



Surgical Physician Assistant Fellowship Application

Name: Last First Middle

Address: City State Zip Code

E-Mail Address:

Telephone (Area Code/Number): Cell Number

Birth Date /Birthplace

Social Security

Citizenship/ Type of Visa/ Expiration Date

Please indicate when you would like to start:

Licensure:

_____ I hold an NCCPA certification

_____ I am planning to take NCCPA board certification on _____

Foreign Language:

Please list any languages other than English in which you are fluent:

Military Service Obligations:

_____ I am not required to fulfill any service obligations

_____ I am committed to fulfill a service obligation beginning _____

CRIMINAL BACKGROUND: Have you ever been convicted of a criminal offense, entered a plea of no contest, had prosecution deferred or adjudication withheld for any crime except minor traffic violations? *

_____ No _____ Yes

Do you currently have charges pending? *

_____ No _____ Yes

* A "YES" answer to these questions will not automatically bar you from admission to the Arrowhead-Riverside PA Residency Program. All relevant circumstances and facts concerning the criminal report/pending charges will be considered in relation to the position for which you are applying.

REFERENCES: Please include two Letters of Recommendation from any combination of Supervising Physicians or Program Director(s).

Letters of Recommendation have been requested from the following people:

#1 Name / Title

Institution

Address

Email Address

#2 Name / Title

Institution

Address

Email Address

Prerequisites

Applicants must have:

- Graduated from a PA training program approved by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)
- Passed or be eligible to take the National Commission on Certification of Physician Assistants (NCCPA) certification examination

Please attach the following:

- Curriculum vitae
- A one-page typewritten narrative discussing anticipated strengths that you bring to the fellowship as well as professional knowledge, skill and or behavior that you wish to enhance.
- References should be sent directly to the program director

All application documents should be scanned and emailed to the Program Director

Elisa Arnold

Arnolde@ARMC.sbcounty.gov

I HAVE READ AND I UNDERSTAND THE INSTRUCTIONS FOR THE COMPLETION OF THIS APPLICATION. I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISSING INFORMATION MAY DISQUALIFY ME FOR THE POSITION.

Signature

Date