

APPLICATION INSTRUCTIONS SUMMARY

PLEASE READ THIS SUMMARY AND INSTRUCTIONS ON EACH PAGE CAREFULLY.

(CASPA applicants: **DO NOT** complete this application.

Please see the *CASPA supplemental application* on the UDM PA program web site).

The applicant is responsible for:

1. Completion of the **online UDM PA Graduate Admissions** application and the entire **Physician Assistant Program Application including essays**.
2. Distribution of three (3) professional (i.e: **supervisor, professor, colleague etc**) **Applicant Evaluations**. They must use the Physician Assistant Program Applicant Evaluation Forms. If more than 3 recommendations are received, the first 3 received will be used. Applicant Evaluations sent after the deadline will not be considered. **Original signed evaluations must be received in a sealed envelope with the recommender's signature over the seal.**
3. **Requesting Official Transcripts** for all completed course work be sent by all Universities or Colleges attended including the University of Detroit Mercy, Mercy College and the University of Detroit, even if applying for contingent admission. **Send transcripts to PA Program Graduate Admissions for the University of Detroit Mercy, College of Health Professions** (see address below). An official transcript is defined as:
"... one that is received directly from the issuing institution. It must bear the college seal, date, and an appropriate signature."
Transcripts which are embossed "Issued to student" **are not acceptable**. Be sure your **current name** is on all transcripts. Be sure the PA office is aware of all names which might appear on your transcript(s).
4. **Requesting Official Graduate Record Examination Scores (GRE)** is sent to the program. These scores must be received directly from the Educational Testing Corp. (Official MCAT scores may be used in lieu of GRE). When sending these scores, you will need the University of Detroit Mercy's institution code: 1835 and program code: 0699. This will ensure your scores to reach our Admissions Manager in a timely manner.)
5. Returning a completed **Prerequisite Checklist Form**. This should be sent as early as possible so you can respond to feedback prior to the February 15 deadline.
6. Returning a completed **Application Checklist Form**.
7. Submitting a resume or CV It must include:
 - Chronological listing of education including institution attended, years and degree(s) awarded.
 - Chronological listing of health care experience including:
 - Employer/agency
 - Dates employed/attended
 - Full or part time status/paid or volunteer
 - Title and description of position
8. **Assuring the return of essays, resume, recommendation forms and check list together in one packet before the application deadline**, (transcripts and GRE scores must be sent from the institutions by the deadline) **to:**
Physician Assistant Program
Graduate Admissions, CHP 115
University of Detroit Mercy
4001 W. McNichols Rd
Detroit, Michigan 48221-3038

**UNIVERSITY OF DETROIT MERCY- PHYSICIAN ASSISTANT PROGRAM
APPLICATION CHECK-LIST**

Applicant: _____ Yr. of Expected Attendance: _____ SSN: _____

The following check list is used by the Admissions Manager to assure the timely completion of your application file for Admission Committee review. **Please read and complete this form entirely, do not write in the shaded areas.** You may use the area to the left as a preparation check list. The Committee must receive all materials listed here by the deadline to consider a file complete. **This check list should NOT be used by CASPA applicants.**

KEEP A COPY FOR YOUR RECORDS.

◆ SUBMITTED PHYSICIAN ASSISTANT ONLINE APPLICATION		DATE RECEIVED
	Complete	

◆ SUBMITTED PHYSICIAN ASSISTANT APPLICATION PACKET		DATE RECEIVED
	Completed all required essays	
	CV or Resume returned with application	

◆ SUBMITTED PREREQUISITE COURSE CHECKLIST		DATE RECEIVED
	Completed summary information for all 6 prerequisites	
	Included course description for all 6 prerequisites	
	Sent official transcript for all prerequisites completed	

◆ **DISTRIBUTED THREE (3) APPLICANT EVALUATION FORMS**
Please record the name of three persons who are expected to provide you with a professional reference. This will allow us to provide you with information on which (if any) have not been received.

NAME OF PERSONS PROVIDING REFERENCE		DATE RECEIVED

Continues on next page

Name: _____ Year of Attendance _____ SSN# _____

◆ SUBMITTED REQUIRED GRE SCORES:

DATE RECEIVED

	<p>Date Exam Taken: _____</p> <p>The Committee will require the official report from the respective source by the deadline to consider a file complete. Photocopies or student copies are not acceptable. The official report must be sent directly from GRE to: Institution Code #1835 Program Code #0699.</p>	
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◆ SUBMITTED MCAT SCORES:

DATE RECEIVED

	<p>OPTIONAL, may be used in lieu of GRE. The Committee will require the official report from the respective source by the deadline to consider a file complete. Photocopies or student copies are not acceptable.</p>	
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◆ REQUESTED OFFICIAL TRANSCRIPTS OF COMPLETED WORK FROM ALL PRIOR COLLEGES, INSTITUTIONS ATTENDED.

Transcripts are being sent from:

	Name of College/University/Institution	Dates Attended	Date Transcript Request Sent	Date Transcript Received

Please request **official** transcripts are sent to:
Physician Assistant Program
Graduate Admissions, CHP 115
University Of Detroit Mercy
4001 W McNichols Rd
Detroit, MI 48221

Applicants should verify that official transcripts are postmarked by the PA Program application deadline. Transcripts received after the deadline are not forwarded to the Admissions Committee.

PLEASE KEEP A COPY OF ALL COMPLETED FORMS FOR YOUR RECORDS

**UNIVERSITY OF DETROIT MERCY
PHYSICIAN ASSISTANT PROGRAM
PREREQUISITE CHECK-LIST**

Applicant: _____ Year of Expected Attendance: _____ SSN: _____

The following check list is used by the Admissions Manager and members of the Admissions Committee to get an overview of your prerequisite preparation. Please do not write in the shaded areas. KEEP A COPY FOR YOUR RECORDS. The course descriptions below should roughly match those you submit.

It is in your best interest to submit this checklist as soon as possible before the deadline if it contains courses not found on the equivalency grid. This will allow for review by the admission coordinator and give you opportunity to submit additional information prior to the deadline. Non-approved prerequisites or incomplete prerequisite information will render an application incomplete. Incomplete applications will not be considered for admission.

For every prerequisite listed below, please supply the requested summary information regarding your prerequisite course work, **even if you have not completed the course**. A copy of the college or university catalog course description for all 6 prerequisites must be attached to this check-list if it is **NOT** listed on the prerequisite course equivalency grid found on the program website (<http://healthprofessions.udmercy.edu/paprogram/>)

Prerequisite courses must have been taken within the six calendar years proceeding the year to which you are applying. Prerequisite course work must be completed prior to the application deadline in order for your application to be considered for regular admission. **Official** (See definition in instructions) transcripts of all **completed** prerequisite course work must be received by the application deadline.

CONTINGENT APPLICATIONS: If you are currently taking, or have not yet taken certain prerequisite course(s), complete this check list by explaining what, when and where you will complete the necessary course work. **This action plan must be received and approved by the application deadline (send early if you require feedback and need to submit an alternate plan).** Your application may then be considered for *contingent admission*. The Committee will only accept plans which **specifically demonstrate** these prerequisites. Prerequisites must be successfully completed prior to beginning PA training.

NUTRITION

Course work which concentrated on the physiologic requirements for human growth and development. Role of nutrition in health and disease. General concepts of diet as a therapy. Course work with a lab are acceptable, however, "cooking" courses are not.

COLLEGE/UNIVERSITY ATTENDED	SEMESTER/ YEAR TAKEN*	COURSE #	COURSE TITLE	GRADE	APR	COM

Continues

Name: _____ SSN#: _____

MEDICAL ETHICS

Course work which is an exploration of moral issues specific to health care delivery and medical research. This course will have examined issues such as euthanasia, abortion, human experimentation, assisted suicide and bias in access to health care.

COLLEGE\UNIVERSITY ATTENDED	SEMESTER/YEAR TAKEN*	COURSE #	COURSE TITLE	GRADE	APR	COM

STATISTICS

Foundations of statistical methods and their applications to human science research. Includes probability models, descriptive, correlational and basic inferential statistics. Students should be familiar with use of statistical software packages for analysis of both descriptive and inferential statistics.

COLLEGE\UNIVERSITY ATTENDED	SEMESTER/YEAR TAKEN*	COURSE #	COURSE TITLE	GRADE	APR	COM

UPPER LEVEL PHYSIOLOGY

Course examining the functional organization of all organ systems of the human body, its metabolism, and the application of physiologic principles to living organisms. Focus on human/medical physiology only, Combination physiology and anatomy courses are not acceptable, pathophysiology is not acceptable. **Typically a 300 level course or greater.**

COLLEGE\UNIVERSITY ATTENDED	SEMESTER/YEAR TAKEN*	COURSE #	COURSE TITLE	GRADE	APR	COM

MICROBIOLOGY

A survey of microorganisms with emphasis on bacterial, parasitic and viral pathogens. **Must include laboratory techniques.**

COLLEGE\UNIVERSITY ATTENDED	SEMESTER/YEAR TAKEN*	COURSE #	COURSE TITLE	GRADE	APR	COM

DEVELOPMENTAL PSYCHOLOGY

A life span perspective on development and maturational tasks from birth to death. The Committee may consider a series of courses to meet this requirement provided it minimally includes: Child Psychology; Adolescence and Psychology of Aging.

COLLEGE\UNIVERSITY ATTENDED	SEMESTER/YEAR TAKEN*	COURSE #	COURSE TITLE	GRADE	APR	COM

*** JANUARY 2004 OR LATER FOR APPLICATION IN 2010.**

**UNIVERSITY OF DETROIT MERCY
PHYSICIAN ASSISTANT PROGRAM
APPLICANT EVALUATION FORM**

Applicant's Name: _____ SS. # _____

Applicants please check one of the preference statements below and sign this section before giving it to your recommender.

_____ I wish to have access to this letter of recommendation. It will not be confidential and will be incorporated into my application for graduate study.

_____ I waive my rights to access to this letter of recommendation and request that it be incorporated as confidential material into application for graduate study.

Signature of applicant: _____ Date: _____

NOTE TO RECOMMENDER: *The above person is applying for admission to the Physician Assistant program and has requested that your evaluation be included as part of the evaluation process. Under provisions of **THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974**, this applicant will have access to the information provided unless the right to such access has been waived by the statement above.*

EVALUATOR INFORMATION:

How long have you known this applicant? _____ What is your relationship to the applicant? _____

To the best of your knowledge, is this applicant impaired by drug abuse or excessive use of alcohol?

Yes____ No____ Unable to judge _____

If Yes explain _____

PLEASE COMPLETE APPLICANT EVALUATION ON REVERSE SIDE

Name of evaluator: _____ Title: _____

Address: _____

Telephone: (_____) _____

Signature of Evaluator: _____ Date: _____

PLEASE COMPLETE APPLICANT EVALUATION ON NEXT PAGE

University of Detroit Mercy, PA Program Graduate Admissions, 4001 W McNichols Rd, Detroit, MI 48219-0900
THE DEADLINE FOR RECEIPT OF THIS EVALUATION IS FEBRUARY 15, 2010.

Applicant's Name: _____ SSN# _____

PLEASE MAKE A BRIEF STATEMENT ABOUT THIS APPLICANT:

1. STRENGTHS:

2. WEAKNESSES:

3. MANNER OF FUNCTIONING UNDER STRESS:

4. OTHER COMMENTS

PLEASE RATE THE APPLICANT IN THE FOLLOWING AREAS:

CHARACTERISTIC	EXCELLENT	GOOD	ACCEPTABLE	UNACCEPTABLE	NOT				
	Top 10%	80-90%	70-80%	Lower 70%	OBSERVED				
Honesty & integrity	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Verbal & written communication	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Ability to set priorities & complete work	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Ability to integrate ideas	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Ability to work with others	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Ability to work with supervision	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Ability to relate to patients and their families in an empathetic manner	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Ability to learn new skills	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Motivation and flexibility	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Attendance and punctuality	5	*	4	*	3	*	2	*	<input type="checkbox"/>
Professional demeanor	5	*	4	*	3	*	2	*	<input type="checkbox"/>

SUMMARY RECOMMENDATIONS:

I would _____ **HIGHLY RECOMMEND** _____ **RECOMMEND** _____ **NOT RECOMMEND**
 this applicant for admission to the UDM physician assistant program.

Evaluator: Please place the complete evaluation into a sealed envelop and sign over the seal. Return to the applicant for submission with his/her application. **Deadline for application February 15, 2010.**

**UNIVERSITY OF DETROIT MERCY
PHYSICIAN ASSISTANT PROGRAM**

APPLICANT'S NAME: _____
Last First MI

SOCIAL SECURITY NUMBER: _____ / _____ / _____ DATE: _____

2. How have you prepared to enter a program of self directed study? Describe your strengths, weaknesses and obstacles you have had to overcome to get to this point in your education. (Please type your answer and limit to 250 words).

**UNIVERSITY OF DETROIT MERCY
PHYSICIAN ASSISTANT PROGRAM**

APPLICANT'S NAME: _____
Last First MI

SOCIAL SECURITY NUMBER: _____ / _____ / _____ DATE: _____

3. Describe your experience living or working in an underserved community or living or working with disadvantaged populations. How do you see yourself continuing to meet the needs of the medically underserved as a PA? (Please type your answer and limit to 250 words).

I affirm that the information supplied in my application is accurate to the best of my knowledge. I affirm that the responses to the above essays were written by me without proxy.

SIGNATURE: _____ DATE: _____

6/22/2009

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