

## 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.

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

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

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

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