

Do you consider yourself educationally disadvantaged? Yes No

(By designating any of the below you are considered to have met the criteria for educational/environmentally disadvantaged as defined by the guidelines below.)

- I graduated from a high school from which a low percentage of seniors receive a high school diploma.
- I graduated from a high school at which many of the enrolled students are eligible for free or reduced lunches.
- I am from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing) or I receive public assistance.
- I am from a family that lives in an area that is designated as a Health Professional Shortage Area or a Medically Underserved Area.
- I participated in an academic enrichment program funded in whole or part by the Health Careers Opportunity Program.
- I am a high school drop-out who received AHS diploma or GED.
- I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.
- I am the first generation in my family to attend college (neither my mother nor father attended college).
- English is not my primary language.

Do you consider yourself economically disadvantaged? Yes No

CERTIFICATION/REGISTRATION

Highest Degree Earned to Date _____

Do you have any professional certifications? Yes No

Do you have any professional registrations? Yes No

Type of Certification/Registration	Date	Certifying/Registering Organization

TEST RESULTS

Please indicate below the test(s) you have taken or plan to take

	Taken	Plan to Take	Date	
GRE	<input type="checkbox"/>	<input type="checkbox"/>	_____	GRE Scores Verbal: _____
ACT/SAT	<input type="checkbox"/>	<input type="checkbox"/>	_____	GRE Scores Quantitative: _____
MCAT	<input type="checkbox"/>	<input type="checkbox"/>	_____	GRE Scores Analytical: _____
TOEFL	<input type="checkbox"/>	<input type="checkbox"/>	_____	
AHPAT	<input type="checkbox"/>	<input type="checkbox"/>	_____	MCAT Verbal Reasoning: _____
TSE	<input type="checkbox"/>	<input type="checkbox"/>	_____	MCAT Physical Sciences: _____
				MCAT Biological Sciences: _____
				MCAT Writing Sample: _____

DIRECT PATIENT CARE EXPERIENCE

Position Title: _____
Employer: _____
City: _____
State: _____
Supervisor: _____
Start Date: _____
End Date: _____
Frequency: _____
Average Hours per week: _____
Hours accrued at time of application: _____
Still currently at location?: _____
Were you paid? _____
Employer telephone: _____

Please describe your direct patient care duties and responsibilities:

Position Title: _____
Employer: _____
City: _____
State: _____
Supervisor: _____
Start Date: _____
End Date: _____
Frequency: _____
Average Hours per week: _____
Hours accrued at time of application: _____
Still currently at location?: _____
Were you paid? _____
Employer telephone: _____

Please describe your direct patient care duties and responsibilities:

Position Title: _____
Employer: _____
City: _____
State: _____
Supervisor: _____
Start Date: _____
End Date: _____
Frequency: _____
Average Hours per week: _____
Hours accrued at time of application: _____
Still currently at location?: _____
Were you paid? _____

Employer telephone: _____

Please describe your direct patient care duties and responsibilities:

Position Title: _____

Employer: _____

City: _____

State: _____

Supervisor: _____

Start Date: _____

End Date: _____

Frequency: _____

Average Hours per week: _____

Hours accrued at time of application: _____

Still currently at location?: _____

Were you paid? _____

Employer telephone: _____

Please describe your direct patient care duties and responsibilities:

SHADOWING EXPERIENCE

Name of PA or Physician	Area of Medicine	# Hours Shadowed	PA or Physician Phone #

HEALTH RELATED TRAINING

Type	Agency/School/Sponsor	Start Date	End Date	Did you receive a certificate?

PERSONAL NARRATIVE

Please describe your motivation towards becoming a PA. Limit 5,000 characters, approximately 625 words. Begin narrative in window and it will expand to accommodate text.

REFERENCES (ONE REQUIRED FROM PHYSICIAN or PA, PROFESSOR, SUPERVISOR)

Name	Occupation

ADDITIONAL REQUIREMENTS NEEDED TO COMPLETE THE APPLICATION PROCESS:

- Please proof-read application before submitting
- When application is complete send in an attachment to: SchafferSusanS@uams.edu AND StilesMonnal@uams.edu
- Complete the PA *Supplemental Application* also available on website. This application along with a \$40.00 fee will be submitted electronically.
- Print *Reference Request Form* for each letter of recommendation.
- GRE scores, official transcripts and letters of recommendation must be mailed to:

**University of Arkansas for Medical Sciences
CHRP Admissions Office
4301 West Markham, Slot 619
Little Rock, AR 72205-7199**

