

Supplemental Application for Fall 2010 Entry

1. GENERAL INFORMATION

TYPE OR PRINT LEGIBLY

Name: _____ Other Name(s): _____
Last First M.I. Last First M.I.

Gender: Male _____ Female _____

Home Phone No. (_____) _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Place of Birth: _____

Current Job Title: _____

Current Employer: _____ (_____)
Name Phone No.

Address

Ethnicity: African-American/Black Caucasian Chinese Japanese Korean
 Filipino Pacific-Islander Other Asian Mexican-American
 Native-American (tribe: _____) Puerto-Rican Latin-American
 Central American Other ethnicity _____

Resident Status: U.S. Citizen International Permanent Resident

Previous Entry Years Applied: 2009 2008 2007

2. SKILLS (Place a check in the box next to the item(s) with which you have proficiency).

- | | |
|--|---|
| <input type="checkbox"/> History taking | <input type="checkbox"/> Venipuncture |
| <input type="checkbox"/> Physical examination | <input type="checkbox"/> Catheterization |
| <input type="checkbox"/> Vital signs | <input type="checkbox"/> Psychiatric counseling, e.g., "hot line" |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Other counseling |
| <input type="checkbox"/> Cardiopulmonary resuscitation | <input type="checkbox"/> Physical therapy |
| <input type="checkbox"/> EKG interpretation | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Culture interpretation | <input type="checkbox"/> Splinting and/or casting |
| <input type="checkbox"/> Gastric lavage | <input type="checkbox"/> Suture removal |
| <input type="checkbox"/> Taking x-rays | <input type="checkbox"/> Suturing |
| <input type="checkbox"/> Injections | |

Microscopic evaluation of:

- Blood
 Urine
 Gram-stained specimens
 Other _____

Language Fluency (e.g. Spanish, Cantonese, Armenian): _____

3. STATUS OF REQUIRED PRE-PHYSICIAN ASSISTANT COURSES

Please note the following:

- You are responsible for making sure that you have or will complete courses that fulfill prerequisite requirements.
- A bachelor’s degree must be completed no later than the spring term of the year before enrollment in the PA Program.
- Prerequisite science courses must be those designed for science majors and completed within the last 10 years.
- Prerequisite courses must be completed for a letter grade with at least a grade of C (2.0) earned.
- No more than 4 prerequisite courses, including 2 science prerequisite courses, may be outstanding as of spring term before enrollment in the PA Program. All prerequisites must be completed by Spring term 2010.
- Please list only the courses requested.

Subject	Department and Number	Sem. Units	Qtr. Units	Grade	Date completed/ To be completed	Institution
Sample	BIOL 195	3		B+	Fall 2008	Whittier College
Sample	CHEM 1c		4	A-	Spring 2009	UC-Irvine
General Biology -science major courses One year sequence (2 sem. or 3 qtr.) with lectures and labs. For example: BIO 6 & 7 at LACC; BIOL 106/L & 107/L at CSU-Northridge; or LS 1, 2, & 3 at UCLA. If lab is inclusive with lecture, write "inclusive" in lab section. Please list only the courses requested.	Lecture					
	Lab					
	Lecture					
	Lab					
	Lecture					
	Lab					
General Chemistry -science major courses. One year sequence (2 sem. or 3 qtr.) with lectures and labs. For example: CHEM 101 & 102 at LACC; CHEM 101/L & 102/L at CSU-Northridge; or CHEM 14AB, 14BL, & 14CL at UCLA. If lab is inclusive with lecture, write "inclusive" in lab section. Please list only the courses requested.	Lecture					
	Lab					
	Lecture					
	Lab					
	Lecture					
	Lab					
Human Anatomy (with lab) For ex.: ANAT 1 at LACC; BIOL 211/212 at CSU-N; or PHYSICI 13 at UCLA.	Lecture					
	Lab					
Human Physiology (with lab) For ex.: PHYSIOL 1 at LACC; BIOL 281/282 at CSU-N; or PHYSICI 3 at UCLA.	Lecture					
	Lab					
General Microbiology (with lab) For ex.: MICRO 1 at LACC; BIOL 315/L at CSU-N; or MICROB 101/L at UCLA.	Lecture					
	Lab					
Introduction to Psychology For ex.: PSYC 1 at LACC.						
Statistics For ex.: MATH 227 at LACC; MATH 140 or HSCI 390 at CSU-N.						
English For ex.: ENGL 101 and 102 or 103 at LACC; ENGL 155 & ENGL 255 or ENGL 30; ENGL 3, 4, & 10 A or B or other 4 quarter 'W' course at UCLA.						
Spanish For ex.: SPAN 1 & 2 at LACC; SPAN 101/C & 102/C at CSU-N; or SPAN 1, 2, & 3 at UCLA.						

Strongly recommended: Genetics: _____

Medical Terminology: _____

3. **MILITARY POSITIONS** (If your job title is/was clinical in nature, please list this information below in 3a and 3b.) Please submit a photocopy of Form DD-214.

a) Title _____ Location _____ From _____ To _____

b) Title _____ Location _____ From _____ To _____

4. **CURRENT LICENSES** (Please submit photocopies)

a) Title _____ State _____ Date Issued _____ Date Expires _____

b) Title _____ State _____ Date Issued _____ Date Expires _____

5. **PERSONAL STATEMENT**

Please respond to each of the following five questions. Each response should not exceed 400 words. You do not need to restate what was previously provided in your CASPA Personal Comments/Personal Statement.

1) The USC PA Program’s Mission states:

The USC Primary Care Physician Assistant Program is dedicated to the advancement of physician assistant education and emphasizes service to the medically underserved. The Program is committed to preparing students from a wide variety of backgrounds to practice medicine with the supervision of a physician. Emphasis is placed upon understanding and appreciating diversity. The Program aims to prepare its graduates to practice and promote primary health care of the highest quality as part of a multidisciplinary team.

Please explain how you plan on fulfilling the Mission.

2) Have you considered other health care professions? If your response is yes, what factors influenced your decision to pursue the PA profession versus your initial choice? If your response is no, what attracted you to the PA profession?

3) Why have you chosen to apply specifically to the USC PA Program?

4) If you are reapplying to the USC PA Program or any other program, please describe how you have improved your application?

5) If you have any grades equivalent to C, D or F, or four (4) or more withdrawal(s)/incomplete(s), please explain why you earned this/these grade(s), and identify what strategies you used to assure that you will be a successful student if admitted to the Program.

I certify that in compliance with Section 41301, Article 1.1, Title 5, California Administrative Code, I have supplied complete and accurate information. It is understood that failure to file complete and accurate information will be grounds for denial of admission, cancellation of academic credit, suspension, or expulsion from the USC Primary Care Physician Assistant Program.

Applicant's Signature _____ Date ____/____/____

PLEASE RETURN THIS FORM, PERSONAL STATEMENT, \$50 PROCESSING FEE AND UNOFFICIAL TRANSCRIPTS BY OCTOBER 1, 2009 AND NO LATER THAN DECEMBER 1, 2009 DIRECTLY TO:

**USC PA Program
ATTN: Admission Office
1000 S. Fremont Avenue, Unit 7
Bldg. A-6, Room 6429
Alhambra, CA 91803**

Please read carefully, complete, and sign below.

USC Primary Care Physician Assistant Program
Felony and Misdemeanor Conviction Disclosure Statement

You should be aware of the following:

Each year, an increasing number of health care sites require background checks of all students and staff who interact with patients. Consequently, all USC physician assistant students are required to have a background check upon admission to the Master of Physician Assistant Program (MPAP). A thorough background check of all misdemeanor and felony convictions regardless of the age of the conviction, including those that have been set aside under Penal Code Section 1203.4, must be completed by August 1, 2010. Instructions will be provided to candidates after admission to the Program. Failure to submit the background check by the deadline will result in rescission of the admission offer.

Additionally, you are required to report all changes in status which occur while enrolled in the program since any conviction may prevent a student from participating in the clinical rotations required to obtain the MPAP degree. It is critical to note that any serious infraction may prevent state agencies from approving licensure as a physician assistant.

All final decisions for eligibility for clinical practice placement are determined by the clinical sites. All final decisions for licensure in this state are determined by the Physician Assistant Committee of the State of California.

If you have questions in reference to obtaining a license in the state in which you plan to practice, you should contact the licensing agency for that state. The contact information for the State of California is:

Physician Assistant Committee
State of California, Department of Consumer Affairs
1424 Howe Avenue, Suite 35
Sacramento, CA 95825-3217
Phone (800) 555-8038 or (916) 561-8780
Fax (916) 263-2671

If you will not be able to obtain your background check in a timely manner, you may wish to withdraw your application and re-apply for the next academic year.

I have read the above USC Physician Assistant Program Felony and Misdemeanor Conviction Disclosure Statement.

Last Name (Print)

First Name (Print)

Signature

Date

Please return this document with your supplemental application.

Please read carefully, complete, and sign below.

USC Primary Care Physician Assistant Program
Drug Screening Disclosure Statement

You should be aware of the following:

Each year, an increasing number of health care sites require drug screening of all students and staff who interact with patients. Consequently, all USC physician assistant students may be subjected to random drug screening at any time during the Master of Physician Assistant Program (MPAP).

All final decisions for eligibility for clinical practice placement are determined by the clinical sites. Students who refuse to submit to a random drug screening, or fail to qualify, according to the minimum standards established for this screening by the clinical site or the USC Primary Care Physician Assistant Program, are subject to one or more sanctions including revocation of admission to the university or dismissal from the program. Any positive drug test results will be communicated in a confidential manner.

If you believe that you will not be able to comply with a random drug screening in a timely manner, you may wish to withdraw your application and re-apply for the next academic year. If you start the MPAP and believe that you will be unable to comply with a random drug screening, you should contact the USC PA Program before September 10, 2010, the last day to withdraw with a complete tuition refund.

I hereby acknowledge that I have read in full and understand the above drug screening disclosure statement.

Last Name (Print)

First Name (Print)

Signature

Date

Please return this document with your supplemental application.