



Physician Assistant Department

Program Application Checklist

Use this checklist as a guide in completing your application form. All items must be sent to: Attention: Admissions Committee, Physician Assistant Department, University of Maryland Eastern Shore, Hazel Hall, Suite 1034, Princess Anne, Maryland 21853. *Note: All Applications must be postmarked by January 15th for Fall.*

APPLICATIONS WILL BE ACCEPTED IF:

- ✓ Completion of all prerequisite courses, **OR**
- ✓ The applicant has no more than 17 semester hours of prerequisite courses remaining.
- ✓ Remaining prerequisite courses cannot exceed 10 semester hours in Math and Science.
- ✓ All prerequisite courses must be completed by the end of the Spring semester prior to enrollment in the PA program, if accepted.
- ✓ Grade Point Average 3.0 or greater in all prerequisite and science courses.

TO BE SUBMITTED BY APPLICANT IF NOT CURRENTLY ENROLLED AT UNIVERSITY OF MARYLAND EASTERN SHORE:

- ✓ A completed UMES Application for Admission
 - Online application to University of Maryland Eastern Shore
- ✓ \$25.00 non-refundable application fee.
- ✓ Two sets of Official Transcripts from all colleges/universities attended:
 - One set sent directly from institution to the UMES Registrar's Office.
 - One set sent directly from institution to the UMES Physician Assistant Department.
- ✓ Official SAT or ACT test scores to be sent to UMES Admissions office.

TO BE SUBMITTED DIRECTLY BY ALL APPLICANTS:

- ✓ **Autobiographical Sketch** (3-5 pages, typed and double spaced)
- ✓ **Statement of Reason for Professional Choice/Intent** (1-2 pages, typed and double spaced)
- ✓ **Three letters of Professional Recommendation** (typed, on official letterhead or form, in sealed, signed envelope)

SEND TO:

Attention: Admissions Committee
Physician Assistant Department
University of Maryland Eastern Shore
Hazel Hall, Suite 1034
Princess Anne, Maryland 21853

ATTENTION: Failure to submit all materials before the January 15th deadline will result in an incomplete application. Incomplete applications will not be considered.

University of Maryland Eastern Shore Physician Assistant Department – Professional Program Application

www.umes.edu

Hazel Hall, Suite 1034 Princess Anne, MD 21853 Phone: (410)-651-7584 Fax: (410) 651-7586

Equal Opportunity Policy

University of Maryland Eastern Shore is committed to equal opportunity and treatment in all aspects of its relations with faculty, students and staff members, without regard to race, color, national origin, sex, sexual preference, marital status, religion, age or handicap. The requirements not to discriminate in education programs and activities extend to employment and to admission.

Direct inquires regarding accessibility for handicapped persons, equal opportunity and Title IX to the Office of Human Resources at (410) 651-6400

Technical Standards

If selected for the Professional Phase, students are required to meet the Technical Standards required for good physical and mental health. UMES' PA Department Technical Standards can be reviewed at http://www.umes.edu/pa/performance_standards.html.

Accreditation

The University of Maryland Eastern shore Physician Assistant Program is fully accredited by the Accreditation Review Commission on Education for the physician Assistant, Inc. (ARC-PA).

Tuition – (Subject to Change Annually)

Approximate tuition and fees for the 24-month program, NOT including living expenses, books, equipment & fees:

Maryland State Residents	\$18,990.00
Non-Maryland State Residents	\$36,579.00

The University of Maryland Eastern Shore is a member Institution of the University System of Maryland.

B. All Graduate Schools (list chronologically, most recent to first)

<i>Institution Name</i>	<i>Campus/Location/ State</i>	<i>Dates of Attendance</i>	<i>Major</i>	<i>Certificate/Degree</i>
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

13. Other health related training courses, certificates, or instruction (list chronologically, most recent to first)

<i>Institution Name</i>	<i>Campus/Location/ State</i>	<i>Dates of Attendance</i>	<i>Major</i>	<i>Certificate/Degree</i>
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____
_____	_____	_____ to _____	_____	_____

14. Have you any U.S. military experience? Yes No

If yes, please identify rank and branch of service. _____

Was your discharge dishonorable? Yes No

If yes, please explain: _____

15. Have you ever matriculated in or attended any P.A. educational program? Yes No

If yes, please identify school, place, dates, and if credit, a certificate or degree was awarded, and explain:

16. Have you ever been disciplined for academic performance or conduct violations (e.g., academic probation, dismissal, suspension, disqualification, etc.) by any colleges, universities, or post-secondary schools within the past three years? Yes No

If yes, please note name of institution, date and reason:

17. Have you ever had any professional or clinical certification, registration, license or privileges revoked, suspended or in any way restricted by an institution, state, or locality? Yes No

If yes, please identify when, where, and a description of the action, disposition, etc:

18. Please list below identifying information for three individuals (not related to you), whom you have requested to submit reference forms in support of your application.

a. Name _____ Occupation _____

Address _____

Street *City* *State* *Zip*

EMAIL: _____

b. Name _____ Occupation _____

Address _____

Street *City* *State* *Zip*

EMAIL: _____

c. Name _____ Occupation _____

Address _____

Street *City* *State* *Zip*

EMAIL: _____

19. Do you have any professional Certifications or Registrations? Yes No If yes, list below:

Type	Date Received	Expiration Date	Certifying or Registering Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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SSN	UMES ID#	Name					
20. Required Prerequisites Science/Math Courses	Semester Hours (SH)	Prerequisites Course Name/Numbers	College & Location	Year	Term	Semester Hours (SH)	Grade
Principles of Chemistry I	3						
Principles of Chemistry Lab I	1						
Principles of Chemistry II	3						
Principles of Chemistry Lab II	1						
Fundamentals of Organic Chemistry	3						
Fundamentals of Organic Chemistry Lab	1						
Clinical Chemistry I (may substitute Organic Chem. II or Biochemistry)	3						
Principles of Biology I	3						
Principles of Biology Lab I	1						
Microbiology	3						
Microbiology Lab	1						
Anatomy & Physiology I	3						
Anatomy & Physiology Lab I	1						
Anatomy & Physiology II	3						
Anatomy & Physiology Lab II	1						
Elementary Statistics	3						
Trig & Analytical Geometry	3						
Non Science Courses							
First Year Experience(Orientation)	1						
Arts and Humanities	3						
Arts & Humanities	3						

Personalized Health Fitness	3						
Computer Concepts	3						
Sociology	3						
Psychology	3						
Medical Terminology	1						
Speech	3						
English Composition I	3						
Basic Composition II	3						
Technical Writing or English Composition III	3						

$$\text{GPA} = \frac{\text{QP}}{\text{SH}} =$$

Quality Points (QP)=Number of Semester Hours (SH x Grade)
(numeric conversions)

Numeric Conversion of Letter Grades: A=4; B=3;C=2 (Grade of D does not transfer)

$$\text{*S.GPA} = \frac{\text{SQP}}{\text{SSH}} =$$

Grade Point Average (GPA)=QP/SH

To determine the Science Courses GPA:

- ✓ Sum the Science Courses QP
- ✓ Sum the Science Courses SH
- ✓ Divide the QP by the SH

- Arts and Humanities (Art, Music, English, Spanish, French, History – 100 level or higher)
- Minimum GPA >3.0 Science & Math courses; > Non Science & Math courses

To determine the *Non Science GPA*, follow the instructions for the Science GPA, substituting the Non Science QP and SH. For the *Overall GPA*, total the sums of the *Science and Non Science QP and SH* and substitute accordingly

University of Maryland Eastern Shore Physician Assistant Department - Professional Program Application

SSN _____ - _____ - _____ UMES ID# _____ Name _____

21. Employment experience Total Hours _____

a. _____

<i>Title</i>	<i>Employer</i>	<i>Supervisor</i>	<i>No. of wks.</i>	<i>Hrs. per wk.</i>
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<i>Dates</i>	<i>Duties</i>
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b. _____

<i>Title</i>	<i>Employer</i>	<i>Supervisor</i>	<i>No. of wks.</i>	<i>Hrs. per wk.</i>
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<i>Dates</i>	<i>Duties</i>
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c. _____

<i>Title</i>	<i>Employer</i>	<i>Supervisor</i>	<i>No. of wks.</i>	<i>Hrs. per wk.</i>
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<i>Dates</i>	<i>Duties</i>
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22. Volunteer work/Community services for which you were not compensated Total Hours _____

a. _____

<i>Title</i>	<i>Employer</i>	<i>Supervisor</i>	<i>No. of wks.</i>	<i>Hrs. per wk.</i>
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<i>Dates</i>	<i>Duties</i>
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b. _____

<i>Title</i>	<i>Employer</i>	<i>Supervisor</i>	<i>No. of wks.</i>	<i>Hrs. per wk.</i>
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<i>Dates</i>	<i>Duties</i>
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I have read and understand the instructions and other information in the application packet, and consent to release of information provided or otherwise obtained in the course of the application process to the University of Maryland Eastern Shore Physician Assistant Department. I certify that the information submitted in these application materials is complete and correct to the best of my knowledge.

Name (Print) _____ Signature _____

Date _____ SSN _____ UMES ID# _____