

UNIVERSITY OF SOUTHERN CALIFORNIA
PRIMARY CARE PHYSICIAN ASSISTANT PEP SCREENING FORM
(Please see section on Preparatory Education for description of and eligibility for PEP Program)

GENERAL INFORMATION: Please type or print legibly in black ink. All items must be completed.

Social Security No: _____ Today's Date: _____

Name: _____ Maiden/Other names: _____
Last First Middle Initial

Gender: Male ___ Female ___ Date of Birth: _____ Place of Birth: _____

Mailing Address: _____
Street City State Zip

Home Phone: (____) _____ Work Phone: (____) _____ email: _____

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 _____

High School: _____ year graduated _____
Name Street City State Zip

The following information is required only for statistical purposes:

Whom did you live with while growing up: (check all that apply and complete occupational information on those with whom you were raised, even if more than one person):

Mother: ___ Occupation: _____ Father: ___ Occupation: _____

Other: (relative/non-relative) _____ Occupation: _____

PERSONAL ESSAY

Please attach a one page essay that explains why you consider yourself educationally and/or economically disadvantaged, what interests you about the physician assistant profession, and how your interest in health care first began. Also, include any community service involvement with which you have been associated. Service which benefits medically underserved or disadvantaged groups is highly desirable. Please return this form along with your personal essay, and unofficial transcripts from all colleges attended to:

USC Physician Assistant PEP
1000 S. Fremont Avenue
Unit 7, Bldg. A-6 Room 6429
Alhambra, California 91803
Attn: Nancy Salem, Admission Counselor

