

**Michael E. DeBakey Veterans Affairs Medical Center
Physician Assistant Residency in Geriatric Medicine**

Application

<p>Return Application To:</p> <p><i>E-mail (Preferred):</i> Michael.J.Anderson@VA.gov</p>	<p><i>US Mail, FedEx or other delivery service:</i> Michael J. Anderson, PA-C Director, Physician Assistant Residency in Geriatric Medicine Michael E. DeBakey VA Medical Center 2002 Holcombe Blvd, Mail Code ECL-110 Room 2C-110 Houston, TX 77030</p>
<p>Questions may be addressed to:</p> <p>Michael J. Anderson, PA-C Residency Director 713-794-7375 Michael.J.Anderson@VA.gov</p>	<p><u>Notes:</u></p> <ul style="list-style-type: none"> • Prior to beginning the program, applicants must graduate from an ARC-PA accredited program & be NCCPA certified • Applicants must be US Citizens • A personal essay is required • Residency is affiliated with Baylor College of Medicine

Begin: July 1, 2024 January 6, 2025

Early application is encouraged.

- Applications accepted March 25, 2024 through April 8, 2024 for July 1, 2024. One position available.
- Applications accepted March 25, 2024 through July 29, 2024 for January 6, 2025. Four positions available.
- Interview date and admission decisions are on a ROLLING BASIS.

<p>Name: Last First Middle</p>	<p>Present Address</p>
<p>Telephone</p>	<p>Birth date MM/DD/YYYY</p>
<p>e-Mail</p>	<p>Name, phone, & email of someone always able to contact you.</p>
<p>Permanent Home Address</p>	

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)? If so, please provide those names.

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.
- Please request that evaluators comment on academic and personal attributes including judgment, industry, interpersonal relations, capacity to assume responsibility and professional ethics.

<p>Reference 1</p>	<p>Title</p>
<p>Reference 2</p>	<p>Title</p>

PERSONAL STATEMENT

A personal essay is required, including personal motivations and professional goals.

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

High School			
Name:		Degree:	
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:	
Degree Awarded by PA program?		Research or Thesis Topic, if applicable:	

Previous Residency (if applicable)			
Program:		From:	
Degree(s):		To:	
Field(s):			

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

Practice or Other Clinical Experience			
<i>Use additional sheet if necessary.</i>			
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:	
<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
If any of the above apply or there are other issues of which the residency should be aware, please attach an additional sheet with explanation.	

NCCPA Certification or Eligibility: (list certification number or date you will be able to take your 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. (attach extra sheet if necessary)

CHECKLIST

The following required items are attached or completed:

- Transcript from PA Program requested to be sent. E-mail preferred.
- Transcript from any other graduate-level programs attended was requested to be sent. E-mail preferred.
- Documentation of NCCPA certification, if applicable
- CV
- Two letters of recommendation requested to be sent. E-mail preferred.
- Personal statement expressing why you want to attend the PA Postgraduate Residency in Geriatric Medicine. Ensure you label this with your name.

Proof of US citizenship will be required prior to acceptance into program. *Please do not send citizenship documentation at this time.*

Proof of COVID vaccination will be required prior to acceptance into program. *Please do not send documentation at this time.*

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: _____