

**Michael E. DeBakey Veterans Affairs Medical Center
Physician Assistant Residency in Mental Health
Application**

Return application and supporting documents by email to: Michael.Davis21@va.gov

Please refrain mailed/delivery service submissions to only materials that must be physically mailed (such as transcripts from programs without secure electronic delivery). Please send an email to the above address identifying materials that will be physically mailed.

Notes:

- Prior to beginning the program, applicants must graduate from an ARC-PA accredited program, and be NCCPA Certified and licensed in a US State.
- Applicants must be US Citizens
- A personal essay is required

U.S. Mail, FedEx, or other delivery service

Michael Davis, PA-C, Residency Director
Post-Graduate Physician Assistant Mental Health Residency
Michael E. DeBakey VA Medical Center
2002 Holcombe Blvd (Mail Code 116A)
Houston, TX 77030

Questions may be addressed to: Michael Davis, HoustonPAResidency@va.gov or
Michael.Davis21@va.gov

Begin: ☐ January 2024

Application period: June 1, 2023-August 31, 2023
Interviews/admission decisions begin September 1, 2023

☐ July 2024

Application period: December 1, 2023-February 15, 2024
Interviews/admission decisions begin March 1, 2024

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			
Name:			
Address:		From:	
City, State Zip:		To:	

College			
Name:		Degree:	
Address:		From:	
City, State Zip:		To:	

PA Program			
Name:		(Exp. Grad. Date):	
Address:		From:	
City, State Zip:		To:	
MS or PhD Included?		Research or Thesis Topic, if applicable:	

Previous Residency (if applicable)			
Program:		From:	
Address:		To:	
City, State Zip:		Field:	

Graduate School (if applicable)			
College:		From:	
Degree(s):		To:	
Field(s):			

Practice or Other Clinical Experience			
Location:		From:	
Type:		To:	
Location:		From:	
Type:		To:	

Complete Licensing History (if applicable) <i>Use additional sheet if necessary.</i>			
State	Type (Full, Standard, Limited, Restricted, etc.)	Status	Dates

Have you ever: (If any of the below apply, please attach an additional sheet with explanation.)	
<input type="checkbox"/> Been denied a license <input type="checkbox"/> Had a license revoked or suspended <input type="checkbox"/> Had other licensure issues <input type="checkbox"/> Been reported to National Provider Database <input type="checkbox"/> Had your Scope of Practice limited	<input type="checkbox"/> Been denied hospital privileges <input type="checkbox"/> Had hospital privileges limited or suspended <input type="checkbox"/> Been disciplined for academic performance or professional conduct by ANY institution or training program

NCCPA Certification or Eligibility: _____ NPID# _____

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

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 mailed to the address above.
- It is encouraged that one letter be from the PA Program Director or supervising physician.
- 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 is required, including personal motivations and professional goals.

CHECKLIST

The following required items are attached or completed:

- ☐ Transcript requested to be sent to address on first page, from PA Program.
- ☐ Transcript requested to be sent from any graduate-level programs attended.
- ☐ GRE scores requested to be sent, if GRE has ever been taken.
- ☐ Documentation of NCCPA certification, if applicable.
- ☐ CV, if it includes information not included elsewhere in this application packet.
- ☐ TWO letters of evaluation requested to be sent.
- ☐ Personal statement

Proof of U.S. citizenship will be required prior to acceptance into program.

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

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

Signature: _____ Date: _____