APPLICATION INSTRUCTIONS AND REQUIRED MATERIALS

PHYSICIAN ASSISTANT STUDIES PROGRAM
PHILADELPHIA UNIVERSITY

Freshman (Combined BS/MS): The required application materials are listed below. Complete applications will be reviewed on a rolling basis. The postmark deadline for submission of application materials for the fall semester beginning in August is December 15th.

Graduate (MS): Students interested in the MS option must apply through the Central Application Service for Physician Assistant (CASPA). To learn more, visit www.caspaonline.org.

Application materials can be mailed, emailed, or sent electronically through online applications.

Email: Admissions@PhilaU.edu
Mail: Office of Admissions
Philadelphia University
4201 Henry Avenue
Philadelphia, PA 19144-5497

Electronic: Common Application, Naviance, Docufide, eDocs
Fax: 215-951-2907

1. $40 non-refundable application fee (check or money order), payable to Philadelphia University
2. General University Application for Admission
3. PA Supplemental Application or Resume that summarizes your healthcare experience and certification.
4. Official High School Transcript
5. SAT or ACT scores
6. International students must submit TOEFL or IELTS test results
7. Three letters of reference
   a. Please have three letters of reference sent to Admissions from individuals who are familiar with your occupational or academic work such as a teacher, counselor, or supervisor. There are optional forms provided in this packet, but a letter from your referrer will be sufficient. Letters can be mailed, emailed, faxed, or sent electronically as listed above. Your application will not be reviewed until we receive all three letters.
8. Personal essay
   a. Please submit an essay of at least 250 words discussing your motivation for wanting to be a PA and attributes you have that make you well suited for the PA profession. This essay must be typed and limited to one page.
COMMON SUPPLEMENTAL APPLICATION

PHYSICIAN ASSISTANT STUDIES PROGRAM

PHILADELPHIA UNIVERSITY

APPLICATION FOR:
Bachelor of Science (BS) in Health Sciences/Master of Science (MS) in Physician Assistant Studies—Freshman Option (NO COLLEGE, OR LESS THAN 16 CREDITS)

I WISH TO ENTER IN FALL 20__ SPRING 20__

PERSONAL INFORMATION

1. Name: _________________________________________________________________________________________________
   LAST FIRST MIDDLE

2. □ Male □ Female

3. Social Security Number: ________________________________

4. Have you ever applied for this program before? □ Yes □ No  If yes, when? Fall ________________

HEALTH CARE WORK EXPERIENCE

Please list all health care work experience below, listing the most recent first. This would include any volunteer experience as well. Students need only list health care work not already listed on the Common Application. Use additional paper as necessary.

5. Agency: ___________________________________________ Address: ___________________________________________
   CITY STATE
   Your Position/Title: __________________________________________
   □ Paid □ Volunteer □ Full-Time □ Part-Time
   Dates: ________________ TO ________________
   Responsibilities: _______________________________________________________________________________________
   ________________________________________________________________________________________________
   What did you like and dislike about this position? _______________________________________________________
   ________________________________________________________________________________________________

6. Agency: ___________________________________________ Address: ___________________________________________
   CITY STATE
   Your Position/Title: __________________________________________
   □ Paid □ Volunteer □ Full-Time □ Part-Time
   Dates: ________________ TO ________________
   Responsibilities: ______________________________________________________________________________________
   ________________________________________________________________________________________________
   What did you like and dislike about this position? _______________________________________________________
   ________________________________________________________________________________________________
7. Agency: ____________________________ Address: ____________________________

Your Position/Title: ____________________________

☐ Paid  ☐ Volunteer  ☐ Full-Time  ☐ Part-Time Dates: ____________ MONTH/YEAR TO ____________ MONTH/YEAR

Responsibilities: ______________________________________________

________________________________________________________________________________________________________

What did you like and dislike about this position? ________________________________________________

________________________________________________________________________________________________________

8. Have you been licensed or certified in any health profession?  ☐ Yes  ☐ No  If yes, please list below.

Profession: ____________________________________________ Date: _______________________

Profession: ____________________________________________ Date: _______________________

Profession: ____________________________________________ Date: _______________________

MILITARY EXPERIENCE

9. If you ever served in the military, please complete the following:

Branch: ____________________________ Dates of service: ____________________________

Job or career field: ____________________________

RECOMMENDATIONS

Please list the individuals you will be using as references.

10. Name: ____________________________ Agency: ____________________________
    Title: ____________________________ Phone Number: ____________________________

11. Name: ____________________________ Agency: ____________________________
    Title: ____________________________ Phone Number: ____________________________

12. Name: ____________________________ Agency: ____________________________
    Title: ____________________________ Phone Number: ____________________________

PERSONAL ESSAY

Please submit an essay of at least 250 words, discussing your motivation for wanting to be a PA and attributes you have that make you well suited for the PA profession. This preferably should be typed, and limited to one page.
EVALUATOR

Please answer the below listed questions according to your best knowledge of the applicant. The Physician Assistant Studies Program cannot guarantee the confidentiality of your statement unless the applicant has signed the above waiver statement.

Thank you for your assistance.

1. How long have you known the applicant? ___________________________________________________________________

2. What is your relationship with the applicant? ________________________________________________________________

Please comment on the applicant’s strengths and weaknesses in the following areas. You may write “N/ A” if an area is not applicable or if you have no knowledge of the applicant’s abilities in that area.

3. Academic or intellectual ability:  ____________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________

4. Verbal communication skills:  ______________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________

5. Written communication skills:  _____________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________

6. Ability to accept and utilize constructive criticism:  ___________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________

7. Motivation and/or perseverance:  ___________________________________________________________________________
   ________________________________________________________________________________________________________
   ________________________________________________________________________________________________________

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APPLICANT

Please fill in your name, social security number, address, and sign waiver.

Applicant Name: ___________________________________________________________________________________

Address: __________________________________________________________________________________________

__________________________________________________________________________________________________

Social Security Number: _______________________________________

I hereby voluntarily waive my right of access to any information contained in this recommendation form and agree that the information contained in the form should remain confidential.

__________________________________________________________   __________________________________

Signature of Applicant                                      Date
8. Interactions with clients and/or patients:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

9. Empathy:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

10. Emotional stability/maturity:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

11. Problem-solving skills:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

12. Ability to get along and work with others:
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

13. Additional comments (use additional paper if necessary):
________________________________________________________________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________

14. May we contact you for additional information?  □ Yes  □ No

15. Overall recommendation (please check one):
 □ This applicant has my highest recommendation.
 □ I recommend this applicant highly, without reservation.
 □ I recommend this applicant.
 □ I recommend this applicant, with some reservations.
 □ I do not recommend this applicant.

Name: ______________________________________________________________________________________________________

Title: __________________________________________________  Agency: ___________________________________________

Address: __________________________________________________________________________________________________

Phone Number: _________________________________________  Email: _____________________________________________

_______________________________________________________   __________________________________________________

Signature of Evaluator  Date

PLEASE NOTE: Place this recommendation in a sealed envelope, with your signature across the flap, and return it to the applicant. The Physician Assistant Studies Program requires that all recommendations be mailed together with the student's application for admission. Thank you for your assistance.
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________________________________________________________________________________________________________

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________________________________________________________________________________________________________
________________________________________________________________________________________________________
8. Interactions with clients and/or patients: ______________________________________
   ______________________________________
   ______________________________________

9. Empathy: ______________________________________
   ______________________________________
   ______________________________________

10. Emotional stability/maturity: ______________________________________
    ______________________________________
    ______________________________________

11. Problem-solving skills: ______________________________________
    ______________________________________
    ______________________________________

12. Ability to get along and work with others: ______________________________________
    ______________________________________
    ______________________________________

13. Additional comments (use additional paper if necessary): ______________________________________
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Name: __________________________________________________

Title: __________________________________________________  Agency: ___________________________________________

Address: __________________________________________________

Phone Number: _________________________________________  Email: _________________________________________

_______________________________________________________   _________________________________________________

Signature of Evaluator  Date

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   ______________________________________________________________________
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   ______________________________________________________________________
   ______________________________________________________________________

7. Motivation and/or perseverance: ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
8. Interactions with clients and/or patients: ________________________________________________________________
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________

9. Empathy: _________________________________________________________________________________________
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________

10. Emotional stability/maturity: ______________________________________________________________________
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________

11. Problem-solving skills: __________________________________________________________________________
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________

12. Ability to get along and work with others: __________________________________________________________________
    ________________________________________________________________________________________________
    ________________________________________________________________________________________________

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    □ I do not recommend this applicant.

Name: ______________________________________________________________________________________________
Title: __________________________________________________  Agency: _________________________________________
Address: ___________________________________________________________________________________________
Phone Number: _________________________________________  Email: _____________________________________
_______________________________________________________   __________________________________________________
Signature of Evaluator  Date

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