



Physician Assistant Healthcare Hours Documentation

Applicant name: _____ Date: _____

Email address: _____ D.O.B. _____

| Location of experience | Date(s) | Number of hours | Description of experience | Primary contact person, title, & contact number | Signature |
|--|---------------|-----------------|----------------------------|--|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| <i>Dr. J. Smith's office; Anytown, USA</i> | <i>4/5/13</i> | <i>18</i> | <i>Shadowing physician</i> | <i>Mary Jones Office manager (780)555-1212</i> | |

I certify that the above information is true and accurate. All accrued hours have been documented and signed by the clinician. I am aware if any of the information is falsified, it may cause me to become ineligible for admission.

Applicant's signature: _____

A minimum of 500 patient contact hours are needed for admission to the program. It is recommended that the majority of the hours be completed at the time of interview. Please forward the completed form to paprogram@marywood.edu or via fax to (570)340-6020. If additional hours are accrued after submission, please bring additional completed form(s) to interview.

Please forward this completed form to paprogram@marywood.edu or fax to (570)340-6020 as soon as possible. If additional hours are accrued after submission of this form, please bring the completed form to your interview. Any