New Mexico VA Health Care System
Physician Assistant Residency in Mental Health

APPLICATION

Electronic applications are encouraged and should be emailed to Jason.Murray2@va.gov with cc to Laura.Cruz-Hinson@va.gov

US Mail	*FedEx or other delivery service*
Jason Murray, MCMSc, PA-C Residency Director, Post-Graduate Physician Assistant Mental Health Residency NM VA Health Care System 1501 San Pedro Drive SE Albuquerque, NM 87108	Jason Murray, MCMSc, PA-C Residency Director, Post-Graduate Physician Assistant Mental Health Residency NM VA Health Care System 1501 San Pedro Drive SE Albuquerque, NM 87108

Questions may be addressed to:

Mr. Jason Murray, PA-C
505-265-1711 Ext. 7729
Jason.Murray2@va.gov

Web: https://www.va.gov/new-mexico-health-care/work-with-us/internships-and-fellowships/physician-assistant-post-graduate-residency-in-mental-health-psychiatry/

Requirements:

- Prior to beginning the program, applicants must have graduated from an ARC-PA accredited program
- Applicants must be US Citizens and, if applicable (male applicants born after 12/31/59) have registered for the draft by age 26
- A personal essay is required, see detail below
- Documentation that vaccinations are up to date and that screening for active tuberculosis is complete prior to starting the residency
- Have a current, full, active, and unrestricted license to practice as a PA in a state or US territory

Begin: ☐ September 6, 2022

Application period: January 1 2022- March 1, 2022
Rolling admissions are utilized so early application is encouraged

Admissions after September will be granted based on availability of positions. Those graduating too late to start in September are encouraged to apply

Name Last First Middle		Present Address
Telephone (Home)	Telephone (Cell)	Birth date MM/DD/YYYY
e-Mail		
Permanent Home Address		Name and address of someone always able to contact you
Do you have any conditions which might impair your participation in this program? If so, please describe.		
Have you ever used any other name(s)?		

EDUCATION and EXPERIENCE (attach additional sheet(s) if necessary)**:**

High School		From	To	
	Address			
College		From	To	Degree
	Address			
PA Program		From	To	(Exp.) Grad. Date
	Address			
	MS or PhD Included?	Research or Thesis Topic, if applicable		
Previous Residency (if applicable)	Program	From	To	Field
	Address	City and State		
Graduate School (if applicable)	College	From	To	Degree(s)
	Field(s)			
Practice or Other Clinical Experience	Location	From	To	
	Type			
	Location	From	To	
	Type			

Complete Licensing History (if applicable) Use additional sheet if necessary	State	TYPE (Full, Standard, Limited, Restricted)	STATUS	Dates
	State		STATUS	Dates

Have you ever:

___ Been denied a license
___ Had a license revoked or suspended
___ Had other licensure issues
___ **Been reported to National Provider Database**
___ Had your Scope of Practice limited
___ Been denied hospital privileges
___ Had hospital privileges limited or suspended
___ Been disciplined for academic performance or professional conduct by ANY institution or training program

If any of the above apply, please attach an additional sheet with explanation.

NCCPA Certification or Eligibility: _____ NPID#_____

Membership in Honorary or Professional Societies, prizes, awards, fellowships, etc. (attach extra sheet if necessary)

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Publications and Faculty Appointments: If applicable, please list publications and/or faculty appointments on a separate sheet or include in CV.

PROFESSIONAL REFERENCES:

- Please request two (2) professional letters of evaluation to be E-mailed by the writer directly to Jason.Murray2@va.gov with cc to Laura.Cruz-Hinson@va.gov.
- It is encouraged that one letter be from the PA Program Director or supervising physician/PA.
- Please request that evaluators comment on academic and personal attributes including judgment, industry, interpersonal relations, capacity to assume responsibility and professional ethics.

Reference 1	Title
Reference 2	Title

PERSONAL STATEMENT

A personal essay with approximately1000-1500 words is required describing the nature of your interest in and expectations of the program, professional goals, your strengths and weaknesses, and why you have chosen the NMVAHCS Residency Program.

CHECKLIST

The following required items are attached or completed:

_____ Transcript requested from PA program

_____ Transcript requested to be sent from any graduate-level programs attended

_____ Documentation of NCCPA certification, if applicable

_____ CV or resume

_____ TWO letters of evaluation requested to be sent directly to the program

_____ Personal statement

_____ Proof of US Citizenship

Any documents submitted by E-mail should be sent to both Jason.Murray2@va.gov and to Laura.Cruz-Hinson@va.gov

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Following the receipt of all documents, competitive applicants will be invited to participate in an interview.

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VA policy is that all residents are to subject to random drug testing

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I certify that to the best of my knowledge the above information is accurate and correct:

Signature: _____ Date: _____