



BRIDGE TO PODIATRIC RESIDENCY PROGRAM Admission Application

Thank you for your interest in the Bridge to Podiatric Residency (BPR) program at Samuel Merritt University College of Podiatric Medicine (SMUCPM).

This BPR admission application must be received no later than May 1, 2024 for consideration for matriculation into the program with an anticipated start date of May 28, 2024. **Note that the \$250 non-refundable fee for processing the application has been waived for this application cycle.**

Instructions for Filing

Please email your completed application and address any questions to: David Tran, DPM, Associate Dean for Admissions (dtran@samuelmerritt.edu)

Bridge to Podiatric Residency Admission Requirements:

1. Successful completion of a medical or dental program from a US or international medical or dental school. A copy of your diploma must be submitted along with a link to your institution's registrar's office or any third party for degree verification (e.g. Degreeverify.org, World Education Services (WES), etc.)
2. Official transcripts of ALL graduate programs that you have attended (this includes MD, DO, MBBS, DDS, DMD, BDS, PhD, MBA, JD, MPH, etc.) must be submitted to WES or an equivalent evaluation agency (for international graduates). Final official evaluation must be submitted to BPR. For expediency, unofficial transcripts may be submitted directly to BPR; however, official transcript evaluations must be received by the end of the first month of the program and must align with the unofficial documents.
3. Three letters of recommendation, with at least one letter from your graduate institution (faculty, dean's letter, faculty mentor, etc.). Letters should detail your academic achievements and your suitability for a career as a podiatrist.
4. A personal statement detailing your experience/exposure to the profession of podiatric medicine.
5. A completed admission application.



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Next Steps:

1. A required in-person or virtual interview invitation will be extended if your application is accepted. We will communicate with you predominantly via email. **Please make sure that BPR has your correct email address and other contact information.**
2. Following receipt and review of all required documentation and completion of an interview, the decision for acceptance to the program will be communicated to you within seven business days.



**BRIDGE TO PODIATRIC RESIDENCY PROGRAM
Admission Application**

DATE: _____
(Month/Day/Year)

NAME: _____
Last First Middle

PERMANENT ADDRESS: _____
Street/number City State ZIP

PHONE: () - **CITIZENSHIP:** US Permanent Resident Other _____

SS#: _____ **BIRTH DATE:** _____ **EMAIL:** _____

EDUCATION BACKGROUND: Graduate Medical or Dental School:

_____ TO _____
_____ TO _____

Medical school registrar's contact or degree verification service contact: _____



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Admission Application

If you answer “YES” for questions “A – F” below, please provide detailed information on separate page and enclose with your application.

A. Have you ever been disciplined for student conduct violations (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? - **Yes** - **No**

B. Have you ever been disciplined for academic performance (e.g. academic probation, dismissal, suspension, disqualification, etc.) by any college or school? - **Yes** - **No**

C. Have you ever had any certification, registration, license or clinical privileges revoked, suspended or in any way restricted by an institution, state or locality? - **Yes** - **No**

D. Have you ever been convicted of a misdemeanor? _____ - **Yes** - **No**

E. Have you ever been convicted of a felony? _____ - **Yes** - **No**

F. Have you have been dismissed or denied admission to any college, graduate or professional school? _____ - **Yes** - **No**

G. Previous attendance at a medical school or health profession program where you did not finish the program:

H. USMLE/COMLEX/MBBS/Other board exam: please provide copies of results/scores.

Examination name	(Month/Year)	Result(s)	N/A
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**Samuel Merritt
University**
College of Podiatric Medicine

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PERSONAL STATEMENT:

Please attach a statement which concisely explains your interest in the SMUCPM Bridge to Podiatric Residency program.

I certify that the information submitted in this application is complete and accurate. I recognize that any misrepresentation may cause me to be denied admission or result in dismissal from the University.

My signature below certifies that I have read and fully understand the requirements for advanced standing at the Samuel Merritt University College of Podiatric Medicine

Signature of Applicant

Date

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CHECK LIST:

- Completed and signed application.
- Application processing fee (waived for academic year 2024-2025).
- Enclosed all necessary additional explanations for answers A-F.
- Official transcripts of ALL graduate programs that you have attended (this includes MD, DO, MBBS, DDS, DMD, BDS, PhD, MBA, JD, MPH, etc.). For international graduates, transcripts must be submitted to WES or an equivalent evaluation agency. Final official evaluation must be submitted to BPR. **For expediency, unofficial transcripts may be submitted directly to BPR; however, official transcript evaluations must be received by the end of the first month of the program and must align with the unofficial documents.**
- Personal statement.
- All applicable board results.
- Letters of recommendation.

Please submit your entire application package electronically to:

David Tran, DPM

Associate Dean for Admissions, Samuel Merritt University College of Podiatric Medicine

dtran@samuelmerritt.edu