



New York Harbor Healthcare System Veterans Affairs Medical Center

423 East 23rd Street, NY, NY 10010
(212) 686-7500

800 Poly Place, Brooklyn, NY 11209
(718) 836-6600

<https://www.nyharbor.va.gov/>

Return application and all supporting documents via email to:

Vallerie Hirsch, MSPAS, PA-C
Residency Training Director
Vallerie.Hirsch@va.gov

Ishmeal Bradley, MD, MPH
Acting Program Medical Director
Ishmeal.Bradley@va.gov

Questions may be addressed to:

Vallerie Hirsch, MSPAS, PA-C
Vallerie.Hirsch@va.gov
718-836-6600 Extension 3150

Notes:

- Applications are due by February 23rd, 2024. Interviews will begin in Spring 2024.
- Prior to beginning the program, applicants must graduate from an ARC-PA accredited program and must be NCCPA certified prior to residency start date.
- This program involves rotations at New York -area medical sites and will require a New York State license
- Applicants must be U.S. 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	Expected 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: _____

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.

Letters of Recommendation:

- Attach the name & contact information for three (3) professional individuals who will provide letters of recommendation supporting your application to the residency program.
- It is encouraged that one letter be from the PA Program Director or supervising physician. For new graduates, one of these letters must be from your program director.
- Please request that evaluators comment on academic and personal attributes including judgment, industry, interpersonal relations, capacity to assume responsibility and professional ethics.

Professional References:

- Please request two (2) professional references in addition to the 3 letters of recommendation.

Reference 1	Title
Reference 2	Title

Personal Statement:

A personal essay is required stating your personal motivations, professional goals in the field of emergency medicine and why you desire a position in the PA Residency Program.

Checklist:

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

- _____ Official or unofficial PA program transcript
- _____ Official or unofficial transcripts requested to be sent from any other *graduate-level* programs attended.
- _____ GRE scores, if GRE has ever been taken
- _____ Documentation of NCCPA certification, if applicable
- _____ Current CV
- _____ Three (3) letters of recommendation emailed directly to the Residency Training Director from the recommender
- _____ Personal statement describing yourself, your background, your future plans and why you desire a position in the Emergency Medicine PA Residency Program.
- _____ Scanned copies of current ACLS & BLS Cards
- _____ Passport quality photo

(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: _____

Thank you for your interest in the NY Harbor VA PA Emergency Medicine Fellowship. If you have any other questions or concerns, please do not hesitate to contact us.

Ishmeal Bradley, MD, MPH
Acting Program Medical Director
Ishmeal.Bradley@va.gov

Vallerie Hirsch, MSPAS, PA-C
Residency Training Director Fellowship
Vallerie.Hirsch@va.gov