



**PHYSICIAN ASSISTANT PROGRAM - DIRECT PATIENT CARE EXPERIENCE FORM**

USE ONE VERIFICATION FORM FOR EACH DIRECT PATIENT CARE EXPERIENCE/EMPLOYER

Students must complete and document a minimum of 500 hours of paid direct patient care experience by the CASPA deadline.

**TO BE COMPLETED BY THE APPLICANT**

Falsification of any part of this document will result in the removal of the applicant for admission consideration and if admitted, immediate dismissal from the program.

<b>Applicant's Full Name:</b>	<b>Applicant's Email:</b>
<b>Applicant's Current Address:</b>	<b>Applicant's Current Phone Number:</b>
<b>Employer:</b>	<b>Type of Setting/Clinical Site:</b>
<b>Position Title:</b>	<b>Dates of Experience:</b>
<b>Describe your direct patient care experience, including services and tasks performed. Include a separate attachment if additional space is needed.</b>	
<b>Total Hours Claimed:</b>	<b>Signature of Applicant:</b>

**TO BE COMPLETED BY THE SUPERVISOR/VERIFYING OFFICIAL**

Your signature is verification that the information provided by the applicant is truthful and accurate.

<b>Name of Supervisor/Verifying Official:</b>	<b>Title of Supervisor/Verifying Official:</b>
<b>Phone Number:</b>	<b>Email Address:</b>
<b>Signature:</b>	<b>Date:</b>
<b>Comments:</b>	