



***Physician Assistant Program (A Developing Program)
Application for Admission***

Sullivan University has applied for provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Sullivan University College of Health Sciences Physician Assistant Program anticipates matriculating its first class in September 2013, pending provisional accreditation in September 2013 of ARC-PA meeting. Provisional accreditation is an accreditation status for a new PA program that has not yet enrolled students, but at the time of its comprehensive accreditation review, has demonstrated its preparedness to initiate a program in accordance with the accreditation *Standards*.

Sullivan University is an equal opportunity institution. The University and the College of Health Sciences Physician Assistant Program do not discriminate against persons because of age, race, sex, religion, handicap, color, national origin or marital status. You are submitting an application to the Master of Science in Physician Assistant program. This is a full-time, twenty-four month, year-round educational experience. A Master of Science in Physician Assistant student takes classes during four quarters each year of the program. Students are discouraged from working while in the program. There is no advanced placement granted for coursework in the physician assistant program curriculum.

The completion of each section of this application is required, as incomplete applications will not be processed. The deadline for submission of completed applications for the September 2013 entering class is August 16, 2013. The Sullivan University College of Health Sciences Physician Assistant Program uses a rolling admissions process, so early application is advised, noting that all prerequisites must be satisfactorily completed prior to commencing classes.

This application may be filled out completely. The form may be completed online. If completed online, the application must be printed and signed. The completed and signed application must be sent to the Office of Student Affairs, Sullivan University College of Health Sciences, 2100 Gardiner Lane, Louisville, KY 40205.

A non-refundable \$100.00 application fee must be included with the application in order for it to be processed. Please make your check or money order payable to the Sullivan University Physician Assistant Program.

Application Checklist

The following items must be submitted with the application:

- _____ \$100.00 Application Fee
- _____ Two original passport-style photos
- _____ Brief essay on why you want to be a PA
- _____ Three (minimum) recommendations, one of which must be from an MD, DO, or PA, using the downloadable recommendation form on this site. Supplemental letters of recommendation are encouraged to be included with the recommendation form.
- _____ Test of English as a Foreign Language (TOEFL) results (if applicable)
- _____ Official transcripts of all completed coursework

The following items must be submitted upon official acceptance and before matriculation on September 27th:

The Sullivan University Physician Assistant Program policy for required immunizations for students are based upon recommendations and guidelines issued by the Centers for Disease Control and Prevention's (CDC's) Federal Advisory Committee on Immunization Practices (ACIP) for health care professionals. This policy is stated on the website, the PA Student Policies and Guidelines Handbook, and the Clinical Year Handbook as being required.

The required immunizations include the following:

- Hepatitis B
- Influenza
- Tdap

Presumptive evidence must also be submitted for Measles, Mumps, Rubella and Varicella which includes:

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine and Varicella vaccine administered at least 28 days apart;
- Laboratory evidence of immunity;
- Laboratory confirmation of disease; or
- Birth before 1957 (pertaining to MMR only).

An annual PPD (Tuberculosis) skin test is necessary for applicants. For those applicants who could not receive a PPD, an annual chest x-ray or clearance from a medical provider is required.

Applicants and accepted students will be informed of the guidelines and requirement that all immunizations listed above must be up to date at the time of matriculation, according to CDC guidelines. Immunization records are kept with the Sullivan University InterNational Center of Advanced Pharmacy Services (INCAPS), who certify compliance. Immunization records are also kept in each student's file in the program offices for verification as needed for clinical sites. Notification of variances from compliance is provided to the program chair by the Sullivan University INCAPS when they occur.

Personal Data

Name _____
First Middle Last

Please list any additional names by which you have previously been known

Permanent Address (Physical Address) _____

City _____ County _____ State _____ Zip _____

Current Address _____

City _____ County _____ State _____ Zip _____

Telephone No: (_____) _____ Cell Phone (_____) _____

Permanent E-Mail Address _____

Social Security No. _____ Gender: Male _____ Female _____

Date of Birth _____ (mm/dd/yyyy)

Country of Citizenship _____

If not a US citizen, you must submit proof of legal residence with this application

Please describe your Ethnic/Cultural Background (optional, information for demographic purposes only)

African-American _____
Asian-American _____
Caucasian/Non-Hispanic _____
East Indian _____
Hispanic _____
Native American _____
Other _____

Marital Status (optional, information for demographic purposes only)

Single _____
Married _____
Divorced _____

Name of Person to contact in case of emergency _____

Address _____

City _____ State _____ Zip _____

Telephone No. of person to contact (____) _____ Cell (____) _____

Relationship to Applicant _____

Alternate Person to Contact in case of emergency _____

Address _____

City _____ State _____ Zip _____

Telephone No. of person to contact (____) _____ Cell (____) _____

Have you ever been convicted of a misdemeanor or a felony? Yes _____ No _____

If you answered "yes" to this question, please explain.

Pre-Physician Assistant Education/Course Work

Please list all Colleges/Universities you are attending or have attended.

_____ Degree earned _____
_____ Degree earned _____
_____ Degree earned _____
_____ Degree earned _____

Have you completed all prerequisites? Yes _____ No _____

If “no,” please list courses you are currently taking and expected dates of completion. Please note when you will be taking any prerequisite courses which you have not yet completed. (If you need additional space, please attach a sheet to the back of this application.)

Course: _____ Completion Date: _____

Course: _____ Completion Date: _____

Course: _____ Completion Date: _____

Please note that all course work must be completed, with official verification of completion, prior to matriculation in the Physician Assistant Program in order to begin with the September 2013 entering class.

Employment Information

Are you currently employed? Yes _____ No _____ Length of Employment: _____

If yes, list place of employment _____

Address _____

City _____ State: _____ Zip: _____

Telephone No (_____) _____

Name of Supervisor _____

Prior Employment

Dates of employment _____

Place of employment _____

Address _____

City _____ State _____ Zip _____

Telephone No. (_____) _____

Name of Supervisor _____

Prior Employment

Dates of employment _____

Place of employment _____

Address _____

City _____ State _____ Zip _____

Telephone No. (_____) _____

Name of Supervisor _____

Letters of Recommendation

Three recommendations, using the downloadable form, are required, one of which must be from a PA, MD, or DO. The other recommendations should be from individuals such as faculty, advisors, clergy, or other healthcare practitioners. Recommenders are encouraged to include an additional letter of recommendation with the form.

Please inform your recommenders to promptly return their recommendation forms and optional letters directly to the Office of Student Affairs, Sullivan University College of Health Sciences, 2100 Gardiner Lane, Louisville, KY, 40205.

Official Transcripts

It is the applicant's responsibility to be certain that official transcripts of **all course work** are sent to the Office of Student Affairs, Sullivan University College of Health Sciences, 2100 Gardiner Lane, Louisville, KY 40205. Your application **cannot** be processed without all transcripts of courses completed at the time of application.

Application Essay

Please submit a brief, **handwritten** personal statement (750-1000 words) with this application, telling the Admissions Committee about yourself, your interests, why you chose to pursue Physician Assistant as a career and your future plans as a PA. The personal statement should communicate your motivation, goals, circumstances, and experiences related to a career as a Physician Assistant. The Admissions Committee would like to hear your thoughts regarding your strengths and weaknesses in pursuing a career as a physician assistant

Applicant Certification

By signing and dating this application, the applicant certifies that all information contained herein is true and accurate and that any false, misleading or incomplete information may result in cancellation of the applicant's admission or dismissal from the program.

I, _____, further agree to permit the Sullivan University College of Health Sciences Physician Assistant Program to make inquiries, including criminal and credit background checks, as it deems necessary to process my application.

Signed _____

Typed Name _____ Date _____