



Preceptorly.

— THE HONEST GUIDE • APPLICATION STRENGTH

How strong is your application, really?

The honest way to read your own file — the real data schools actually compare you to, what genuinely moves the needle, and how Preceptorly reads it *for* you. Nothing hyped, nothing faked.

THE FOUR STRENGTH TIERS



BUILDING



SOLID



STRONG



STANDOUT

Read this
first

One thing before you read on: Application Strength measures the strength of your *current, measurable* application — **not your probability of admission**. That difference is the whole point of this guide.

Find your Strength tier — right now.

No sign-in, no calculator. Match your **GPA** and **MCAT** to the ladder for your path — and read your honest tier off the board.

- 1 Pick your path — **MD** or **DO**.
- 2 Find your **GPA** tier, then your **MCAT** tier.
- 3 Your tier = the **lower** of the two.

◆ PRECEPTORLY GUIDANCE — NOT OFFICIAL CUTOFFS

These tiers are **our** framework for reading measurable strength. They are not AAMC/AACOM admissions categories, and no score here is a cutoff.

BUILDING	SOLID	STRONG	STANDOUT
MD GPA < 3.50 MCAT < 505	MD GPA 3.50–3.69 MCAT 505–509	MD GPA 3.70–3.84 MCAT 510–514	MD GPA 3.85+ MCAT 515+
DO GPA < 3.35 MCAT < 498	DO GPA 3.35–3.54 MCAT 498–502	DO GPA 3.55–3.74 MCAT 503–509	DO GPA 3.75+ MCAT 510+

Your Strength tier is the **lower** of your GPA and MCAT tier — the honest read of where your numbers land today.

MY TIER → _____

THE OTHER HALF

This is your numbers tier — the ceiling. Real clinical experience is the other half of the read: it won't *lift* your tier, but thin hours can pull a strong file down. We break your experience out just ahead.

One high number doesn't erase a lower one — schools read your whole file, and these bands are **Preceptorly guidance, not cutoffs**. Want the exact read — your percentile vs. real matriculants, your experience, and your school list? That's what Preceptorly does. [Here's how it looks →](#)

A note from Jon

EMERGENCY MEDICINE PHYSICIAN • FOUNDER, PRECEPTORLY



I'm **Jonathan Kelley, DO** — an emergency medicine physician and the founder of Preceptorly. After years working with premeds, I got tired of how much admissions advice *sounds* precise without being backed by anything real.

Preceptorly is built on one rule: **if the evidence doesn't support a claim, we won't pretend it does**. No fake odds. No invented cutoffs. Just honest, physician-built guidance and a straight read on where you actually stand. I hope this guide makes one part of the road a little clearer.

Jonathan Kelley, DO

EMERGENCY MEDICINE PHYSICIAN • FOUNDER, PRECEPTORLY

— OUR STANDARD

The Preceptorly Promise

◆ REAL DATA

Official sources whenever reliable data exist — AAMC and AACOM, cited.

◆ HONEST GUIDANCE

When something is our interpretation and not an official rule, we say so.

◆ NO FAKE ODDS

We never turn incomplete information into a made-up acceptance percentage.

◆ NO MADE-UP CUTOFFS

Averages, medians, percentiles and requirements are different things. We treat them that way.

◆ NUMBERS AREN'T EVERYTHING

Your story, context, writing, letters and interview matter — and a metric can't see them.

◆ CHECK OUR SOURCES

We show you where every figure came from, so you never have to take our word for it.

PHYSICIAN REVIEWED

Jonathan Kelley, DO

LAST REVIEWED

August 2026

DATA VINTAGE

AAMC 2025 • AACOM 2025

◆ YOUR APPLICATION STRENGTH • MD

SAMPLE READ

Strong



A tier, not a score. It never predicts admission.

OVERALL GPA



TOTAL MCAT



EXPERIENCE DEPTH – VS. COMPETITIVE NATIONAL RANGES

Activity	Hours
Clinical	320 hrs
Shadowing	85 hrs
Volunteering	160 hrs

PRECEPTORLY – HOW STRONG IS YOUR APPLICATION: THE HONEST GUIDE

What each Strength tier means

Four tiers, plain-English. Notice what each one *is* — and just as importantly, what it **isn't**.

BUILDING

Below typical matriculant levels in some measurable areas. This is context, not a verdict — and honestly the most *improvable* place to be. Every year, people matriculate from here.

SOLID

A credible measurable foundation for medical school. Not a green light, not a red one — smart, well-matched school targeting is where it's won from here.

STRONG

Compares favorably with national matriculant benchmarks. A real, earned strength — but it is *not* an admission prediction. Execution and fit still decide it.

STANDOUT

Compares very favorably with national benchmarks. Genuinely rare air on the numbers — and still not a guarantee. The rest of your application is exactly where you can't coast.

No tier is a "yes." No tier is a "no."

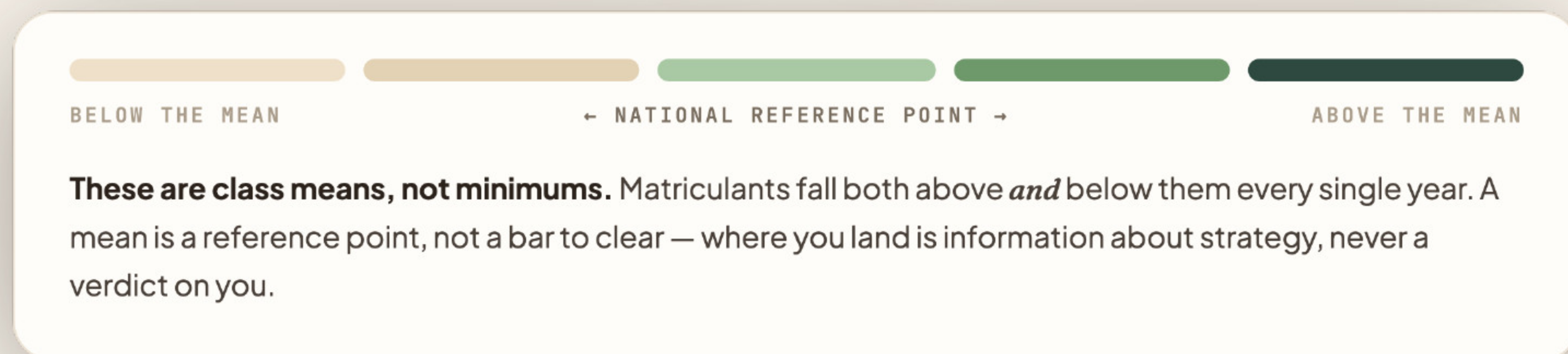
Every cycle, applicants matriculate from **every** tier — and applicants with beautiful numbers don't. Your tier is a **starting point, not a ceiling**. It tells you where your measurable foundation stands today, so you know where to aim your energy.

The numbers you're compared with

This is who you're actually measured against — the **2025 entering classes**, straight from AAMC and AACOM. Screenshot this page.



These are averages — not cutoffs.



MD vs. DO are different bars — and both are full, real paths to becoming a physician. Score yourself against the one(s) you're actually applying to, and never treat one as the "backup" version of the other.

What actually moves your Strength

Not everything is equally movable. Spend your effort where it actually changes the picture.

GPA

SLOWEST TO MOVE

Mostly written by the time you apply. A strong *upward trend* can add real context — but late in the game, grinding for tenths is rarely where your energy pays off. Build around it instead.

MCAT

MOST MOVABLE

Your most changeable academic number. Retake only if you're below your school list's range *and* have real evidence you'll rise (practice tests, a fixable off-day) — not to chase a prettier number.

Experience

DEPTH > HOURS

Quality is the lever, not the total. More hours aren't automatically better — depth, responsibility, duration, and reflection can tell a school far more than raw totals. Go deeper before you go longer.

Hours are context, not cutoffs. Medical schools don't publish universal hour requirements. The duration, responsibility, and *meaning* of an experience matter alongside the raw number — so the reference ranges in the tool are a guide, never a finish line.

The honest reframe

You can't rewrite your GPA this month. You **can** retake a test strategically, deepen an experience, and — biggest of all — sharpen everything you write and say. **Point your energy at what's still movable.**

You are more than your numbers

A Strength read is honest — but it's deliberately narrow. Here's how much of the real decision it can actually see.

WHAT THE SCORE SEES

The numbers

WHAT MEDICAL SCHOOLS ACTUALLY WEIGH

Everything else, too

Illustrative — not a literal weighting. The point: metrics are one input among many.

Medical schools don't admit GPAs and MCAT scores — they evaluate applicants. The AAMC's own selection framework weighs experiences, attributes, competencies, and personal context *alongside* academic metrics. So the parts a five-input tool can't see are often the parts that decide it:

Your "why medicine"

Personal statement

Letters of rec

The interview

Experiences & reflection

Personal qualities

Growth & trajectory

Mission fit

Your context

What this score can't score

It doesn't measure your story, your motivations, your writing, your letters, your interview, or how you fit a specific school's mission. **We tell you that on purpose.** Most calculators pretend to know more than they do — the honest move is to name exactly what a number can't capture. Your numbers open doors. Your story is what walks through them.

Then it builds your school list — honestly

Knowing your Strength is step one. Preceptorly takes your numbers *and your home state* and sorts real schools into **Reach, Target, and Foundation** — by where you actually stand against each school's accepted students. No odds. Just a smart, balanced list to aim at.

◆ YOUR SCHOOL STRATEGY • MD • HOME STATE: OH

SAMPLE LIST

REACH

Aim high — you're below the middle of their accepted range

Johns Hopkins

MD • BALTIMORE • OUT-OF-STATE

~15TH %ILE ACCEPTED

Washington University in St. Louis

MD • ST. LOUIS • OUT-OF-STATE

~20TH %ILE ACCEPTED

TARGET

Right in the mix — squarely in their accepted range

Case Western Reserve

MD • CLEVELAND, OH • IN-STATE

~50TH %ILE • IN-STATE

University of Cincinnati

MD • CINCINNATI, OH • IN-STATE

~55TH %ILE • IN-STATE

FOUNDATION

Well-matched — you're above the middle of their accepted range

Wright State (Boonshoft)

MD • DAYTON, OH • IN-STATE

~80TH %ILE • IN-STATE

Northeast Ohio (NEOMED)

MD • ROOTSTOWN, OH • IN-STATE

~82ND %ILE • IN-STATE

You get a curated shortlist to start — not 200 undifferentiated schools — balanced across the three tiers and weighted to fit your file and geography. That's the difference between a data dump and a real strategy. **Percentile is among *accepted* students — never a prediction of admission; averages aren't cutoffs.**

What to do with this

Find where your file likely lands, take the one honest next step, and stop refreshing calculators.

BUILDING

Close the biggest measurable gap.

Usually the MCAT or clinical depth. Pick the single lowest input and move it — one thing at a time beats spiraling.

SOLID

Target with precision.

Your foundation is credible — now build a school list genuinely matched to it, and make your story do the lifting.

STRONG

Protect it — and polish the story.

Don't coast. Submit early, and put your energy into essays and interviews, where a strong file gets won or lost.

STANDOUT

The numbers won't carry you alone.

Great stats get you read, not admitted. Your narrative, fit, and interview are now the whole game.

Get your real read the day we open.

This guide shows you how to read your file. **Preceptorly does it for you** — your live Application Strength, split MD/DO, plus **Application Readiness** (everything you still control: essays, school list, timing, interviews). Two honest scores that never blend, kept live all cycle, with a plan to close the gaps. No fake odds, ever.

Opening January 2027 — you're on the list. We'll text you the day it's live.

© Preceptorly · Educational guidance, not a guarantee of any admissions outcome · Benchmarks: AAMC FACTS 2025 & AACOM 2025, rounded. Strength tiers & experience ranges are Preceptorly guidance, not AAMC/AACOM standards or cutoffs. Sample read is illustrative. Verify current figures at aamc.org / aacom.org.