



Corporal Michael J. Crescenz Veterans Affairs Medical Center
 3900 Woodland Avenue
 Philadelphia, PA
 (215) 823-5800
<http://www.philadelphia.va.gov>

Return application and all supporting documents via email to:

Eric Rousell, PA-C, PHPE
 Emergency Department
Eric.Rousell@va.gov

Notes:

- Applications are due by January 12, 2024. Interviews will begin early spring 2024.
- Prior to beginning the program, applicants must graduate from an ARC-PA accredited program and be eligible to sit for PANCE.
- This program involves rotations at Philadelphia-area medical sites and will require a Pennsylvania state license.
- Applicants must be US Citizens
- A personal essay is required

Applicant Information:

| | | |
|--|------------------|--------------------------|
| Name (Last, First, Middle) | | |
| Address | | |
| Telephone (Home) | Telephone (Cell) | Birth date (MM/DD/YYYY) |
| E-Mail | | |
| Emergency Contact | | |
| Do you have any conditions that 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 | | From | To | |
| | Address | | | | |
| College | Name | | From | To | Degree |
| | Address | | | | |
| PA Program | Name | | From | To | (Exp.) Grad. Date |
| | Address | | | | |
| | Degree | | | Research or Thesis Topic, if applicable | |
| Previous Residency (if applicable) | Name | | From | To | Field |
| | Address | | | City and State | |
| Other graduate degree (s) (if applicable) | College | | From | To | Degree(s) |
| | Field(s) | | | | |
| Relevant Clinical Experience Use additional sheet if necessary | 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 | Type | Status | Dates | |

Have you ever:

- Been denied a license
- Had your Scope of Practice limited
- Had a license revoked or suspended
- Been denied hospital privileges
- Had hospital privileges limited or suspended
- Been reported to National Provider
- Had other licensure issues
- Been disciplined for academic performance

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

NCCPA Certification or Eligibility: _____

NPI #: _____

(If not yet certified, please list date of scheduled PANCE)

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 emailed 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 stating your personal motivations and professional goals in the field of emergency medicine.

Checklist:

(Please check off and list date information was sent via email)

- _____ Unofficial PA program transcript
- _____ Unofficial transcripts from any other *graduate-level* programs attended.
(Undergrad transcripts NOT needed)
- _____ GRE scores, if GRE has ever been taken
- _____ Documentation of NCCPA certification, if applicable
- _____ CV or resume
- _____ TWO letters of recommendation
- _____ Personal statement

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

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

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

Signature: _____ Date: _____