



Riverside County Regional Medical Center/Riverside Community College District
County of Riverside Department of Mental Health
Physician Assistant Mental Health Fellowship Program Application

Application Date

Last Name, First Name, Middle Initial

Date of Birth

Current Mailing Address

Street Address

City/State

Zip Code

Telephone

E-mail address

U.S. Citizen: Yes ☐ No ☐

Last 4 digits of social security number

Education and Training (Official Transcripts Required)

1. _____
College/University

Year Graduated

Degree(s)

2. _____
College/University

Year Graduated

Degree(s)

3. _____
College/University

Year Graduated

Degree(s)

Physician Assistant Training Program

Month and Year Graduated

NCCPA Certification

Certification Date

Certification Number

Expiration Date

Licensure Date

Licensure Expiration Date



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If not, when will you be eligible? _____

Other Certifications

1. _____ 2. _____
3. _____ 4. _____

**References (Please refer to the directions on the Application Checklist
for submission of Applicant Evaluation Forms)**

Please list contact information for the two References who will complete the Applicant
Evaluation Forms.

- | | | |
|------------------|--------------------|-------------------------|
| 1. _____
Name | _____
Telephone | _____
E-mail address |
| 2. _____
Name | _____
Telephone | _____
E-mail address |



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Application Checklist

Please be sure that your completed application packet contains the following:

- ☐ Completed Application Form.
- ☐ Official Transcripts from all Colleges/Universities attended.
- ☐ Official Transcripts from your Physician Assistant Training Program.
- ☐ Copy of current California Physician Assistant License.
- ☐ Copies of BLS and ACLS Certification Cards.
- ☐ Copies of hospital:
 - Background check
 - Drug screen
 - Immunization records (Use hospital history form)
 - Tuberculosis/PPD clearance
- ☐ A one-paged, type-written narrative stating why you are interested in the Mental Health Fellowship Program.
- ☐ Two (2) Applicant Evaluation Forms. Both forms must be completed and signed by the evaluator, placed in a sealed envelope with the evaluator's signature across the back flap of the sealed envelope.
 - One form must be completed by a faculty member of your PA Program.
 - The second form must be completed by an individual who has supervised you in the medical setting.
- ☐ Official NCCPA Exam Scores (if certified).
- ☐ A signed copy of the Authorization Agreement.

Program admission is contingent upon the Riverside County Regional Medical Center credentialing process and satisfactory completion of Employment Health Screening

The application period is open until positions are filled.

Please mail all application materials, in one envelope, to:

RCRMC/RCCD Physician Assistant Program
Moreno Valley College
Attn: Rosslynn Byous
16130 Lasselle Street
Moreno Valley, CA 92551