

**PHYSICIAN ASSISTANT PROGRAM APPLICATION
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
ADMISSION APPLICATION GUIDELINES**

Important Dates:

1. Apply to SIUC as a Pre-Physician Assistant major
2. July 1: PA Program applications available
3. December 1: Deadline to submit all PA application materials. The PA program utilizes a rolling admissions process. Therefore, applicants are encouraged to apply early.

Admission Requirements:

1. For admission into the PA program and to meet the requirements for graduation, you must:
 - Meet the university core requirements for SIUC (For details, contact the PA Academic Advisor, (618) 453-5527)
or
 - Hold a Bachelor's Degree
or
 - Hold an Associate of Science or an Associate of Arts from an Illinois college (NOT Associate of Applied Science)
2. In addition, you must have completed a minimum of the following required support courses:

<u>Required Support Courses</u>	
_____ Medical Terminology (proficiency available)	_____ Math (College Algebra) —3 semester hours
_____ Anatomy—3 or 4 semester hours	_____ Microbiology—3 or 4 semester hours
_____ Physiology—3 or 4 semester hours	_____ Psychology—3 semester hours
_____ (or 2 semesters of Anatomy & Physiology)	_____ Sociology—3 semester hours
_____ Chemistry—7 or 8 semester hours (strongly recommend organic or biochemistry)	_____ Zoology (College Biology) —3 semester hours

It is **strongly advised** that courses in anatomy and physiology be completed within the past five years. An upper division physiology course is strongly recommended.

The applicant should have an earned “overall” GPA of 3.0 (A=4.0) or higher. If this GPA is below 3.0, the GPA of the most recent 60 hours of college courses will be considered to determine eligibility (GPA of these courses must be 3.0 or higher).

The applicant must have an earned GPA of 3.0 or higher (A=4.0) on all PA support course prerequisites, as calculated by SIUC.

Applicants must maintain the 3.0 GPA, as described above, for any remaining courses taken prior to beginning the PA program.

Ideally, all required support courses should be completed by the application deadline of December 1. We recognize, however, that completion of all coursework may not be feasible by the December 1 application deadline. If the applicant has not completed the support course requirements by December 1, the following restrictions apply:

To be considered as an applicant, all coursework must be completed by the end of the spring semester prior to beginning the PA program. Only one (1) support course and/or a passing grade for the proficiency test in medical terminology will be allowed to be completed in the spring semester prior to admission to the PA program. All support courses must be completed with a grade of “C” or higher.

3. Health care experience documentation.

4. Students must meet the Technical Standards of the PA program. These standards are on file at the PA program and are available upon request.
5. The most academically and experientially qualified students will be invited to participate in formal interview sessions. Selection of candidates for admission to the PA program will be made by a full committee review following the applicant interviews.

Carefully Follow These Procedures:

1. Obtain admission into SIUC as a physician assistant applicant.
2. Complete PA program application.
3. On separate paper, please type an essay addressing the following questions:
 - (a) Why do you think you are qualified to be a member of the PA profession?
 - (b) What are your goals for five years from now?
 - (c) What strengths and weaknesses would I bring to the SIUC PA Problem-Based Learning Program?

Please limit your essay to **two pages or less**.

You may want to check the Web site for Problem-Based Learning (PBL) information (<http://edaff.siumed.edu/dept/index.htm>). PBL is an alternate educational method. The program of study is based on the more common primary care problems found in central and southern Illinois. In PBL, students work in small groups with a faculty facilitator to define and solve problems. Self-directed learning is an important component of this curriculum.

4. Request Reference Forms from only three individuals. It is recommended that at least one (1) Reference Form be written by a faculty member with whom you have taken classes and at least one (1) Reference Form be from an employer/health care supervisor. Composite letters will only serve as one reference. Each recommender must seal the Reference Form in an envelope and **sign across the seal**. All sealed Reference Forms must be included for your application to be considered complete.
5. Include transcripts from all post high school institutions.
6. Send **all** "Official" transcripts to:
SIUC Admissions and Records
Mailcode 4701
Southern Illinois University
Carbondale, IL 62901-4701
7. **Submit all requested PA application materials (PA Application, essay, three sealed/signed Reference Forms, and transcripts) and mail in one envelope to:**
Academic Advisor
SIUC PA Program
Mailcode 6516
Southern Illinois University
Carbondale, IL 62901-6516

**PHYSICIAN ASSISTANT PROGRAM APPLICATION
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
COLLEGE OF APPLIED SCIENCES AND ARTS
DEPARTMENT OF HEALTH CARE PROFESSIONS**

Date: _____

Please type or print all information requested on the application.

Other names under which records may be listed: _____

SS #: _____

Legal Name (Last) _____ (First) _____ (Middle) _____

Present Address _____

Permanent/Legal Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

County: _____ E-mail: _____

County: _____

(_____) _____
Current Telephone Number

(_____) _____
Permanent/Legal Address Telephone Number

(_____) _____
Daytime Telephone Number

U.S. Citizen: _____ Yes _____ No
Permanent Resident: _____ Yes _____ No

Name, address, telephone number of a person who will always know how to contact you:

List in chronological order all high schools, colleges, graduate and professional schools attended. (List any additional information on a separate sheet.):

Name of Institution	Location (City, State)	Dates Attended Month/Year to Month/Year	Major	GPA	Degree & Date Expected/Awarded

My current major is: _____

Currently, I am enrolled in these courses:

College

Term

I will take these courses in the Spring:

College

Term

HEALTH CARE EXPERIENCE

Job Title, Role, or Profession	Facility (Including Military) City/State	Description of Responsibilities	% Direct Patient Care vs. % Health Related	Duration (Date Began to Date Ended)	Ave. Hours per Week	Paid or Volunteer	Estimated Total time in months
			% vs. %	/ to /			
			% vs. %	/ to /			
			% vs. %	/ to /			
			% vs. %	/ to /			
			% vs. %	/ to /			
			% vs. %	/ to /			
			% vs. %	/ to /			
			% vs. %	/ to /			

VOLUNTEER/COMMUNITY/HUMAN SERVICE EXPERIENCE

Job Title, Role, or Profession	Facility (Including Military) City/State	Description of Responsibilities	% Direct Patient Care vs. % Health Related	Duration (Date Began to Date Ended)	Ave. Hours per Week	Paid or Volunteer	Estimated Total time in months
			% vs. %	/ to /			
			% vs. %	/ to /			

Academic Honors: _____

Professional Certifications/Registrations:

Yr/Date

_____	_____
_____	_____
_____	_____

Other Health Related Training:

Yr/Date

_____	_____
_____	_____
_____	_____

Essay

On separate paper, please type an essay addressing the following questions: (Please limit to two pages or less)

1. Why do you think you are qualified to be a member of the PA profession?
2. What are your goals for 5 years from now?
3. What strengths and weaknesses would I bring to the SIUC PA Problem-Based Learning Program?

Personal Statements

I have not been denied a professional license or permit, or the privilege to take an examination for a professional license or permit, nor have I ever been reprimanded, sanctioned or disciplined by a professional licensing body, or if I have, I have attached a separate statement with all relevant details.

I have not been convicted of any criminal offense (state or federal) or if I have, I have attached a certified copy of the court records related to each such conviction, including any records which I believe warrant SIUC's consideration of my application in spite of these conviction(s).

The information I have submitted on this application is complete and accurate to the best of my knowledge and belief. I understand that my failure to completely and accurately respond to any question on this application may be grounds for rejection of this application.

Applicant's Signature

Date

PHYSICIAN ASSISTANT PROGRAM
SOUTHERN ILLINOIS UNIVERSITY CARBONDALE
REFERENCE FORM

Dear Sir/Madam:

The person named below is applying to the Physician Assistant Program at Southern Illinois University Carbondale. A candid appraisal of this applicant is greatly appreciated. Please return the reference to the applicant in a sealed envelope that you have signed across the flap. The applicant will be responsible for returning all materials to SIUC. Thank you.

Applicant: _____ SS #: _____ - _____ - _____

I do do not waive my right to review the content of this form:

Applicant's Signature: _____ Date: _____

Recommender's Name: _____ Title: _____

To the Recommender: _____

How well do you know the candidate? Very Well Fairly Well Slightly

How long have you known the applicant? _____

In what capacity? _____

Overall impression of this applicant:

Applicant's major strengths for PA profession:

Applicant's major weaknesses for PA profession:

Applicant's initiative to learn new material on his/her own:

Compare this applicant to other health care professionals you have known:

REFERENCE FORM

Please circle the appropriate rating for this applicant and comment regarding each of the following factors:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	
1. Motivation	4	3	2	1	N/A
Comments: _____					

2. Maturity	4	3	2	1	N/A
Comments: _____					

3. Interpersonal Relations	4	3	2	1	N/A
Comments: _____					

4. Empathy	4	3	2	1	N/A
Comments: _____					

5. Judgment/Critical Thinking	4	3	2	1	N/A
Comments: _____					

6. Reliability	4	3	2	1	N/A
Comments: _____					

7. Leadership	4	3	2	1	N/A
Comments: _____					

8. Self-confidence	4	3	2	1	N/A
Comments: _____					

9. Quality of work	4	3	2	1	N/A
Comments: _____					

Overall Recommendation: (please circle one)

Highly Recommend Recommend Recommend with Reservations Do not recommend

Recommender's Signature

Title

Printed Name

Organization

Street Address

Area Code/Phone Number

City/State/Zip

Date

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Applicant's major weaknesses for PA profession:

Applicant's initiative to learn new material on his/her own:

Compare this applicant to other health care professionals you have known:

REFERENCE FORM

Please circle the appropriate rating for this applicant and comment regarding each of the following factors:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	
1. Motivation Comments: _____ _____ _____	4	3	2	1	N/A
2. Maturity Comments: _____ _____ _____	4	3	2	1	N/A
3. Interpersonal Relations Comments: _____ _____ _____	4	3	2	1	N/A
4. Empathy Comments: _____ _____ _____	4	3	2	1	N/A
5. Judgment/Critical Thinking Comments: _____ _____ _____	4	3	2	1	N/A
6. Reliability Comments: _____ _____ _____	4	3	2	1	N/A
7. Leadership Comments: _____ _____ _____	4	3	2	1	N/A
8. Self-confidence Comments: _____ _____ _____	4	3	2	1	N/A
9. Quality of work Comments: _____ _____ _____	4	3	2	1	N/A

Overall Recommendation: (please circle one)

Highly Recommend Recommend Recommend with Reservations Do not recommend

Recommender's Signature

Title

Printed Name

Organization

Street Address

Area Code/Phone Number

City/State/Zip

Date

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Applicant's major strengths for PA profession:

Applicant's major weaknesses for PA profession:

Applicant's initiative to learn new material on his/her own:

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REFERENCE FORM

Please circle the appropriate rating for this applicant and comment regarding each of the following factors:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	
1. Motivation Comments: _____ _____ _____	4	3	2	1	N/A
2. Maturity Comments: _____ _____ _____	4	3	2	1	N/A
3. Interpersonal Relations Comments: _____ _____ _____	4	3	2	1	N/A
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9. Quality of work Comments: _____ _____ _____	4	3	2	1	N/A

Overall Recommendation: (please circle one)

Highly Recommend Recommend Recommend with Reservations Do not recommend

Recommender's Signature

Printed Name

Street Address

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Title

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Date