

# UMKC Master of Medical Science Physician Assistant (PA) Program

## Recommendation Form

**INSTRUCTIONS FOR THE APPLICANT:** You are required to submit three recommendations from individuals, such as professors, advisors and employers, who can speak to your academic ability and other personal characteristics as they relate to your pursuit of the physician assistant profession. Family members and/or friends of the family should not provide recommendations.

**All recommendations are required to be submitted using a copy of this form.**

Please complete the top portion of the form and give it to the person providing the reference for completion.

APPLICANT'S NAME: \_\_\_\_\_ Last 4 digits of SSN: XXX-XX \_\_\_\_\_  
*First* *Last*

I waive the right to inspect this confidential recommendation. I understand that, according to the Family Educational Rights and Privacy Act of 1974, this waiver is optional.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

PRINT NAME OF REFERENCE: \_\_\_\_\_

**INSTRUCTIONS FOR THE PERSON PROVIDING THE REFERENCE:** The information supplied on this form will be used for the purpose of assessing the applicant's qualifications for admission to the UMKC School of Medicine Master of Medical Science Physician Assistant program. Your comments will be held completely confidential if the applicant has signed the statement above.

Any insight that you can provide about the applicant is greatly appreciated. **It is required that the attached recommendation form be completed.** Please feel free to write a personal letter or attach additional sheets in addition to the form, if desired.

The applicant's demonstration of professionalism and dedication to the pursuit of the physician assistant profession through the characteristics outlined in the recommendation form should be evaluated by the reference and are highly regarded attributes for selection. The following are additional key factors the admissions committee considers: problem solving skills, high moral and ethical standards demanded of physician assistants, emotional health required for a full utilization of intellectual abilities, the ability to exercise good judgment, and the ability to develop mature, sensitive, and effective relationships with patients.

Do not return this form to the applicant. Please mail this form directly to:

**University of Missouri-Kansas City  
School of Medicine  
Office of Admissions, M1-103  
Attn: PA Program  
2411 Holmes Street  
Kansas City, MO 64108**

**APPLICATION POSTMARK DEADLINE IS August 1, 2013**

1. How long have known the applicant \_\_\_\_ Years \_\_\_\_ Months

In what capacity? \_\_\_\_\_  
(indicate subject matter if teacher)

2. Do you know of anything that reflects adversely on the applicant's moral character? If so, please explain:

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3. Do you know of any emotional difficulties experienced by the applicant?

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4. Do feel that the applicant would be able to adjust to the demands of an intensive, 29 consecutive month educational program without undue difficulty? \_\_\_\_\_ If not, please explain \_\_\_\_\_

	<b>Outstanding</b>	<b>Above average</b>	<b>Average</b>	<b>Below average</b>	<b>No Knowledge</b>
Intellectual potential					
Ability to make decisions					
Knowledge of the sciences					
Time spent in self education					
Organization and use of time					
Toleration of anxiety					
Toleration of opposing viewpoints					
Ability to handle stress					
Ability to work with others					
Demonstration of a desire to help others in need					
Reliability and accountability in carrying out assignments					
Honesty and integrity					
Commitment to a career as a physician assistant					



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