Graduate Program Physician Assistant Shadowing Verification

Instructions

Please complete this form to verify that you have participated in an experience with a practicing physician or physician assistant. This experience can be in the form of shadowing, internship, volunteer or work experience. Applicants are required to complete a minimum of 250 hours. At least 50 of the 250 hours must be from direct shadowing of a physician assistant.

Applicant Information

| Name | | | | |
|--------------------------------|----------------|-------|-----|--|
| First | Middle Initial | Last | | |
| Current Address | | | | |
| City | | State | Zip | |
| Shadowing Experience | | | | |
| Institution/Location | | | | |
| Date(s) of Experience | | | | |
| Total Number of Hours | | | | |
| Physician / Physician Assistan | t Information | | | |
| Name | | | | |
| Workplace | | | | |
| Address | | | | |
| City | | State | Zip | |
| Phone | E-mail Ado | dress | | |

I verify that the above-named applicant participated in an opportunity to explore the physician assistant profession by spending time observing me in practice.