Marshall University Joan C. Edwards School of Medicine (MUJCESOM)

Admissions Procedure

Structure of Admissions Committee

The governance of the Admissions Committee consists of the Chair, Vice Chair and the Executive Committee. The Chair and Vice Chair of the Admissions Committee are appointed by the Dean. The Executive Committee of the Admissions Committee includes the Chair, Vice Chair and all the Vice Deans, Assistant and Associate Deans serving at that time on the Admissions Committee. The Executive Committee is responsible for prioritizing the selection of acceptable resident and nonresident applicants and reviewing recommendations for new membership to the Admissions Committee. The Executive Committee is also responsible to constitute workgroup committees to evaluate and study admissions related issues.

The Admissions Committee is composed of full-time basic science and clinical faculty, community physicians, four medical students, medical residents, medical school administrators, undergraduate faculty members from the main Marshall University campus and community representatives. The Admissions Committee is an independent body and acts free of external influence. The duties of this committee are to develop and recommend criteria for admissibility of applicants, to determine methods and procedures for evaluating applicants and to select from among applicants those to be accepted.

Mode of Operation

1. Purpose

   1. To identify a pool of acceptable applicants whose credentials are reviewed and evaluated
   2. To interview candidates who possess national level qualifications from West Virginia, states contiguous to West Virginia (Kentucky, Pennsylvania, Ohio, Maryland and Virginia), individuals who have strong ties to West Virginia, and those students who are introduced to our school through our out-of-state recruitment pipeline and outreach
programs. Regardless of their state of residency, applicants are considered only if they are U.S. citizens or have permanent resident visas.

3. To conduct applicant presentations at Admissions Committee meetings for discussion and evaluation and make a recommendation to ACCEPT, REJECT, or HOLD.

4. To prioritize acceptable applicants by committee vote and the round of voting.

2. Procedure

a. Following inquiry, a packet containing information about the medical school and the American Medical College Application Service (AMCAS) application website is forwarded to the applicant. AMCAS is a central application processing service which allows applicants to apply to any participating medical school with only one application and set of transcripts. Applications for admissions are accepted by AMCAS from June 1 to November 1 of the year prior to enrollment.

b. A supplemental application and a form to aid in the determination of legal residency will be automatically forwarded to persons filing an AMCAS application who are residents of West Virginia or an adjoining state. Other applicants with ties to West Virginia or to the School of Medicine should contact the Admissions Office for the supplemental application.

c. There is a nonrefundable supplemental application fee of $75.00 for West Virginia residents and $100.00 for nonresidents. If the applicant has received a fee waiver from AMCAS, the supplemental application fee to Marshall is also waived. Supplemental application materials must be submitted by December 15 of the year prior to enrollment.

d. Following receipt of the application from AMCAS, an application folder with deficiencies in the application noted and appropriately communicated to the applicant.

e. Appropriate applicants are invited to participate in two individual interviews with members of the Admissions Committee.

f. The School of Medicine does accept application for advanced standing transfer admissions under very limited situations. (http://jcesom.marshall.edu/media/53892/transfer-student-policy.pdf)

Following presentation of each applicant to the Admissions Committee, the following criteria for selection are reviewed:

The Admissions Committee is committed to a Holistic Review Process in the selection of our applicants. Selection is based on the consensus of the Admissions Committee and the evaluation of the following items:
i. Academic Background – Both quantity and quality are assessed with a four-year program of study suggested. Exceptionally well-qualified applicants may be considered after ninety semester hours of academic work if other requirements are met. Specific entrance requirements include one year each of English, zoology or biology with lab, inorganic chemistry with lab, organic chemistry with lab, physics with lab and social or behavioral sciences. Three semester hours of biochemistry lecture are also required. Recommended courses include cell and molecular biology, and statistics or biostatistics. A major criterion is the overall grade point average for undergraduate studies with particular emphasis in correlating the grade point average in science and science related courses. Scholastic performance in graduate studies and other professional courses is also taken into consideration.

ii. Medical College Admission Test – The value of the MCAT is to: evaluate an applicant’s ability to retain knowledge acquired from the undergraduate curriculum; assess his/her ability to apply acquired knowledge through a comprehensive testing program; and equate the applicant’s performance with a nationwide ranking from which some correlation may be established from applicants of varying undergraduate backgrounds. All applicants are required to take the MCAT. Provided that they meet the requirements for exclusion, students from the JCESOM Medical Sciences Pathway Program or the Accelerated BS/MD program will be exempt.

iii. Recommendations – Three (3) recommendation letters from professors who have taught the applicant in class are required. Two (2) of these references must be from science faculty and one reference must be from the applicant’s major department. The premedical advisor or the premedical advisory committee can also provide evaluations which are based on three or four years of direct contact with students in the education environment and represent faculty who have taught the student in class. Additional pertinent references are welcomed but not required.

iv. Interviews – Interviews are arranged only by invitation of the Admissions Committee. The purpose of the interview is to assess motivation, personal characteristics and enthusiasm for medicine. In addition, the applicant has a chance to become acquainted with the Medical campus in a general way, and at the same time provide the Admissions Committee better insight into his/her personal interests and attitudes. Equally important and to add
value to our learning environment is the infusion of students from a variety of cultural and ethnic backgrounds to insure our students are prepared for life and practice in an expanded environment.

g. Following presentation, discussion and evaluation of each application, the Admissions Committee by majority vote will make a recommendation to ACCEPT, REJECT or HOLD each applicant.

h. Applicants who are in the ACCEPT or REJECT category are notified by the Admissions Office. ACCEPTED applicants are provided information explaining and specifying the mechanism for executing and confirming intent to matriculate.

SPECIAL NOTE – Applicants in the BS/MD program at Marshall may be subject to different procedures as outlined in the BS/MD policies and procedures specific to their program.

3. Confidentiality

a. All functions of the Admissions Committee are held in strictest confidence.

b. All recorded data of the Admissions Committee is secured by the Assistant Dean of Admissions.

4. Nondiscrimination

a. There is no discrimination because of race, color, gender, sexual orientation, religion, age, disability, pregnancy, national or ethnic origin, political beliefs or veteran status.

5. Technical Standards

These technical standards for admission are set forth by the MUJCESOM to establish the expectations and requisite abilities considered essential for students admitted to its educational and training programs to achieve the levels of competency stipulated by MUJCESOM, its accrediting agency (the Liaison Committee on Medical Education of the Association of American Medical Colleges and the American Medical Association), and the Higher Education Policy Commission of the State of West Virginia.

A practicing physician must possess the physical, mental, behavioral and social competencies to function in a variety of clinical situations and to render a broad spectrum of patient care in multiple and varied settings.

Accepted students must be able to perform the academic and clinical competencies to meet the full requirements of the school’s curriculum.

Accepted students with disabilities which may compromise their educational process, the educational
process of classmates or the practice of medicine may be required to undergo appropriate evaluation to assess their ability to meet the school’s technical standards and/or continue in the program.

The academic and clinical competencies of the school’s curriculum include the capacity to observe, communicate and demonstrate sufficient motor ability to perform physical examinations and basic laboratory and diagnostic procedures. Students must demonstrate emotional stability, exercise sound judgment, work effectively in stressful situations, and have the intellectual ability to synthesize data and solve problems.

Applicants for admission to MUJCESOM who are invited for an on campus interview are required to certify on the day of their interview that they understand and are able to meet the technical standards described herein with or without reasonable accommodations. A description of any actual disability and the need for accommodations should not be disclosed at this time.

Reasonable accommodations can be made for accepted students with appropriately documented disabilities. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards or poses an undue administrative or financial burden for the School of Medicine. Except in rare circumstances, the use by the candidate of a third party (e.g., an intermediary) to perform any of the functions described in the Technical Standards set forth would constitute an unacceptable modification.

An accepted student who has a disability and needs accommodations should initiate discussions with the MUJCESOM Office of Medical Education as soon as the offer of admissions is received and accepted. It is the responsibility of an accepted student to provide sufficiently current information documenting the general nature and extent of his/her disability and the functional limitations proposed to be accommodated. The student must recertify that he/she is able to meet the Technical Standards with their specific accommodations. The School of Medicine reserves the right to request new or additional information.

Accepted students to the Marshall University Joan C. Edwards School of Medicine must meet the following Technical Standards:
• Must be able to obtain, process and learn information presented in classroom, laboratory and clinical experiences, including but not limited to lecture, anatomical dissection and simulated and real treatment situations;

• Must be able to acquire information from a variety of sources, including but not limited to texts, journals, written documentation, videotapes, films, slides and advanced media resources;

• Must have the mental capacity to, in a timely manner, assimilate, learn and communicate large volumes of complex, technically detailed information; perform clinical problem-solving and synthesize and apply concepts and information from different disciplines to formulate evaluative and therapeutic judgments;

• Must be able to measure, calculate, analyze, synthesize and evaluate information;

• Must be able to comprehend three-dimensional relationships and understand spatial relationships of structures;

• Must be able to process information in a timely manner;

• Must be able to solve clinical problems in a timely manner;

• Must be able to observe simulated and real patients accurately close at hand and at a distance;

• Must be able to assess verbal and non-verbal communication from others;

• Must be able to demonstrate effective, efficient and sensitive verbal, non-verbal, and written communication skills with faculty, peers, patients and other members of the health care team from different cultural and social backgrounds;

• Must be able to consistently perform a complete history and physical exam on any patient regardless of the patient’s race, religion, ethnicity, socioeconomic status, gender, age or sexual orientation.

• Must be able to tolerate long periods of sitting as well as long periods of physical activity;

• Must be able to manipulate parts of, or whole bodies of, simulated and real patients;

• Must be able to tolerate close physical contact with patients for instructional purposes while maintaining professional deportment;

• Must possess the emotional health necessary for the full use of intellectual abilities, the exercise of sound judgment and the effective completion of all responsibilities attendant to the educational expectations, assessment and treatment of patients and the development of mature, sensitive, and effective relationships with patients, family members, colleagues and others;
• Must be able to endure physically and mentally stressful workloads and function effectively and professionally under stress;
• Must be able to adapt to changing environments and expectations;
• Must be able to prioritize activities effectively;
• Must possess adequate sensory function to fulfill the minimum competency objectives for auscultation, percussion and other physical assessment and treatment procedures commonly used in the medical practice;
• Must have the capacity to learn, model and abide by the professional competencies of the profession;
• Must have the ability to record examination and diagnostic results clearly, accurately and efficiently, and communicate them effectively to the patient and colleagues.

Marshall University Joan C. Edwards School of Medicine Admissions Committee

1. Process Outline
It is in the best interests of the Joan C. Edwards School of Medicine and of the applicants that a careful and thorough consideration of each candidate selected for interview is conducted. The following procedures have been adopted by the Admissions Committee to that end. As an independent committee, the mechanisms, practices, procedures and guidelines for the functioning of the Admissions Committee are set by majority vote of the Committee itself. It should be noted that in some cases, circumstances will require that actions outside the procedures outlined herein must be taken in order to insure a balanced and appropriate review. In those cases, an agreement by the majority of Committee members attending that meeting may alter the procedures set out herein so as to insure a fair and balanced process, acting within the parameters required by federal and state non-discrimination laws and guidelines as set forth by the Liaison Committee on Medical Education. A change to procedures as described above shall be recorded in the documentation for that meeting.
   a. Faculty members must constitute the majority of voting members at all meetings.
   b. Committee meetings are held on Tuesday evening from 5:00–7:00 pm. Bi-weekly meetings are anticipated.
   c. Interviews are conducted at the Joan C. Edwards School of Medicine campus.
   d. All recorded data of the Admissions Committee is secured by the Assistant Dean of Admissions.
e. Interviews are conducted on Saturday mornings. Additionally, weekday interviews may be arranged. Saturday interviews include the opportunity to meet socially for breakfast, a scheduled time to meet with current students and a tour of the education floor of the Byrd Clinical Center. Weekday interviewees have the opportunity to tour the education floor of the Byrd Clinical Center and to talk with a current medical student, if available. Applicants are given the choice of days for interviews.

f. The interview need not be formally structured. The report to the committee will be on the interview data form and this written summary of the interview is placed in the application folder. The purpose of the interview is to:
   i. Corroborate and/or supplement favorable data present in the application folder.
   ii. Explain and potentially upgrade unfavorable data
   iii. Identify possible undesirable characteristics.

The interview permits strengthening, weakening or confirming (no change) the application.

g. The interviewers will present the candidate to the committee when the application folder is complete. At least two of the three required recommendations must be incorporated in the folder prior to discussion. At the initial discussion of each candidate before the entire committee, at least one of the interviewers must be present.

h. Following initial presentation by the interviewers, the applicant is discussed by the committee and one of three recommendations is made:
   i. ACCEPT: Committee action of acceptance is immediately forwarded to the Admissions Office with the actual committee vote included.
   ii. HOLD: Candidates in this category present qualifications that are less competitive than applicants in the ACCEPT category; candidates in the HOLD category will be re-evaluated and are considered to remain in an active category. A candidate may also be placed in Hold by the committee in anticipation of the receipt of additional information. A candidate’s application can be “recalled” for a second or additional review due to receipt of additional information and/or at the request of any member of the Admissions Committee. A request that a candidate be re-interviewed must receive a majority consensus of the Admissions Committee members attending that meeting. This request would be considered only if the member could provide specific cause for such action. An applicant also has the right to request an additional interview if he/she feel that one of
his/her interviewers presented a conflict of interest or a perceived bias. The additional interview could be held on the same day as the two primary interviews or the applicant can elect to come back at a later date to re-interview.

iii. **REJECT:** A rejected candidate’s application is immediately forwarded to the Admissions Office with the actual committee vote included.

i. A majority vote of those present will be necessary to place the application in an inactive category (either ACCEPT or REJECT); if less than a majority vote is obtained for an inactive category the application remains in the HOLD category.

j. Following committee recommendation of either ACCEPT or REJECT, Admissions Committee activity regarding the applicant ceases unless important additional information is received that should be reviewed and considered by the Admissions Committee.

k. Those applicants remaining in the HOLD category will undergo a second discussion and vote by the Admissions Committee. This process is defined as second-round evaluation. Those applicants typically will not undergo second-round evaluation until all applicants have undergone the initial first-round discussion and voting procedure, although an interviewer may request recall of a candidate prior to this timeframe based on additional information received.

l. At the second-round evaluation of applicants in the HOLD category, the applicant must be recommended as either an ACCEPT or REJECT. At this time an applicant cannot be voted into the HOLD category a second time. Second-round evaluations are conducted in a similar manner to the first-round process including presentation by interviewers; one interviewer should be present before the evaluation is instituted. At the final meeting of the admissions season, this can be waived with a majority consensus of the members attending that meeting.

m. Marshall takes a holistic admissions approach that incorporates screening, interviewing and selection. An MCAT score of 498 on the new MCAT or a 24 on the old MCAT and a minimum undergraduate GPA of a 3.0 is preferred; however, a review of students who demonstrate an exceptional balance of experiences, attributes and academics that are in line with the school’s mission, may be considered. A minimum MCAT score for consideration is currently a 496 on the new MCAT or a 24 on the old MCAT.

n. As a State of West Virginia medical school, MUJCESOM gives interview preference to West Virginia residents. In addition, nonresidents who meet the minimum requirements and who have completed the following Pipeline Programs will also receive interview preference:
a) Project Pre-Med
b) The Hampton University
c) Medical Sciences Pathway Program

o. Some interviews here will be available to well-qualified nonresidents in the following categories:
   i. Well-qualified residents from Kentucky, Maryland, Ohio, Pennsylvania, and Virginia
   ii. Nonresidents who can demonstrate strong ties to West Virginia.

p. West Virginia applicants having:
   - a 3.5 or better GPA in both science and overall, and
   - a total score of 26 or above on the old MCAT, or 500 or above total on the new MCAT,
     with no individual section below an 8 on the old MCAT or below 125 on the new MCAT,
   - and recommendations strongly positive as deemed by the committee will be interviewed
     by two experienced interviewers. If both interviewers agree that the applicant should be a
     first-round accept, the applicant will be immediately notified of acceptance if his/her WV
     residency has been verified and if space in the class is available without having his/her
     application reviewed by the Admissions Committee.

q. Review of Admissions Committee activities prior to forwarding letters of final disposition to
   applicants will be made by the Assistant Dean of Admissions, who will ensure that all
   documentation regarding entrance requirements, residency determination and other process
   compliance areas have been received and evaluated.

r. All functions of the Admissions Committee are to be held in confidence by members of the
   Admissions Committee, per the Family Educational Rights and Privacy Act (FERPA) guidelines.
   Information gathered and/or discussed during the admissions process shall only be disseminated
   to those individuals with a need to know so as to insure a lawful and effective admissions process.

Notification of Applicants

Candidates are notified in writing as soon as possible as to their admissions status once a final decision
has been made. Candidates are advised if they are placed on the wait list. The candidates on the wait list
will not be ranked until after the close of their academic year. Additional grades and the results of a repeat
MCAT taken during early spring, if available, can therefore be used in the final ranking. Any individual
relinquishing his/her place as an acceptee will be replaced by the next ranking candidate on the wait list.
February 1, 2013, Admissions Procedures Draft Document forwarded to Admissions Committee for review. Admissions Committee reviewed, discussed and adopted procedural changes February 5, 2013. The procedural document was reviewed, revised and adopted by the Admissions Committee October 29th, 2013. The procedural document was reviewed, revised and adopted by the Admissions Committee July 21, 2015. The procedural document was reviewed, revised and approved by the Admissions Committee May 10, 2016. Policy was reviewed, revised and approved, September 7, 2017.