University of Missouri

PA Post-Graduate Fellowship Program
in Hospital Medicine

University of Missouri Health System

Personal Information

Last Name_____First Name _____

Middle Name_____Date of Birth_____ SSN _____

Present Address:
Street_____City_____State _____

ZIP Code_____Telephone ( ) _____

Home Address:
Street_____City_____State _____

ZIP Code_____Cell Phone ( )_____E-mail _____

U.S. Citizen Yes____ No ____

Education

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.

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Check List

_____Completed application *

_____Three letters of recommendation *

_____A letter of recommendation from your physician assistant schools 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 will also be required.

_____ 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 *

____Completed National Practitioner Data Bank form*

____Completed Release of Information form*

* Must be included with your application packet.

Send your completed packet to:

Zafar Ahmad, PA-C
Program Director
Hospitalist PA Fellowship
Division of Hospital Medicine
1 Hospital Drive - MA427
DC043.00
Columbia, MO 65212

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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
- Must hold current certification in BLS & ACLS
- Those selected must complete a personal interview before final acceptance into the fellowship program.

For more information, please contact:

Zafar Ahmad, PA-C
Program Director
Hospitalist PA Fellowship
Division of Hospital Medicine
1 Hospital Drive - MA427
DC043.00
Columbia, MO 65212
573-884-9066

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

National Practitioner Databank Query Request Form- Allied Health

Return completed form to the Medical Staff Office, DC023.00, Fax (573)884-5219

Requesting Department: Medicine

Coordinator/Phone #: _____

Full Legal Name: _____ _____ _____
First Middle Last

Other Names Used: _____ Male ☐ Female ☐

NP ☐ CNS ☐ CRNA ☐ PA ☐ Other ☐ _____ NPI #: _____

Date of Birth _____ Social Security #: _____

Email Address: _____ CAQH ID: _____

☑ I wish to roster with CAQH. If there is no Provider ID, please assign and roster.

All Nursing/Professional Schools (List all: LPN, BSN, CNS, NP, PA, etc.)	Grad Date (MM/DD/YYYY)
	/ /
	/ /
	/ /
	/ /
	/ /

List all current licenses/recognitions issued:

State	Type (LPN, RN, CNS, NP, CRNA, PA)	License #

UMHC Practice Address: 1 Hospital Drive, DC043.00

(Street, City, State, Zip, DC Code) Columbia, MO 65212

UMHC Practice Phone #: _____

☐ ***Med Staff Office Use*: Medicare Opt-Out, Department, Sharepoint entered**

University of Missouri Hospitals and Clinics
The Staff for Life

University Hospitals and Clinics

One Hospital Drive
Columbia, MO 65212
(573)882-4913

Release of Information

I am applying for privileges and medical staff membership at the University Hospitals and Clinics, Columbia, Missouri. By signing this form, I authorize you to release information to University Hospitals and Clinics.

I authorize consultations with and release of information by others who may have information bearing on my competence or qualifications; and consent to examination of records that may be material to evaluation of my physical or mental health status and assessments of professional and ethical qualifications.

I release the Curators of the University of Missouri, a public corporation and all of its employees, agents, representatives and all its organizations, departments, and administrative units including the Medical Staff of the University Hospitals and Clinics and third parties from whom information is requested by any of the foregoing persons or organizations, from any liability for acts performed in good faith, and without malice in connection with the application and its evaluation.

I understand that a query will be made of the National Practitioner Databank and the AMA Master file as part of the appointment process to University Hospitals and Clinics.

Printed Name_____

Signature_____ Date _____