Application Documents

A complete application for admission to the Executive MSHA Program consists of the following items.

___ 1. A completed application for admission plus $60 application fee.

___ 2. Official transcripts of all baccalaureate and post-baccalaureate academic work.

___ 3. A report of the results of either the Graduate Record Examination (GRE) or Graduate Management Admission Test (GMAT) from a test taken within the past five years. Test scores are not required for applicants holding a professional doctoral degree, e.g., M.D., J.D., D.D.S., Ph.D., from a U.S. accredited school.


___ 5. Statement of objectives as described in the Application for Admission.

___ 6. A copy of your resume, indicating your educational and work background; honors, awards, or fellowships received; memberships in professional and service organizations; published articles; demonstration of at least five years of health care work experience.

All items, except test scores, must be submitted directly to:

**Physical Address:**
Executive MSHA Program
447 Webb Building
1675 University Boulevard
BIRMINGHAM AL 35205

**Postal Address:**
Executive MSHA Program
447 Webb Building
1530 3RD AVE S
BIRMINGHAM AL 35294-3361

The application deadline for submission of all admission documentation (including test scores) is June 1 for consideration for admission to the incoming fall class. The Admission Committee will begin reviewing applicants when their materials are complete. Admission decisions will be made on a rolling basis until the class is full. Applications completed after June 1 will be considered on a space available basis only. Early application is highly desirable.

Fundamental tasks, behaviors, and abilities that are necessary to complete the academic requirements of the program are outlined and available upon request from the Program office. Students requesting disability accommodations must do so by filing a disability accommodation request in writing with the Program office.

All accepted participants must complete a UAB Medical History Questionnaire and a physical, including required immunizations and satisfactory screening by the UAB Medical Center Student Health Services prior to matriculation.

For answers to questions about the Executive MSHA Program, please call Ms. Sara Patterson at 205/934-1672 or email at sarap@uab.edu.
Executive Master of Science in Health Administration Program
Webb Building, Room 447
University of Alabama at Birmingham
Birmingham, Alabama 35294-3361

Application for Admission

1. Full Name: ____________________________________________________________________
   First                                     Middle                                Last
   First name you prefer to be called:__________________________________________________

2. Social Security Number: __________________________________________________________

3. Sex: _____ Male    _____ Female       4. Date of Birth (optional)  _______ / _______ / ________

5. Ethnicity (optional):  
   □ Black, Non-Hispanic   □ Hispanic  □ White, Non-Hispanic
   □ Asian or Pacific Islander □ American Indian or Alaskan Native

6. Home Mailing Address:
   ______________________________________________________________________________
   Street
   ______________________________________________________________________________
   City                                                                  State                                              Zip Code

7. Home Phone Number: _______ / ___________________
   Cell: _______ / __________________

8. Home E-mail: __________________________________________________________________

9. Place of Employment:____________________________________________________________
   Title: _______________________________________ Date-of-Hire: ______________________

10. Work Mailing Address:
    ______________________________________________________________________________
    Street
    ______________________________________________________________________________
    City                                                                  State                                              Zip Code

11. Work Phone Number: _______ / ___________________
    Cell: _______ / __________________

12. Work E-mail: __________________________________________________________________

13. Organization's Principal Activities:
    ______________________________________________________________________________
    ______________________________________________________________________________
    ______________________________________________________________________________
    ______________________________________________________________________________
14. Describe your responsibilities: ____________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

15. Experience (please attach resume):
Number of years clinical practice (including residencies) ______________________________
Number of years of full-time management experience: _________________________________
Clinical and management responsibilities during past five years (begin with most recent):

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<th>Dates</th>
<th>Title</th>
<th>Organization</th>
<th>% Clinical</th>
<th>% Mgt.</th>
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Attach resume and provide a complete record of previous employment. In your resume, include any management related courses taken since graduation; membership and leadership activities in major professional or community organizations in the past five years; scientific or management articles published in the past five years; and any awards, honors, or fellowships.

16. Education:
Please list each college or university, beyond secondary school, that you have attended or are attending. Official transcripts of your work must be submitted for all colleges and universities you have attended.

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<tr>
<th>College/University</th>
<th>Location</th>
<th>Dates of Attendance</th>
<th>Degree/ Major</th>
<th>Year of Degree Conferred</th>
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17. If you are a U.S. citizen, of what state are you a legal resident? ____________________________

18. If you are a foreign national, what type of visa do you hold and from what country? __________
______________________________________________________________________________

19. Have you previously applied for admission to this University? _____ Yes  _____ No

   If yes, did you register? _____ Yes  _____ No

   If yes, what term? __________________________ Year __________________________

20. Have you ever been suspended, dismissed from, or encouraged to leave any college or university program of study? _____ Yes  _____ No

   If yes, please explain in detail on a separate sheet of paper.

21. Previous name(s) under which your transcript(s) or other information may be found: __________
22. Professional Licensure & State: ____________________________________________________

23. Board Certifications and Date: ____________________________________________________
   ____________________________________________________
   ____________________________________________________

24. Standardized examinations taken:
   _GRE ______________________ (Score) ______________________ (date)
   _GMAT ______________________ (Score) ______________________ (date)
   _TOEFL ______________________ (Score) ______________________ (date)

25. On the reverse side of this page, please provide the required information about three individuals from whom you have requested references. Be sure to follow the instructions.

26. How did you learn about the Executive MSHA Program at UAB?
   □ UAB Alumni    □ Employer
   □ Current UAB Student    □ Internet (specify website) ________________
   □ College Professor/Counselor    □ Graduate Fair
   □ Brochure/Poster    □ Other (please specify) ________________
   □ Recruitment Visitor

27. Have you spoken with faculty, staff, students, or alumni of the Executive MSHA Program regarding your application?    ______ Yes    ______ No
   If yes, please list these contacts. __________________________________________________
   __________________________________________________

28. **Statement of Objectives**
   Please attach a statement not to exceed 750 words, indicating your immediate and ultimate career objectives. Please describe: (a) how your Executive MSHA Program experience will facilitate your objectives, (b) what skills and attributes you have which will contribute to your success in the Executive MSHA Program, and (c) in what ways you feel your experiences may add to the learning for your Executive MSHA classmates.

   **Statement of Applicant Integrity**
   I hereby certify that I have provided accurate information in this application. I authorize all persons or entities to provide any relevant information in their possession to the University of Alabama at Birmingham or its agent for use in considering me for admission or verifying my credentials for admission, and I expressly waive any required notice to me. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial of admission, the cancellation of admission, or expulsion. This application is my own, honest statement to the Admission Committee.

   Signature _______________________________________________  Date________________________
Please list three individuals from whom you have requested letters of reference. These individuals should be qualified to write concerning your potential success in both a graduate program and a professional career. You may ask your associates to supply references. At least one letter should be from a superior. Please do not use family members or personal friends as references.

Reference 1

Name of Reference ______________________________________________________
Position _______________________________________________________________
Organization ___________________________________________________________
Address ________________________________________________________________
City________________________ State ____  Zip Code ________________________
Email _________________________________

Reference 2

Name of Reference ______________________________________________________
Position _______________________________________________________________
Organization ___________________________________________________________
Address ________________________________________________________________
City________________________ State ____  Zip Code ________________________
Email _________________________________

Reference 3

Name of Reference ______________________________________________________
Position _______________________________________________________________
Organization ___________________________________________________________
Address ________________________________________________________________
City________________________ State ____  Zip Code ________________________
Email _________________________________
INSTRUCTIONS TO APPLICANTS

After completing the identifying information in the spaces below, please distribute forms to individuals who are qualified to evaluate your qualifications for graduate study and your potential for a career in Health Services Administration. Evaluators should mail the form directly to the Executive MSHA Program.

APPLICANT’S FIRST NAME                                                                 APPLICANT’S MIDDLE OR MAIDEN NAME                                             APPLICANT’S LAST NAME

APPLICANT’S ADDRESS, E-MAIL, AND PHONE NUMBER

In accordance with the Family Education Rights and Privacy Act of 1974 applicants may waive their rights to see letters of recommendation. Please indicate your choice and sign on the appropriate line below. If you choose to retain your right, you may read this recommendation if you enroll in the UAB Graduate School.

❍ I waive my right to see this recommendation ○ I retain my right to see this recommendation

_____________________________________ ___________________________________
Signature Date

REQUEST TO EVALUATOR

1. How long and in what capacity have you known the applicant?

2. Please compare this applicant with others □ applying to graduate school whom you have known.
   □ in your organization who have exhibited managerial promise.

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<th>Exceptional Top 5%</th>
<th>Outstanding Top 10%</th>
<th>Very Good Top 20%</th>
<th>Good Top Third</th>
<th>Average Middle Third</th>
<th>Below Bottom Third</th>
<th>No Opportunity to Observe</th>
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<td>a. Motivation</td>
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<td>b. Ability to work with others</td>
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<td>c. Creativity and resourcefulness</td>
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<td>f. Sense of humor</td>
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<td>g. Ability in oral expression</td>
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<td>j. Leadership ability</td>
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<td>l. Ability to handle multiple tasks</td>
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3. Please comment on the applicant’s strengths and special talents.

4. What are the applicant’s weaknesses or areas in need of improvement?

5. Please feel free to add any comments about the applicant that you think the Admission Committee should know as it makes a decision about this person’s application.

Name of Evaluator ______________________________________________________________________
Title __________________________________________________________________________________
Place of Employment _____________________________________________________________________
Address ________________________________________________________________________________
Telephone Number ________________________________________________________________________
Signature ______________________________________________________________________________

Thank you for your time in providing this recommendation. Please mail to:

**Physical Address:**
Executive MSHA Program
447 Webb Building
1675 University Boulevard
Birmingham, AL 35205

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1530 3RD AVE S
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