



B.S./M.S. Physician Assistant Program Health Care and Physician Assistant Shadowing Form

APPLICANT/STUDENT NAME: _____ DATE: _____

HEALTH CARE/DIRECT PATIENT CONTACT

LOCATION OF EXPERIENCE	DATE (S)	# OF HOURS	DESCRIPTION OF EXPERIENCE	PRIMARY CONTACT PERSON AND PHONE NUMBER
			TOTAL HOURS:	

PHYSICIAN ASSISTANT SHADOWING

NAME OF PHYSICIAN ASSISTANT AND CONTACT INFORMATION	SPECIALTY	DATE OF SHADOWING	# OF HOURS

Please note: Shadowing must be with a PA, shadowing of other health care providers is not considered. A minimum of 4 hours with each PA is needed to qualify the experience. Shadowing the same PA more than once does not qualify, but can be used for patient contact hours.

I hereby confirm that the above information is true and accurate and subject to verification:

(Signature of Student)

B.S./M.S. applicants should submit this form with their application. Questions regarding what fulfills health care or shadowing hours should be directed to Undergraduate Admissions at 724-838-4281 or admit@setonhill.edu.