



Fellowship applying for: \_\_\_ Adult Psychiatry \_\_\_ Child/Adolescent Psychiatry

Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_
U.S. Citizen: Yes:\_\_\_ No:\_\_\_

Present Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
Zip Code: \_\_\_\_\_ Cell Phone: ( ) - ( ) - ( ) Email: \_\_\_\_\_

Home Address: Same as present? \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
Zip Code: \_\_\_\_\_

Education

Physician Assistant School: \_\_\_\_\_
Month and Year Graduated (expected graduation): \_\_\_\_\_
Other postgraduate education? Yes:\_\_\_ No:\_\_\_

Graduate Degree(s) and School(s): \_\_\_\_\_

Undergraduate Degree, School, and Year Completed: \_\_\_\_\_

National Commission on Certification of Physician Assistants

Eligible: Yes \_\_\_ No \_\_\_ Date Certified: \_\_\_/\_\_\_/\_\_\_ NCCPA#: \_\_\_\_\_
Anticipated PANCE exam: \_\_\_/\_\_\_/\_\_\_

References

Name, Title, Organization: \_\_\_\_\_
Telephone: ( ) - ( ) - ( ) Email: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Name, Title, Organization: \_\_\_\_\_
Telephone: ( ) - ( ) - ( ) Email: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

Name, Title, Organization: \_\_\_\_\_
Telephone: ( ) - ( ) - ( ) Email: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip Code: \_\_\_\_\_

References are required from at least one physician and one physician assistant. A reference from the PA Program Director is required if still in school.

## **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 and clinic privileges with University of Missouri Health System  
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.  
For more information please contact:

Bob Sobule, PA-C, CAQ-Psych.  
Program Director of PA Psychiatry Fellowship  
Division of Psychiatry  
1 Hospital Drive  
Columbia, Mo  
Email: [sobuler@health.missouri.edu](mailto:sobuler@health.missouri.edu)  
Phone: 573-882-0484  
Fax: 573-884-1070

**Check List**

\_\_\_\_ Completed application\*

\_\_\_\_ Three letters of recommendation\*

\_\_\_\_ A letter of recommendation from PA Program Director if still in school or recent graduate\*

\_\_\_\_ An official copy of your exam scores from the National Commission of Certification of Physician Assistants, sent directly to us from the NCCPA

\_\_\_\_ An official transcript from your PA school, sent directly to us from your school. After you graduate an official final transcript will be required.

\_\_\_\_ A copy of your PA school diploma, or if still in school, a letter from the PA Program Director to verify your status as a student and your expected graduation date\*

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

\_\_\_\_ Completed Release of Information form\*

**\* Must be included with your application packet**

Send your completed packet to:

Bob Sobule, PA-C, CAQ-Psych.  
Program Director of PA Psychiatry Fellowship  
Division of Psychiatry  
1 Hospital Drive  
Columbia, Mo  
Email: [sobuler@health.missouri.edu](mailto:sobuler@health.missouri.edu)  
Fax: 573-884-1070