

# Health Professions Advisory Committee (HPAC)

## Policies and Procedures for First-Time Participants

Entry Year 2025

By going through the Health Professions Advisory Committee (HPAC) Process this year (Fall 2023-Spring 2024), you are preparing to apply to [dental, medical, optometry, or podiatry] school for entry year Fall 2025. The goal of this process is to obtain a committee letter of recommendation, which provides a holistic and candid evaluation of your candidacy for professional schools. The committee letter does not take the place of individual letters of evaluation, which you will also need for your application. This document outlines policies, procedures, and deadlines for participating in this process. If you have any questions, please email [HealthCareers@unt.edu](mailto:HealthCareers@unt.edu).

### Eligibility Requirements

To participate in HPAC, you must meet all eligibility requirements below; there are no exceptions.

#### **GPA**

- **Minimum 3.3 Cumulative GPA and 3.5 Math/Science GPA** (must be achieved by the end of Fall 2023 and does not include wintermester 2024). The 3.3 Cumulative and 3.5 Math/Science GPAs must be maintained through the end of the Spring 2024 semester; if not, the participant will be dropped from HPAC at that time and will not receive a committee letter.
  - The Cumulative GPA can be found in your online degree audit, listed as “*University Requirements for Degree – GPA (All Courses)*.” Note: all attempts at a course will be factored into the GPA, including first attempts and any repeats. ***However, first attempted grades will not be reflected in the GPA listed in the degree audit; first attempts must be calculated back into the GPA by hand.***
  - The Math/Science GPA can be found by using the following [GPA calculator](#). Any course (taken at or outside of UNT) with the following prefixes will be included in the GPA calculation: BIOL, CHEM, PHYS, MATH, BIOC (prefixes may differ based on university). If you transferred from another four-year institution and you are unsure if one of your classes should be included in the Math/Science GPA, please contact us at [HealthCareers@unt.edu](mailto:HealthCareers@unt.edu).
  - Undergraduates (current students and alums)/Post-baccalaureate students: If you were an undergraduate student at UNT and are currently enrolled in or have completed a graduate program elsewhere, transcripts from that graduate program are required for GPA calculation purposes, as your eligibility will be determined by both undergraduate and graduate coursework.

- Graduate students (anyone who did not complete an undergraduate degree at UNT): GPA calculations will include your graduate and undergraduate coursework.
- **GPA Exception:** If the above GPA requirements are not met, but the last 30 credit hours of math and science classes (biology, biochemistry, chemistry, physics, and math) is at a 3.7 GPA, participation in HPAC is permitted.

### *Clinical Hours*

- **A minimum of 50 clinical hours** within the student's field of professional interest (i.e. dental, medical, optometry, or podiatry) must be achieved by **February 5, 2024** to participate in HPAC. Clinical hours include medical-related volunteering, shadowing, and jobs in healthcare.

*Virtual shadowing will not count towards any part of this requirement.*

**NOTE:** At least 25 of the 50 hours MUST be shadowing a professional within the appropriate field.\*

\* *“Appropriate field” for shadowing is defined by the following:*

- *Pre-Dental: A general dentist with their DDS or DMD. A dentist who specializes in another field (orthodontist, periodontist, oral surgeon, etc.) will **not** count.*
- *Pre-Medical: A physician with their MD or DO. The specialty does not matter.*
- *Pre-Optometry: An optometrist with their OD.*
- *Pre-Podiatry: A podiatrist with their DPM.*

### *Minimum # of Credit Hours Completed at UNT*

- Undergraduate (current students or alums) and Post-Baccalaureate Students: must have completed **at least 30 credit hours at UNT** by the end of the Fall 2023 semester to participate in HPAC. At least 15 of those 30 hours must be math and sciences (biology, biochemistry, chemistry, physics, and math).
- Post-baccalaureate students: must show proof of the 3.3 Cumulative GPA and 3.5 Math/Science GPA; coursework from other universities will not be listed in our systems.
- Graduate students (anyone who did not complete an undergraduate degree at UNT): must have completed at least 12 graduate hours at UNT *and* completed all pre-requisite courses for their chosen health profession to participate in HPAC.

### **Individual Letters of Recommendation (outside of the Committee Letter)**

- Before your committee letter of recommendation is written, we require at least one letter from a science professor\* and one letter from a clinical reference.\*\*

\*Any UNT alum, who is considered a non-traditional applicant, is not required to have a

letter of recommendation from a science professor if he or she has not been enrolled in undergraduate or graduate classes for 3 or more application cycles. However, not having a letter from a science professor will naturally result in the professional school application being slightly weaker.

\*\*The clinical letter must come from a professional within the applicant's pre-health interest.

- Pre-Dental: A general dentist with his or her DDS or DMD. A dentist who specializes in another field (i.e. orthodontist, periodontist, oral surgeon, etc.) will not count.
  - Pre-Medical: Any physician with his or her MD or DO.
  - Pre-Optometry: An optometrist with his or her OD.
  - Pre-Podiatry: A podiatrist with his or her DPM.
- A maximum of 5 individual letters is allowed to be included in the committee letter packet, outside of the committee letter.
  - Options for letters, in addition to the required two letters above: academic science, academic non-science, clinical, research, work, other (work supervisor, etc.)

**Note: Some professional schools either require or recommend letters from two science professors. Therefore, to maximize your competitiveness, we strongly recommend you request letters from two science professors.**

- If a TA offers to write your letter of recommendation, it must be a joint letter from the TA and professor and the professor needs to sign off on such a letter (the letter cannot come from the TA alone).
- In order for our office to collect your letters of recommendation, you must fill out an eForm through the Dynamic Forms system. After submitting this particular eForm, an e-mail will be sent to each reference with a link to upload his or her letter of recommendation to the system.
- Each letter of recommendation that we collect **MUST** include a waive/retain form; within each form, you will fill out the top portion and indicate your waiver selection. You will then send your completed form to each reference, where he or she will fill out the rest and then include with the letter they upload to the Dynamic Forms system.

**HPAC Letter of Recommendation Waive/Retain Form**  
Office of Health Professions | College of Science  
University of North Texas  
940-369-7500 | [healthcareers@unt.edu](mailto:healthcareers@unt.edu)

Full Name of Applicant (including middle initial): \_\_\_\_\_

Applying for:  Dental     Medical     Optometry     Podiatry

Year of Application Cycle: 2024 for Entry Year 2025

**Applicant must select and sign for ONE of the following statements:**

I hereby voluntarily WAIVE and relinquish any right of access to this confidential letter evaluation

I RETAIN my right of access to this letter of evaluation

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

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**To Be Completed by the Letter Writer Only:**

Name & Title of the Letter Writer: \_\_\_\_\_

School/Department/Office: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

*Note: For students who participate in the UNT HPAC process, the Office of Health Professions acts as a "letter service" that collects each participant's letters of recommendation for their application to professional schools. Once all letters have been received for a student, the committee letter packet will be uploaded to the application services on his or her behalf. By signing below, you request the UNT HPAC to include your letter(s) in the packet submitted in the current or a future application cycle.*

Letter Writer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide your initials indicating completion of the following:

- Letter of Evaluation is on official letterhead \_\_\_\_\_
- Letter of Evaluation has been signed \_\_\_\_\_

*Letter Writer: Please include a final completed copy of this Waive/Retain Form with the letter of recommendation you upload to the HPAC eForm. If you are unable to use the eForm, please e-mail or mail a copy of your letter and Waive/Retain Form to our Assistant Dean, Todd Lang.*

Todd Lang  
Assistant Dean of Health Professions  
University of North Texas, COS  
Hickory Hall, Rm. 508  
1355 Union Circle, #31345  
Denton, TX 76203-5087  
[Todd.Lang@unt.edu](mailto:Todd.Lang@unt.edu)

**Completed by Student**

**Completed by Letter Writer**

**Timeline**

**October 2023:** Attend one of the HPAC Seminars that reviews all details associated with the HPAC process.

**February 5, 2024:** Deadline for 1) submitting HPAC Materials\* through Dynamic forms, and 2) for completing the minimum 50 clinical hours (25 of which are shadowing).

**\*HPAC Materials include the following:** HPAC Questionnaire, Authorization to Release Student Information (ARSI) form, and one Waive/Retain form that will be used for the committee letter of recommendation.

## 2024-25 Authorization to Release Student Information (ARSI) Form

**UNT Health Professions Advisory Committee (HPAC)**  
**Authorization to Release Student Information (ARSI) Form**  
Office of Health Professions | College of Science  
University of North Texas  
940-369-7500

Applicant's Full Name (include middle initial): \_\_\_\_\_

Applicant's 8-Digit UNT Student ID Number: \_\_\_\_\_

Applying for:  Dental  Medical  Optometry  Podiatry

Year of Application Cycle: 2024 for Entry Year 2025

**Authorization to Release Student Information**

*I give the University of North Texas Office of Health Professions permission to release my HPAC Committee Letter of Recommendation Packet to the following application service providers (cross through those that you will not use):*

- ✓ TMSAS (Texas Medical and Dental School Application Service)
- ✓ AMCAS (American Medical College Application Service)
- ✓ AACOMAS (American Association of Colleges of Osteopathic Medicine Application Service)
- ✓ AADSAS (Association of American Dental Schools Application Service)
- ✓ OptomCAS (Optometry Centralized Application Service)
- ✓ AACPMAS (American Association of Colleges of Podiatric Medicine Applicant Service)
- ✓ Any service related to the Liaison Centralized Application Service system
- ✓ The following programs or application services:  
\_\_\_\_\_

*I also understand these letters may contain detailed information from my educational record, as well as other personal, professional, and academic information in or outside the HPAC questionnaire and one-on-one interviews. In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize the release of such sensitive information to any professional school to which I am applying.*

*By signing below, I acknowledge and consent to the statements above.*

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

**January 2024-April 2024:** Meet with the Assistant Dean of Health Professions or Senior Academic Counselor for one HPAC interview, and one Faculty Member for a separate interview. The Office of Health Professions will assign you the Faculty Member with which you will interview.

**March 2024-May 2024:** Begin requesting individual letters of recommendation and have them submitted to the Office of Health Professions through the Dynamic Forms system.

**June 1, 2024:** Recommended Deadline for submitting all Letters of Recommendation.

**May 2024-September 2, 2024:** Submit your professional school primary application.

## Requesting Submission of the HPAC Committee Letter Packet

For the Assistant Dean or Senior Academic Counselor to begin writing your committee letter of recommendation, the following conditions must be met:

- Proof of submission of the primary application (TMDSAS, AMCAS, AACOMAS, AADSAS, OptomCAS, AACPMAS). If submitting through TMDSAS first, there is no need to provide proof; your name will be listed on our internal TMDAS roster.
- A completed letter of recommendation (with waive/retain form) on file from a science professor.
- A completed letter of recommendation (with waive/retain form) on file from a clinical reference.
- HPAC participant must have a signed ARSI form and Letter of Recommendation Waive/Retain form for the Committee Letter:

**UNT Health Professions Advisory Committee (HPAC)  
Authorization to Release Student Information (ARSI) Form**  
Office of Health Professions | College of Science  
University of North Texas  
940-369-7500

Applicant's Full Name (include middle initial): \_\_\_\_\_  
Applicant's 8-Digit UNT Student ID Number: \_\_\_\_\_  
Applying for:  Dental  Medical  Optometry  Podiatry  
Year of Application Cycle: 2024 for Entry Year 2025

**Authorization to Release Student Information**

*I give the University of North Texas Office of Health Professions permission to release my HPAC Committee Letter of Recommendation Packet to the following application service providers (cross through those that you will NOT use):*

- ✓ TMDSAS (Texas Medical and Dental School Application Service)
- ✓ AMCAS (American Medical College Application Service)
- ✓ AACOMAS (American Association of Colleges of Osteopathic Medicine Application Service)
- ✓ AADSAS (Association of American Dental Schools Application Service)
- ✓ OptomCAS (Optometry Centralized Application Service)
- ✓ AACPMAS (American Association of Colleges of Podiatric Medicine Applicant Service)
- ✓ Any service related to the Liaison Centralized Application Service system
- ✓ The following programs or application services: \_\_\_\_\_

*I also understand these letters may contain detailed information from my educational record, as well as other personal, professional, and academic information in or outside the HPAC questionnaire and one-on-one interviews. In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize the release of such sensitive information to any professional school to which I am applying.*

*By signing below, I acknowledge and consent to the statements above.*

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

**HPAC Letter of Recommendation Waive/Retain Form**  
Office of Health Professions | College of Science  
University of North Texas  
940-369-7500 | [healthcareers@unt.edu](mailto:healthcareers@unt.edu)

Full Name of Applicant (including middle initial): \_\_\_\_\_  
Applying for:  Dental  Medical  Optometry  Podiatry  
Year of Application Cycle: 2024 for Entry Year 2025

**Applicant must select and sign for ONE of the following statements:**

I hereby voluntarily WAIVE and relinquish any right of access to this confidential letter evaluation

I RETAIN my right of access to this letter of evaluation

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

**To Be Completed by the Letter Writer Only:**

Name & Title of the Letter Writer: \_\_\_\_\_  
School/Department/Office: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Applicant: \_\_\_\_\_

*Note: For students who participate in the UNT HPAC process, the Office of Health Professions acts as a "letter writer" that collects each participant's letters of recommendation for their application to professional schools. Once all letters have been received for a student, the committee letter packet will be uploaded to the application services on his or her behalf. By signing below, you request the UNT HPAC to include your letter(s) in the packet submitted to the current or a future application cycle.*

Letter Writer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide your initials indicating completion of the following:

- Letter of Evaluation is on official letterhead \_\_\_\_\_
- Letter of Evaluation has been signed \_\_\_\_\_

*Letter Writer: Please include a final completed copy of this Waive/Retain Form with the letter of recommendation you upload to the HPAC eForm. If you are unable to use the eForm, please e-mail or mail a copy of your letter and Waive/Retain Form to our Assistant Dean, Todd Lang.*

Todd Lang  
Assistant Dean of Health Professions  
University of North Texas, COB  
McKinney Hall, Rm. 308  
2501 State Circle, #9900  
Denton, TX 76207-9900  
[Todd.Lang@unt.edu](mailto:Todd.Lang@unt.edu)

- The committee packet is comprised of the committee letter, any individual letters of recommendation you obtain through this process, the Letter of Recommendation Waive/Retain for the Committee Letter, and all Letter of Recommendation Waive/Retain forms for individual letters. All these components are contained in one file.
- The Office of Health Professions uses TMDSAS, AMCAS, AACOMAS, AADSAS, OptomCAS, and AACPMAS secure letter services, which transmit confidential letters electronically to the individual professional schools. If you are applying to a dental, medical, optometry, or podiatry program that uses a different system, please contact [HealthCareers@unt.edu](mailto:HealthCareers@unt.edu) for further directions.
- Please keep in mind that committee letters of recommendation will be completed 2-3 weeks after 1) submitting your primary application, and 2) having letters of recommendation on

file from both a science professor and clinical reference. *Therefore, please plan accordingly.*

- The deadline to request your committee letter is September 2, 2024. A committee letter will not be written, nor letters uploaded to any application services, for students who have not requested their committee letter by September 2, 2024. “Requesting” is defined by the three conditions listed above: submitting the primary application, and having letters of recommendation on file from one science professor and one clinical reference.

### **Details about the Committee Letter Process**

During the HPAC process you will have two interviews: one with the Assistant Dean of Health Professions or Senior Counselor *and* one with a Faculty Member. These interviews are designed to learn more about you as a person, aside from your grades and professional résumé. The committee letter connects the dots between your individual letters of recommendation, so the more your interviewer knows about you, the better.

It is important to note that the information shared during interviews can be included in the committee letter. In addition, participation in the HPAC process does not guarantee a glowing committee letter of recommendation; the committee letter is meant to be a holistic, comprehensive, and honest evaluation of one’s candidacy for health professional school.

At the end of the spring semester, the committee meets to render evaluations on all students based on their questionnaire, the interviews, and overall candidacy (clinical experience, extracurricular involvement, academic performance, leadership, service, etc.). If the committee returns a rating of “Do Not Recommend,” a committee letter of recommendation will NOT be written on behalf of the student. The Office of Health Professions will inform students in this position, and they will have to make alternative plans for submitting their individual letters of recommendation to the application services.

We require HPAC participants to complete 3 types of waivers: 1) “Letter of Recommendation Waive/Retain” form for the Committee Letter, which indicates whether or not a participant retains or waives the right to access the committee letter, 2) “Letter of Recommendation Waive/Retain” for individual letters, which indicates whether or not a participant retains or waives the right to access the individual letters of recommendation, and 3) the Authorization to Release Student Information (ARSI) form, which allows our office to upload these documents to the application services on your behalf.

The author of the committee letter is the health professions advisor with whom you interviewed during the HPAC process; contact information should be listed, as such, when filling out the application:

**Todd Lang, M.S.**

Assistant Dean of Health Professions  
Chair, Health Professions Advisory Committee (HPAC)  
Office of Health Professions | College of Science  
University of North Texas  
1417 W. Hickory Street  
Denton, Texas 76201  
940-369-7500  
[Todd.Lang@unt.edu](mailto:Todd.Lang@unt.edu)

**Rodolfo Gomez, M.Ed.**

Senior Academic Counselor  
Committee Member, Health Professions Advisory Committee (HPAC)  
Office of Health Professions | College of Science  
University of North Texas  
1417 W. Hickory Street  
Denton, Texas 76201  
940-369-7500  
[Rodolfo.Gomez@unt.edu](mailto:Rodolfo.Gomez@unt.edu)