

The following pages contain application documents that are to be removed from this booklet and returned to the Distance Learning Program office.

APPLICATION REQUIREMENTS

The following list is provided to assist you in preparing a complete and accurate application to the Distance Learning Program of the University of Nebraska's Physician Assistant Program. Compliance with this list will speed the processing of your application.

Admission to this program is contingent upon the applicant having a bachelor's degree and having completed an accredited PA Program. The degree may be one awarded by a PA Program or another accredited college or university.

A complete application includes:

- A. Application for Admission.** (Please print or type all information requested.)
- B. \$25.00 (US dollars) , non-refundable application fee, payable to the UNMC PA Program.**
- C. Applicant's resume.**
- D. Copy of current PA certificate to function as a physician assistant in the Province in which you are employed. (Not applicable to military)**
- E. Official college transcripts. An official transcript showing your physician assistant course work is required. If your bachelor's degree was not awarded by the institution conducting your PA Program, you must also send an official transcript from that degree granting institution. The transcript (s) must bear the official seal of that institution and be mailed directly to the UNMC PA Program.**
(If you are a graduate of the University of Nebraska PA Program, you do not need to request a transcript)
- F. Signed "Preceptor Agreement" form. (Return with application)**
- G. Preceptor's resume. (Return with application.)**

All materials should be mailed to:

**Distance Learning Program
UNMC-Physician Assistant Program
984300 Nebraska Medical Center
Omaha, NE68198-4300**

DISTANCE LEARNING PROGRAM

APPLICATION FOR ADMISSION FOR CANADIAN PHYSICIAN ASSISTANTS

Please print in ink or type all entries.

Name _____ Former Name(s) _____
Last First Middle (if any appear on records)

Social Insurance #: _____ Female _____ Male _____

Birth date: ____/____/____
Mo Day Yr

Home Address _____
Street City Province Postal Code

Office Address _____
Street City Province Postal Code

Telephone: Home _____ Office _____ Fax _____

E-Mail Address: (required) _____

EDUCATIONAL HISTORY

Physician Assistant Program:

Name of College/University City Province Dates Attended Degree Awarded

College/University where Bachelor's Degree attained: (if different from above)

Name of College/University City Province Dates Attended Degree Awarded

NOTE: Distance Learning Office must be sent an official transcript showing degree(s) earned.

DISCLOSURE

The University of Nebraska reserves the right to verify the following information with the appropriate law enforcement and/or regulatory agencies. A positive response to any of the questions will not necessarily result in denial of admission. Information on this form will be available **ONLY** to the Distance Learning Program Manager and his/her designee for evaluation of your suitability for full admission. The information will be kept **CONFIDENTIAL**. (For any Yes responses, please append details on a separate sheet.)

Yes No Do you currently possess a PA certificate to function as a physician assistant in the province in which you are employed? (Not applicable to military)

Yes No Have you ever been subject to proceedings by a licensing agency to cancel, limit, suspend or revoke your health care license?

Yes No Have you ever been convicted of any criminal offense (including misdemeanors and felonies) other than a minor traffic violation or been the defendant in a civil suit?

In evaluating conviction records, the University of Nebraska Medical Center considers the following factors:

1. Circumstances surrounding the conviction and the relative relationship of the conviction to the physician assistant program.
2. The time interval from the conviction to submission of an application for admission.
3. Other relevant history.
4. Degree of rehabilitation.

Yes No Are you currently using alcohol or a controlled substance(s) that would affect your ability to participate in, or prevent you from successfully completing an academic program in a reasonable period of time?

Yes No Have you ever had any substantiated referrals for child or adult maltreatment that would be on file with the Child or Adult Abuse/Neglect registry of your province? (You may be required to give authorization for a release of information for this registry)

Yes No Have you been issued a dishonorable discharge from the Canadian Forces?

CLINICAL PRACTICE INFORMATION

In what medical specialty are you employed? _____

Do you work full-time in this specialty? ____ Yes ____ No

If you work part-time, can you fulfill 800 clinical hours in 12 months? _____ Yes _____ No

Give the name, address and phone number of the physician who will serve as your preceptor:

| | | | | |
|------------------------|----------|-------------|---------|-------|
| _____ | _____ | _____ | _____ | _____ |
| First | Middle | Last | Degrees | |
| _____ | | | | |
| Street/Post Office Box | | | | |
| _____ | | | | |
| City | Province | Postal Code | Phone | Fax |

Is this physician your current employer? Yes No

Give a brief description of your current usual and customary job duties.

I certify that the information in this application is complete, accurate and true. I understand that information given on this application or any other document/s related to the Distance Learning Program, given falsely or withheld will make me ineligible for admission, continued enrollment, or awarding of a degree. I agree to abide by the standards and requirements as determined by the Physician Assistant Program. I will inform the PA Program of any change in my plans to complete the proposed training.

Applicant's Signature

Date