



San Joaquin Valley College
Primary Care Physician Assistant Program
Supplemental Application Packet Checklist
(Please return this checklist with completed application packet)

Name (Please Print) _____ SSN _____

Thank you for your interest in the SJVC Primary Care Physician Assistant Program. Please submit the following as **one packet** to the SJVC Primary Care Physician Assistant Program. Applicants are responsible for advising the PA program of address/telephone number changes.

- 1. Complete, sign and date the application. Falsification, omission, or misrepresentation will negate an application being reviewed or considered. Leave nothing blank—if an area does not apply to you, indicate N/A. Please *DO NOT* submit a resume or CV to substitute for, or be an addition to, any portion of the application.
- 2. Submit transcripts from all colleges/universities attended. Official sealed copies of transcripts must be submitted as part of the application packet. Foreign transcripts must be evaluated by a recognized evaluation agency, UC, CSU or California Community College and submitted as part of the application packet.
- 3. Submit PA program reference forms from two (2) individuals (physicians, physician assistants, nurses, supervisors, etc) familiar with your clinical experience. The reference forms must be signed and returned as part of the application packet. Reference forms must be placed in sealed envelopes which have been signed across the back flap by the evaluator.
- 4. I understand and have submitted the above information (including this checklist) or have indicated that an item does not apply to me.

I understand application materials become the property of the SJVC Primary Care Physician Assistant Program and the PA program reserves the right to verify any information related to my application submission.

Applicant Signature _____

Date _____

SJVC Primary Care PA Program Supplemental Application
Please type or print in black ink

1. **PERSONAL**

Name (last, first MI) _____

Other names used _____ SSN _____

Date of Birth ___/___/___ Place of Birth _____

Home Address: _____ City _____

County _____ State _____ Zip code _____

Home phone (____) _____ cell phone (____) _____

Current Employer: _____ Supervisor: _____

Address _____ Work phone(____) _____

2. **EDUCATION**

a) University/College _____

State _____ Country _____ Dates attended: from _____ to _____

Major _____ units completed (qtr) _____ semester _____ GPA _____

Degree received: AA/AS BA/BS MA/MS MD PhD other _____

b) University/College _____

State _____ Country _____ Dates attended: from _____ to _____

Major _____ units completed (qtr) _____ semester _____ GPA _____

Degree received: AA/AS BA/BS MA/MS MD PhD other _____

c) University/College _____

State _____ Country _____ Dates attended: from _____ to _____

Major _____ units completed (qtr) _____ semester _____ GPA _____

Degree received: AA/AS BA/BS MA/MS MD PhD other _____

TOTAL UNITS COMPLETED (qtr) _____ semester _____ Cumulative GPA _____

d) Vocational/Allied Health/Military corpsman school _____

Certificate/Military occupational specialty _____ year completed _____

3. **CLINICAL SKILLS** (Please check item(s) which are or have been part of your job responsibilities)

- | | |
|---|--|
| <input type="checkbox"/> medical history-taking | <input type="checkbox"/> patient education |
| <input type="checkbox"/> physical examination | <input type="checkbox"/> physical therapy procedures |
| <input type="checkbox"/> vital signs | <input type="checkbox"/> splinting /casting |
| <input type="checkbox"/> first aid | <input type="checkbox"/> suturing/suture removal |
| <input type="checkbox"/> cardiopulmonary resuscitation | <input type="checkbox"/> O ₂ therapy/breathing tx |
| <input type="checkbox"/> EKG interpretation | <input type="checkbox"/> intubation |
| <input type="checkbox"/> bacterial culture interpretation | <u>Microscopic evaluation of:</u> |
| <input type="checkbox"/> gastric lavage | <input type="checkbox"/> blood |
| <input type="checkbox"/> performing X rays | <input type="checkbox"/> urine |
| <input type="checkbox"/> injections | <input type="checkbox"/> gram stained specimen |
| <input type="checkbox"/> catheterization | |
| <input type="checkbox"/> Other clinical skills _____ | |

4. **PAID/VOLUNTEER DIRECT PATIENT CARE EXPERIENCE.** Please list all clinical work. Attach a separate sheet if necessary. Tabulate total hours: e.g. 40 hrs/wk x 50 weeks = 2000 hours

a) Job Title _____ Employer _____

Supervisor _____ Phone (____) _____

Address _____
Street City State Zip

Total hours _____ from _____ to _____

Description of duties _____

b) Job Title _____ Employer _____

Supervisor _____ Phone (____) _____

Address _____
Street City State Zip

Total hours _____ from _____ to _____

Description of duties _____

4. **PAID/VOLUNTEER DIRECT PATIENT CARE EXPERIENCE.** Please list all clinical work. Attach a separate sheet if necessary. Tabulate total hours: e.g. 40 hrs/wk x 50 weeks = 2000 hours

c) Job Title _____ Employer _____
Supervisor _____ Phone (____) _____
Address _____
Street City State Zip
Total hours _____ from _____ to _____
Description of duties _____

MILITARY SERVICE

d) Job title _____ from _____ to _____
e) Job title _____ from _____ to _____
f) Discharge date _____ *please submit copy of DD 214*

5. CURRENT LICENSE/CERTIFICATON

g) License/certification _____ State where issued _____
Date issued _____ Date expires _____
h) License/certification _____ State where issued _____
Date issued _____ Date expires _____
i) License/certification _____ State where issued _____
Date issued _____ Date expires _____
j) License/certification _____ State where issued _____
Date issued _____ Date expires _____

6. **PREREQUISITE COURSEWORK:** Please list all *completed* prerequisites below. *Do not* list courses in progress. If you are not sure that the course submitted meets prerequisites please submit college course description, for evaluation, with your application.

Prerequisites	College or Univ.	Department Name Course Number and Complete Course Title	Sem./ Qtr. Units	Year & Term Taken	Final Grade
Human Anatomy					
Human Anatomy Lab					
Human Physiology					
Human Physiology Lab					
General Microbiology					
General Microbiology Lab					
General Chemistry					
General Chemistry Lab					
General Psychology					
Intro to Sociology or Cultural Anthropology					
Writing and Composition					
Public Speaking or Oral Communication					
Intermediate Algebra (or Higher)					

8. **PREFERENCE:** Additional ranking points, for determining granting of an admission interview, may be given to those with a “demonstrated commitment to working in underserved communities.” Criteria for receiving these points include: working, residing or providing community services in underserved communities. Please list all community service experience/activities below. You may attach additional sheets if necessary.

Activity_____

Role/Responsibilities_____

Date(s)_____

Contact _____

Organization

Contact Person

Address

Phone

Activity_____

Role/Responsibilities_____

Date(s)_____

Contact _____

Organization

Contact Person

Address

Phone

Please describe below, any other reason(s) you should receive preference points for “Demonstrated commitment to working in underserved communities.”

9. **CERTIFICATION**

I certify that all responses to the questions and any information given herein are my own for the purpose of determining admissions.

I consent to and authorize any educational institution I have attended to release any academic and/or disciplinary information to the SJVC PA Program.

I understand that information submitted relative to this application becomes property of the SJVC PA Program.

I further understand that the SJVC PA Program reserves the right to verify any or all information which I or others have provided whether solicited by me or not.

Applicant Signature _____ Date _____

The SJVC Primary Care PA program complies with Titles VI and VII of the Civil Rights act of 1994, Title IX of the Education Amendment of 1972, Section 503 and 504 of the rehabilitation Act of 1973, Sections 102 and 103 of the American with Disabilities Act of 1990. The PA program does not discriminate on the basis of race, color, national origin, religion, handicap, or sexual orientation in any of our policies, procedures or practices.

OPTIONAL: The following information is collected for federal, state and accreditation agencies reporting purposes only. Your cooperation in providing the information is greatly appreciated. Completing this section will not affect your application for enrollment to the SJVC PA program, and is maintained in confidence. Please check the appropriate boxes:

- Male Female

- American/Alaskan Native (Tribal affiliation) _____
- Asian/Pacific Islander
- African American/Black
- Caucasian
- Hispanic/Latino
- Other _____



**San Joaquin Valley College
Primary Care Physician Assistant Program
Applicant Reference Form**

Dear Evaluator:

Please return this reference form directly to the applicant in a sealed envelope with your signature across the seal. The applicant will then *include the sealed envelope with his/her application packet* to the SJVC Primary Care Physician Assistant Program. **Please do not mail the reference form directly to the PA program, this may impede processing of the application or cause the application to be considered incomplete at time of review.**

Because of federal law giving students access to educational records, the SJVC Primary PA program cannot guarantee the confidentiality of your comments unless the applicant has signed the waiver of applicant right to access below.

Thank you for your cooperation,
Admissions Committee
SJVC Primary Care Physician Assistant Program

Instructions: Information to be completed by Applicant

Waiver of Applicant Right to Access

I hereby freely and voluntarily waive my right to access to information contained on this evaluation form and agree that the statements shall remain confidential.

Applicant signature _____ Date _____

Applicant Name _____
Last First M.I.

Applicant's last four SSN _____

Applicant's address: _____
Street City State zip code



**San Joaquin Valley College
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Instructions: Information to be completed by Evaluator If the applicant has waived his/her right to access to materials (see above), this document remains a confidential communication between the evaluator and the SJVC PA program.

Relationship to applicant: Employer Supervisor Faculty Other
How long have you known the applicant? From _____ to _____

Please comment on the strengths and weaknesses of the candidate according to your knowledge of him/her in the following areas:

Maturity: _____

Emotional Stability in stressful situations: _____

Ability to learn new information: _____

Interpersonal skills: _____

Clinical Skills: _____

Additional Comments: _____



**San Joaquin Valley College
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Instructions: Information to be completed by Evaluator Please check one of the following recommendations.

Applicant has my highest recommendation

I recommend the applicant with confidence

I recommend the applicant with some reservations

I do not recommend the applicant

May a program representative contact you for additional information? Yes No

Daytime telephone number(s) _____

Signature _____ Date _____

Please Print Name _____

Title _____

Institution/Facility _____

Address _____

Thank you for your participation in the SJVC Primary Care Physician Assistant Program Admission process. If you have any questions concerning this form, please contact the PA program at (559)651-2500 X173.



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