



## Non-Academic Attributes – Required Document Doctor of Medicine Degree

### **Directions:**

You must complete this file and upload it to your application as part of the application process. You will not be able to submit your application without this document. Complete all sections that apply to you; all applicants, as indicated below, must complete required sections:

1. Work Experience – **Required**
2. Extracurricular Activities – **Required**
3. Publications – Optional, if applicable.

Please consult the Application Guide prior to completing the above documents to ensure they are completed in the right format.

Only one copy of this document is permitted per applicant. Admissions Office staff cannot update information omitted by applicants once your application is submitted; do not submit until you have checked all sections to reflect your complete experience.

Please consult the Application Handbook before contacting our office. If your question is not answered in the Handbook, our office can be reached at 709-864-6328 and [munmed@mun.ca](mailto:munmed@mun.ca). Call and email volume is high during the last 5 business days before the application deadline; as such, it can take up to 48 hours for a response. To avoid delays, begin your application several weeks in advance and submit ahead of the deadline.

Late and/or incomplete applications are not accepted. [\*\*Deadline dates and times are firm.\*\*](#)



## Work Experience – Required

### Instructions:

Complete the table on the following page to indicate your work experience to date. Include only employment that has **already occurred**, not work that will transpire after your application is submitted. You may enter up to 12 different employment positions - if you have more than this, select those that are the most recent, relevant, and/or the longest.

The Committees appreciate that applicants may have different employment opportunities. There is no preferred type of employment and a variety of experiences is encouraged. If you feel your work experience has been limited, or is atypical, please indicate such on the next page.

Be sure the contact information provided for the Contact Person is correct or another person at the organization is able to verify your employment. Information that is not verifiable, via the information provided by the applicant, will assumed to be incorrect and may be grounds for closing the application. **Follow up with contacts accordingly.**

Classify each of your work experiences using the definitions below:

- i. **Work Term:** Use this for work terms, practicums, or placements required as part of your degree, Master's, or Ph.D. program, whether paid or unpaid. Do not use Full-Time during University. If such a placement led to employment upon completion, outside of the requirements for your post-secondary program, make two entries: one identified as Work Term and one as Employment as defined below.
- ii. **Part-Time** – less than 30 hours per week at one position, either upon graduation from a post-secondary degree or in the summers (or equivalent) between post-secondary semesters. You are not in school during this time.
- iii. **Full-Time** – 30 or more hours per week at one position, either upon graduation of a post-secondary degree or in the summers (or equivalent) between post-secondary semesters. You are not in school during this time.
- iv. **Part-Time during University** - less than 30 hours per week at one position, while attending university on either a full-time or part-time basis.
- v. **Full-Time during University** - 30 or more hours per week at one position, while attending university on either a full-time or part-time basis.

If you have no employment to enter at this time, please answer "Yes" to the question following the table and provide a reason as to such.

Work Experience



Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

AAMC ID: \_\_\_\_\_

**See the Application Guide for further details on how to complete your entries correctly.**  
All fields must be complete for each work experience listed.

Employer Name	City	Hours/week	Start Date	End Date	Title	Position Type	Contact Person	Contact Title	Contact Number

Work Experience

Do you feel your employment has been limited?    Yes    No (If “Yes” is selected, you must provide a reason below.)

Character limit: 400

Have you held multiple part-time jobs while attending university full-time?    Yes    No

If you answered “Yes” to the above, how many hours did you work each week from all part-time jobs combined?



## Extracurricular Activities – Required

### Instructions:

Complete the table on the following page to indicate your extracurricular activities to date. Include only those events that have already occurred, not contributions that materialize after the application deadline.

Extracurricular activities are those activities that you take part in outside of academic and employment requirements. You may enter up to 12 extracurricular activities – if you have more than this, select those that you have committed to the longest and/or are the most recent. Extracurricular activities should be restricted to those activities that you have taken part in in the last 5 – 7 years and do on a regular basis. Avoid entering daily living tasks – cooking, childcare, personal hobbies, domestic responsibilities, etc.

The Committees appreciate that applicants may have unequal amounts of time and opportunities for volunteering and community contributions. Overall, they are looking for consistency in extracurricular activities combined with a genuine interest to be involved with and contributing to your communities. If you feel your extracurricular activities have been limited, please answer “Yes” to the question below the table and provide a reason for such.

Be sure the contact information provided for the Contact Person is correct or another representative at the organization is able to verify your contribution. Information that is not verifiable, via the contact information provided by the applicant, will assumed to be incorrect, and may be grounds for closing the application. **Follow up with contacts accordingly.**

Extracurricular Activities



Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

AAMC ID: \_\_\_\_\_

**See the Application Guide for further details on how to complete your entries correctly.**

All fields must be complete for each work experience listed.

Organization Name	Description	Hours /week	Start Date	End Date	Total Hours	Contact Person	Contact Title	Contact Number

Extracurricular Activities

Do you feel your extracurricular activities have been limited?    Yes    No (If “Yes” is selected, you must provide a reason below.)

Character limit: 400



## Publications – Optional

### Instructions:

This section is only for those applicants who have:

- publications either pending or published in academic journals;
- completed other published works for professional display in a public venue (conferences, etc.)

If you have more publications than can be entered on this form, please send an email with pertinent details to [munmed@mun.ca](mailto:munmed@mun.ca), quoting your AAMC and birth date as identifiers.

If you have a URL where your publication can be viewed and verified, please enter it in the “Title” field on the table and complete author status as indicated.

If you do not have a URL, complete the table following the instructions below:

- “Publication Type” refers to the kind of publication you have (i.e. journal article, poster, etc.)
- If the “Volume”, “Issue”, and “Pages” do not apply to your publication, enter “N/A”
- If you are the 1<sup>st</sup> or 2<sup>nd</sup> author on an article, indicate such; otherwise, indicate “N/A”.

Publications are not required to apply. If you have no publications to include at this time, please indicate below and leave the following page blank.

I have no publications to date.



Publications



Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

AAMC ID: \_\_\_\_\_

Publication Type	Title/URL	Volume	Issue	Pages	Author (1 <sup>st</sup> , 2 <sup>nd</sup> , or N/A)