal statement).
- ☐ **Socially, educationally or economically disadvantaged:** A student who comes from an environment that has inhibited (but not prevented) him or her from obtaining the knowledge, skills and abilities required to enroll in, and successfully complete an undergraduate course of study that could lead to a career in medicine. This includes, but is not limited to: **First generation college students, students limited by their community** setting (rural, inner city or reservation), **students with a certified learning and/or physical disability, students from a single-parent household, students from a foster-care setting for the majority of their K-12 experience, or students who are historically disadvantaged backgrounds.**
- ☐ **Demonstrated commitment to improving the health of the underserved and disadvantaged populations:** Personal life experiences with underserved communities and/or experiences concerning disadvantaged health issues that have motivated you to pursue training in dentistry/medicine. Significant volunteer or other work for a clinic or agency serving the underserved or disadvantaged populations (local, national or international). Other experiences (e.g. specific courses taken) which have prompted you to focus on improving the health of underserved and disadvantaged populations.

I certify the information provided in this application is true to the best of my knowledge. If needed, I will supply information to document my status as a student from a disadvantaged background, or my demonstrated commitment to improving the health of underserved and disadvantaged populations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed applications are due by Friday, September 5, 2025**

## II. PERSONAL INFORMATION-PLEASE TYPE OR PRINT LEGIBLY (BLACK INK)

1. Name: \_\_\_\_\_  
LAST FIRST M.I.

2. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
MONTH DAY YEAR

3. Birthplace \_\_\_\_\_

4. **Citizenship:** Applicants must be a US citizen or permanent resident to participate in the program (check one):  
☐ US Citizen ☐ Permanent Resident ☐ Student Visa

5. Campus Email Address: \_\_\_\_\_

6. Alternate Email Address: \_\_\_\_\_

7. Name of School: \_\_\_\_\_

8. Current Mailing Address:  
(PERSONAL/CAMPUS) \_\_\_\_\_

Phone: (Room/Mobile) \_\_\_\_\_ / \_\_\_\_\_

9. Permanent Home Address:

\_\_\_\_\_  
STREET, CITY, STATE ZIP CODE

\_\_\_\_\_  
PHONE NUMBER

10. Gender: ☐ Female ☐ Male ☐ Other

11. Year in College: (circle one) **3** **4** (please circle)

12. Lab coat size \_\_\_\_\_

13. Do you have a valid NYS driver's license and access to a car on campus?: \_\_\_\_\_

14. Dietary restrictions such as vegan, vegetarian, Halal, kosher or food allergies?: \_\_\_\_\_

15. Any accommodations (religious, disability or other)?: \_\_\_\_\_

16. EMERGENCY CONTACT:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
STREET

\_\_\_\_\_  
CITY, ST, ZIP

17. Name of Parent or Guardian: \_\_\_\_\_

18. Phone Number: \_\_\_\_\_ / \_\_\_\_\_ 11. E-mail: \_\_\_\_\_  
Land line Cell Phone

**Completed applications are due by Friday, September 5, 2025**

19. Are you a first- generation college student? \_\_\_\_\_

#### IV. PERSONAL STATEMENT

Please provide a **typed** one-page (12 pt) personal statement in which you introduce yourself, and address the following questions:

1. What exposure have you had to the field of medicine and how has this influenced you?
2. Please describe (in detail) your experience serving historically underserved populations.
3. What are your goals as a medical professional (what field of medicine are you interested in)?
4. How would you describe yourself? How would others describe you?
5. Explain why you want to participate in this program and why we should select you as a participant.
6. What unique skills, qualities or life experiences would you bring to the medical profession?

Attach your **typed personal statement** to the application. Please save an electronic version of your answers to be used if you are accepted into the program. I certify that the above information is true, complete and correct to the best of my knowledge. I understand that falsifying or providing incorrect information may jeopardize my participation in this or any other future Renaissance School of Medicine at Stony Brook University programs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### V. EDUCATIONAL HISTORY

Please list your high school and the most recent colleges or universities you have attended:

1. High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Current College/University: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College Standing (circle one): Junior Senior

Major: \_\_\_\_\_

Total credit hours completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

TRANSFERRED FROM ANOTHER COLLEGE/UNIVERSITY/COMMUNITY COLLEGE, PLEASE PROVIDE THE INFORMATION BELOW:

3. Name of College/University: \_\_\_\_\_

**Completed applications are due by Friday, September 5, 2025**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College Standing (circle one): Junior      Senior

Total credit hours completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

**Extra-Curricular Activities:**

List any extracurricular activities (sports, hobbies, clubs, etc.). You may use a separate sheet of paper if necessary.

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How did you hear about our program (please provide the name of the individual who referred you to the PACE program)? \_\_\_\_\_

- ☐ Friend
- ☐ Advisor
- ☐ Website
- ☐ Other: \_\_\_\_\_

|                        |
|------------------------|
| <b>VI. TRANSCRIPTS</b> |
|------------------------|

Please provide an unofficial copy of your transcripts with your application. If you transferred from a community college or another college/university, please provide those transcripts as well.

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Dear Applicant, please list all **Biology, Chemistry, Physics, and other science-related course(s)** you have taken and/or are currently enrolled. Include grade received, and semester/term you took the course. **Please be advised that all program pre-requisites must be fulfilled prior to the program in order to qualify for admission into the PACE Program. You must have received a 3.2 in your science classes to qualify for this program.**

[illegible]

**When do you plan to apply to medical school?** \_\_\_\_\_

**Completed applications are due by Friday, September 5, 2025**

Do you plan on taking a gap year? \_\_\_\_\_

Have you already taken an MCAT prep course such as Kaplan? \_\_\_\_\_yes \_\_\_\_\_no

## VI. REFERENCES

Dear Applicant,

Please provide two (2) letters of recommendation are to be emailed directly from each person writing the letters of recommendation.

**Note:** One letter should be written by a **science instructor** or other professor attesting to your academic abilities and one letter may be written by an **advisor, counselor, employer or other person** of your choice (if non-academic, the person must address your character and justify the significance of this program for you).

Reference letters must be emailed directly to [lnel.Lewis@stonybrookmedicine.edu](mailto:lnel.Lewis@stonybrookmedicine.edu).

List names and titles of the people you have asked to complete the 2 recommendation forms and letters you received with your application. **Your references should include at least one science instructor and one non-science major.**

1. \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Email Address

2. \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Institution

\_\_\_\_\_  
E-mail Address

**Completed applications are due by Friday, September 5, 2025**

**RECOMMENDATION FORM**  
**(LETTER MUST ACCOMPANY THIS FORM)**

**Student's Name:** \_\_\_\_\_

**EVALUATOR:**

**The Renaissance School of Medicine at Stony Brook University** hosts a program, Pre-Medical Access to the Clinical Experience (PACE), which is designed to expose participants to health careers in medicine for the purpose of developing competitive applicants for medical schools. Your candid and thoughtful evaluation of the applicant is greatly appreciated.

**Please return this completed form and attached letter of recommendation to the email address below. Letters must be received via email by Friday, September 5, 2025.**

Please circle the number that corresponds to your evaluation of this applicant in the categories listed.

**Definition of Scale:**

**1=Excellent      2= Very Good    3=Fair      4=Poor              X=Inadequate Knowledge**

|                                    |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|
| Appearance & Presentation          | 1 | 2 | 3 | 4 | X |
| Personality                        | 1 | 2 | 3 | 4 | X |
| Maturity & Judgment                | 1 | 2 | 3 | 4 | X |
| Dependability & Reliability        | 1 | 2 | 3 | 4 | X |
| Perseverance                       | 1 | 2 | 3 | 4 | X |
| Character & Integrity              | 1 | 2 | 3 | 4 | X |
| Initiative                         | 1 | 2 | 3 | 4 | X |
| Self Esteem                        | 1 | 2 | 3 | 4 | X |
| Leadership                         | 1 | 2 | 3 | 4 | X |
| Potential as a Health Professional | 1 | 2 | 3 | 4 | X |

Relationship to applicant? \_\_\_\_\_

**Within your recommendation letter**, please describe the student's qualities, characteristics, and if known, potential as a healthcare professional. Also, include any known academic weaknesses (test-taking, study skills, writing, etc.) to assist us in working with the student during the program.

\_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

PLEASE PRINT

Department: \_\_\_\_\_ School: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return this Form and letter by Friday, September 5, 2025 to:  
[Inel.lewis@stonybrookmedicine.edu](mailto:Inel.lewis@stonybrookmedicine.edu)

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\_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

PLEASE PRINT

Department: \_\_\_\_\_ School: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and letter by Friday, September 5, 2025 to:**

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## Pre-Medical Access to the Clinical Experience (PACE) Program Application Timeline

By 5 p.m.

Friday, September 5, 2025

Your complete application (including reference letters/recommendation forms) must be emailed to [inel.lewis@stonybrookmedicine.edu](mailto:inel.lewis@stonybrookmedicine.edu)

Friday, September 19, 2025

PACE Program acceptance notifications will be sent to your Stony Brook University email.

Friday, October 3, 2025

PACE Program Orientation (IN-PERSON MANDATORY)  
3 – 5 p.m. Hospital Cafeteria Private Dining Room

Friday, November 14, 2025

PACE Program Completion (IN-PERSON MANDATORY)  
3 – 5 p.m.

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