

TMDSAS APPLICATION CERTIFICATION

* I certify that the information in this application and all attachments are complete and correct to the best of my knowledge and belief. I authorize TMDSAS and any medical, dental, or veterinary school to which I am applying to verify the information I have provided.

* I further understand that this information will be relied upon by TMDSAS and officials of the medical, dental, and veterinary schools in determining my residence status for admission and later for tuition purposes and that submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, dismissal after enrollment, or rescission of any degrees granted.

* I certify that I will report to TMDSAS any event which occurs subsequent to filing this application but prior to matriculation that would alter any answer provided on my application. I understand that failure to do so is grounds for rejection of my application, withdrawal of any offer of acceptance, dismissal after enrollment, or rescission of any degrees granted.

* I further certify that all written passages, such as the personal statement, optional essays, essays required of dual-degree applicants, and descriptions of employment/ activities, are my own and have not been written, in part or in whole, by a third party. Quotations are permitted if the source is cited.

* I have read, understand and agree to comply with TMDSAS Instructions, including the statements that I am responsible for monitoring and ensuring the progress of my application process, by frequently checking the [Status] page of my application. I also understand that I am responsible for knowing and understanding the admissions requirements for each school to which I am applying, and that I am not eligible for a refund of TMDSAS fees if I do not meet the admissions requirements of the schools.

SCHOOL ADMISSION ACTIONS

* I understand that all actions on admission to a professional program are the prerogative of each individual professional school.

APPLICATION IRREGULARITIES

* I understand that application irregularities are documented by The Texas Medical and Dental School Application Service (TMDSAS) and member schools and are reported to the Association of American Medical Colleges, American Dental Education Association, American Association of Osteopathic Medicine, Association of American Veterinary Medical Colleges, and other appropriate professional organizations.

CRIMINAL BACKGROUND CHECKS

* I understand that, in accordance with the individual school's policy, some or all TMDSAS participating schools require a criminal background check on applicants as a condition of admission or matriculation.

SUBSEQUENT LEGAL OR INSTITUTIONAL ACTIONS

* I understand that I am required to notify TMDSAS and the Admissions Office of each school to which I apply if I am charged, convicted of, plead guilty, or no contest to a felony or misdemeanor crime after the date of my original application submission. I understand that this notification must be in writing and occur within ten (10) business days of the occurrence of the criminal charge or conviction. Failure to do so is grounds for rejection of your application, withdrawal of any offer of acceptance, dismissal after enrollment, or rescission of any degrees granted.

* I understand that I am required to notify TMDSAS and the Admissions Office of each school to which I apply if I become the subject of an institutional action or state licensure board action after the date of my original application submission. I understand that this notification must be in writing and occur within ten (10) business days of the occurrence of the institutional action. Failure to do so is grounds for rejection of your application, withdrawal of any offer of acceptance, dismissal after enrollment, or rescission of any degrees granted.

OCCUPATIONAL LICENSE STATEMENT

Texas state law requires entities providing education programs that lead to an initial occupational license to notify each applicant or enrollee: (1) that an individual who has been convicted of certain criminal offenses may potentially render that person ineligible for issuance of an occupational license upon completion of their educational program; (2) of the current guidelines by an applicable licensing agency regarding an individual's ability to be licensed; (3) of any other state or local restriction or guideline used by a licensing authority to determine eligibility of an individual who has been convicted of an offense to be licensed; and (4) of the right to request a criminal history evaluation letter from the applicable licensing agency. If an applicant or enrollee is accepted to an educational program, that individual should contact that institution should he/she need additional information or guidance.

RELEASE OF INFORMATION

* Any information published by TMDSAS that is related to medical, dental and/or veterinary school applications is done so with aggregate statistics. TMDSAS may also share personally identifiable data with peer not-for-profit organizations, certifying boards, licensing bodies, and other organizations involved in health education for research, eligibility determination, verification, and credentialing purposes.

* If I am accepted to one of the TMDSAS member schools, I hereby authorize the release of information contained within or related to my application for admission to private entities or individuals who award scholarships or other financial aid to students attending that institution.

MENINGITIS ACKNOWLEDGEMENT

The Texas Legislature requires all public institutions of higher education in Texas to notify all new students about bacterial meningitis.

Below is a link to the required information that you must review and certify that you have received.

<http://www.thecb.state.tx.us/index.cfm?objectid=9DED5420-1C09-11E8-BC500050560100A9>

AAMC RELEASE

I understand that any medical school in which I enroll may release my relevant student records to the AAMC for inclusion in the AAMC Student Records System (SRS), a secure, centralized enrollment database on the national medical student population. Access to SRS is limited to medical school administrators and select AAMC staff. The student records released to the AAMC may include information about my enrollment status, attendance, degree program, graduation plans, and demographic and contact information. Released student records will not include information about my academic performance, such as coursework grades or test scores. The AAMC uses SRS data for accreditation purposes, data services, outcomes studies, program evaluations, research projects, and other data activities in support of the medical education community and may release the data to a limited number of third parties. All AAMC uses and release of data will be consistent with the AAMC's privacy policies <https://www.aamc.org/44866/privacy.html>.