

UNIVERSITY OF SOUTH ALABAMA

Application for Admission to the Department of Physician Assistant Studies

University of South Alabama
Department of Physician Assistant Studies
HAHN 3124
307 N. University Blvd.
Mobile, AL 36688-0002
251-445-9345
Fax: 251-445-9336
www.southalabama.edu/alliedhealth/pa
E-mail: pastudies@usouthal.edu
Office Hours:
Monday – Friday
8:00 am – 5:00 pm

INSTRUCTIONS AND INFORMATION

YOU ARE ENCOURAGED TO COMPLETE THE APPLICATION PROCESS EARLY!

Please refer to the Program website or brochure for information regarding requirements. If you feel you meet the minimum requirements and wish to apply to the Physician Assistant Program at the University of South Alabama you must complete the following application process. The Department of PA Studies will not process applications that are incomplete or received after the deadline. **It is the applicant's responsibility to follow-up on your application and to ensure that all required documentation is received or postmarked by the deadline.**

Application Deadline

Completed applications, transcripts, reference letters, and test scores must be **received or postmarked** by:

NOVEMBER 1

Application Procedures

- ❑ You must apply via the **Centralized Application Service for Physician Assistants (CASPA)** at www.caspaonline.org by **NOVEMBER 1**. Official transcripts and three references are considered part of the CASPA application and should be sent directly to them. If you are not able to apply online, you may request a paper application from CASPA (617-612-2080).
- ❑ You must complete and submit the **Supplemental Application** and non-refundable **\$110.00** fee directly to the Program by **NOVEMBER 1**. Make check or money order payable to the University of South Alabama PA Program or pay by credit card.
- ❑ **Graduate Record Examination (GRE) scores** must be sent directly from the testing agency to be considered official and should be received by **NOVEMBER 1**. It is highly recommended that you take the GRE at least eight weeks prior to the deadline to ensure that official test scores are received. Official test scores must be sent directly to (**Institution Code 1880**):
 - University of South Alabama
 - Office of Admissions
 - Administration Building, Room 182
 - Mobile, AL 36688-0002
- ❑ The USA Department of Physician Assistant Studies requires that at least one of your **references** be from a Medical Doctor (MD), Doctor of Osteopathy (DO), or Physician Assistant (PA).

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Please PRINT or TYPE the information on this page in accordance with the instructions.

Social Security Number _____ - _____ - _____ Male Female

Applicant's Full Name _____
Last Name First Name Middle Name Other name in which transcripts may be listed

Applicant's Current Address _____
Street/P.O. Box City State Zip Code

Home Telephone (____) _____ - _____ Work Telephone (____) _____ - _____ Date of Birth _____

Email Address _____ Do you check your email regularly? Yes No

Legal State of Residency _____ Legal County of Residency _____

Applicant's Permanent Address _____
Street/P.O. Box City State Zip Code

Are you a US citizen? Yes No If not, what is your current visa status? _____

Is the Permanent Address located in a rural or other medically underserved area? Yes No

Have you ever attended this University? Yes No If so, please indicate USA Student Number _____

Have you ever applied to this PA Program? Yes No

Have you applied to other PA Programs for this admission year? Yes No

Have you submitted the CASPA Application? Yes No If no, when do you plan to do so? _____

**List date(s) you took the GRE? _____

If you haven't, when do you plan to do so? _____

Official scores must be sent directly to the Univ. of South AL and posted by November 1st (Institution Code 1880)

EDUCATION INFORMATION

List information below for each institution (post high school) you attended. Include college, business, trade, and military beginning with the one most recently attended.

Institution	City and State	Dates Attended	Curriculum/Major	Degree Received

Prerequisite Courses Completed

List all of the prerequisite courses that you have completed with at least a grade of "C" or higher.

Prerequisite Course	Title and Number	Institution	Grade	Credit Hours	Year Completed
Biology					
Chemistry I					
Chemistry II					
Organic Chemistry					
Microbiology					
Anatomy					
Physiology					
Mathematics					
Statistics					
Psychology					
Medical Terminology					

Prerequisite Courses Not Yet Completed

List all of the prerequisite courses that you have NOT yet completed. You must complete prerequisite courses with a grade of "C" or higher, before matriculation.

Prerequisite Course	Title and Number	Institution	Grade	Credit Hours	Year To Be Completed

Additional Courses

Listed below are courses that are not required, however, you will be given extra points during the application process if you have completed of any of these courses with at least a grade of "C" or higher.

Bonus Course	Title and Number	Institution	Grade	Credit Hours	Year Completed
Immunology					
Genetics					
Biochemistry					
Physics					
Pathophysiology					
Pharmacology					

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I know and understand that any or all items contained herein may be subject to verification and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions and other agencies. Furthermore, by submitting this application I agree to abide by the policies and procedures as established by the University.

Signature _____ Date

Type of credit card: VISA MasterCard Discover American Express

Account Number:

Card Valid Through (Month and Year): /

Name on Credit Card: _____

This section of the reference form covers the areas of professional conduct, interpersonal skills and clinical aptitude. Check the appropriate response in each category.

Professional Conduct	Excellent	Very Good	Good	Average	Unacceptable
Promptness & Dependability					
Appropriate Attire					
Professional Attitude					
Abide by policy, procedures and regulations					
Interpersonal Skills					
Interaction with patient					
Interaction with staff					
Ability to accept constructive criticism					
Ability to adapt to stressful situations					
Clinical Aptitude					
Ability to problem solve					
Ability to complete assigned tasks					
Ability to utilize basic clinical knowledge					
Ability to function in a group setting					
Overall Rating					

Comments: _____

 Signature of Referent