

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

<p style="text-align: center;"><i>US Mail</i></p> <p style="text-align: center;"><i>(Email Submissions are preferred)</i></p> <p>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</p>	<p style="text-align: center;"><i>FedEx or other delivery service</i></p> <p>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</p>
<p>Questions may be addressed to:</p> <p>Mr. Jason Murray, PA-C, CAQ-Psychiatry 505-265-1711 Ext. 7729 Jason.Murray2@va.gov</p> <p>Web: https://www.va.gov/new-mexico-health-care/work-with-us/internships-and-fellowships/physician-assistant-post-graduate-residency-in-mental-health-psychiatry/</p>	<p><u>Requirements:</u></p> <ul style="list-style-type: none"> 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: ☐ August 25, 2024

Application period: March 1, 2024- April 30, 2024
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:

- | | |
|---|---|
| <input type="checkbox"/> Been denied a license | <input type="checkbox"/> Had your Scope of Practice limited |
| <input type="checkbox"/> Had a license revoked or suspended | <input type="checkbox"/> Been denied hospital privileges |
| <input type="checkbox"/> Had other licensure issues | <input type="checkbox"/> Had hospital privileges limited or suspended |
| <input type="checkbox"/> Been reported to National Provider Database | <input type="checkbox"/> 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)

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 approximately 1000-1500 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



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



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



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

Signature: _____ Date: _____