

USJ PA STUDIES PROGRAM – 2021 EXPERIENCE VERIFICATION FORM

PLEASE SEND COMPLETED FORM TO: [PASTUDIES PROGRAM@USJ.EDU](mailto:pastudiesprogram@usj.edu)
AND ALSO UPLOAD TO YOUR CASPA APPLICATION



Applicant: _____
Last Name First Name Middle Name

Date of Birth: _____ CASPA ID Number: _____

EXPERIENCE REQUIREMENTS FOR THE MASTER OF SCIENCE PHYSICIAN ASSISTANT STUDIES PROGRAM

- A total of 250 hours of experience **within the last 5 years** is required in **any combination of the following activities**:
 - Volunteerism, Healthcare Shadowing, Clinical Research, Paid/Volunteer Patient Care Experience
- The program requires verification of **ONLY** 250 hours of experience to ensure that every applicant has met the threshold. When scoring an applicant's file, we will review and consider ALL experiences listed by the applicant in CASPA.
 - **There is no advantage to submitting USJ verification forms demonstrating greater than 250 hours.**
- This form is not valid without a supervisor's signature. Use only one form per facility or institution. Feel free to make copies as needed.
- **The applicant is responsible for completing experiences, in any combination of the above listed areas by the 12/23/21 deadline.**

Facility Name _____ Facility Telephone () _____

Type of Setting _____

Volunteerism: From (MM/DD/YY) _____ To (MM/DD/YY) _____ Total Number of Hours _____

Healthcare Shadowing: From (MM/DD/YY) _____ To (MM/DD/YY) _____ Total Number of Hours _____

Clinical Research: From (MM/DD/YY) _____ To (MM/DD/YY) _____ Total Number of Hours _____

Paid/Vol. Patient Care Experience: From (MM/DD/YY) _____ To (MM/DD/YY) _____ Total Number of Hours _____

My responsibilities or activities in the above setting included:

Applicant's signature _____ Date _____

SUPERVISOR INFORMATION REQUIRED (TO BE COMPLETED BY SUPERVISOR) *I hereby verify that the above information is true and accurate*

Supervisor's Signature _____ Print Name & Credentials _____

Date _____ Telephone Number C _____ W _____ H _____ (_____) _____

Thank you for making a contribution to the application process for future physician assistants. If you have any comments regarding this applicant's potential as a physician assistant, please write them on the back of this form or feel free to contact us.

CONTACT

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