# Personal

Last Name

First Name

Middle Name

Date of Birth / /

Present Address

Street

City

State

ZIP Code

Telephone ( )

Home Address

Street

City

State

ZIP Code

Cell Phone ( )

E-mail

U.S. Citizen Yes

# Education

No

Physician Assistant School

Month and Year Graduated

College(s)

Year Graduated and Degree(s)

**National Commission on Certification of Physician Assistants**

**Eligible** Yes

No

Date Certified / /

NCCPA #

References Name and Title

Telephone ( ) E-mail

Address City

State

ZIP Code

Name and Title

Telephone ( )

E-mail

Address City

State

ZIP Code

Name and Title

Telephone ( )

E-mail

Address City

State

ZIP Code

References are required from at least one physician and one physician assistant.

# Check List

Completed application \*

Three letters of recommendation \*

A letter of recommendation from your physician assistant school s director if new graduate\*

An official copy of your exam scores from the National Commission on Certification of Physician Assistants,

sent directly to us from the NCCPA

An official transcript from your physician assistant school, sent directly to us from your school. After you graduate, an official final transcript must also be submitted.

A copy of your physician assistant school diploma, or if still in school, a letter from the school’s director to verify your status as a student and your expected graduation date \*

Curriculum Vitae \*

A personal statement of less than one page about your interest in acute care and your future plans \*

An application fee of $45 payable to the University of Missouri \*

\* Must be included with your application packet.

Send your completed packet to:

Michelle Seithel, PA

Programs Director

Emergency Medicine PA Residency

One Hospital Drive M562

DC029.10

Columbia, MO 65212

# Entry Requirements

* Must be a graduate of an accredited physician assistant school
* Must be certified or eligible to be certified by the National Commission on Certification of Physician Assistants
* Must be able to obtain an unrestricted license to practice as a physician assistant in the state of Missouri
* Must be able to secure hospital privileges at University Hospital
* Must submit a completed application packet
* Those selected must complete a personal interview before final acceptance into the residency program.

For more information, please contact:

Michelle Seithel, PA Program Director

Emergency Medicine PA Residency

One Hospital Drive M562

DC029.10

Columbia, MO 65212

To apply for a Missouri physician assistant’s license, please contact the Missouri Board of Registration for the Healing Arts.

(573) 751-0098

<http://www.pr.mo.gov/healingarts.asp>