

**Arrowhead Regional Medical Center
Department of Obstetrics and Gynecology
Physician Assistant Fellowship Application**

Please indicate when you would like to start:

Name: Last First Middle

Present Address

City State Zip Code

E-Mail Address

Permanent Address

City State Zip Code

Permanent Telephone (Area Code/Number)

Cell Number

Attach a photo of
yourself here

Birth Date

Birthplace

Social Security

Citizenship

Type of Visa

Expiration Date

EDUCATION:

P.A. School Attended

Address

City

State

Zip Code

Dates Attended

Estimated Date of Completion

GPA

Supervisor / Program Director

Degree

College / University

Address City State Zip Code

Dates Attended GPA

Major Degree

College / University

Address City State Zip Code

Dates Attended GPA

Major Degree

EMPLOYMENT HISTORY:

Employer's Name

Address City State Zip Code

Dates of Employment Job Title

General Duties

Employer's Name

Address

City

State

Zip Code

Dates of Employment

Job Title

General Duties

MILITARY SERVICE OBLIGATIONS:

_____ I am not required to fulfill any service obligations

_____ I am committed to fulfill a service obligation beginning

_____ Month / Year

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:

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 current 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 three Letters of Recommendation from any combination of Supervising Physicians or Program Director(s). Letters of Recommendation have been requested form the following people:

Name / Title

Institution

Address

Email Address

Name / Title

Institution

Address

Email Address

Name / Title

Institution

Address

Email Address

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

How did you hear about our Program?

_____ AAPA Job Link

_____ AAPA Website

_____ Association of Physician Assistants in OB/GYN Website

_____ Other: _____