



Emory University School of Medicine  
 Department of Family and Preventive Medicine  
 Physician Assistant Program



**Student Application for the  
 Master of Medical Science for Career Physician Assistants  
 Degree Program  
 Class of 2007 (Entry Fall, 2005)**

Please complete this application and include as part of your complete application the following items:

- 2.5 x 2.5 photograph
- \$25 application fee (Check payable to Emory PA Program)
- Resume, if desired.

Other items that will be needed to complete your application are:  
 Three Personal References (utilize the form provided)  
 Official Transcripts  
 Official GRE scores

**Identification**

\_\_\_\_\_  
 First Name                      Middle Name                      Last Name                      Suffix

\_\_\_\_\_  
 Preferred Name                      Maiden Name

Social Security Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_

Gender \_\_\_\_\_

State of Legal Residence \_\_\_\_\_

Are you a U.S. Citizen or permanent resident? **Yes**      **No** (circle one)

If "No", enter your VISA number \_\_\_\_\_

This information will be used only in accordance with Title IX of the Education Amendments

**Race / Ethnicity**

Please select the category that best describes you:

African-American      American Indian/Alaskan Native      Asian      Caucasian

Hispanic/Latino      Other \_\_\_\_\_

This information is voluntary and confidential. It will only be used in accordance with Title III of the Civil Rights Act of 1964

**Permanent Address**

Street \_\_\_\_\_  
 Street 2 \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address**

Street \_\_\_\_\_  
Street2 \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact Information**

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile Phone (\_\_\_\_) \_\_\_\_\_  
Daytime Phone (include extensions if applicable) (\_\_\_\_) \_\_\_\_\_

**Family Information**

	Father	Mother	Spouse
Name			
State of Residence			
Occupation			
Employer			

**Emergency Contact**

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone (include extensions if applicable) (\_\_\_\_) \_\_\_\_\_  
Address (street1) \_\_\_\_\_  
Street2 \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Language Proficiency**

Primary Language \_\_\_\_\_  
Secondary Language \_\_\_\_\_ Language most proficient in \_\_\_\_\_

**Enrollment History**

Have you applied to Emory University before? **Yes** **No** (circle one)  
If yes, when? \_\_\_\_\_ What Program? \_\_\_\_\_

**PA License Information**

Please list all states in which you hold a PA license.  
State of PA Licensure \_\_\_\_\_ State License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
State of PA Licensure \_\_\_\_\_ State License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_  
State of PA Licensure \_\_\_\_\_ State License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

NCCPA Certification # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**Crime**

Have you ever been convicted of a crime other than a minor traffic violation? **Yes** **No**  
If the answer to the question above is yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

(attach additional paper if necessary).

### Military Services

Are you eligible for Veteran's benefits?      **Yes**      **No**      (circle one)  
Branch of Military \_\_\_\_\_ Number of years on active duty \_\_\_\_\_  
What years were you in the military? \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Discharge Type \_\_\_\_\_  
If you were a military corpsman, medic, or other military medical personnel please describe your principle duties here:

### GRE Status

Applicants are asked to self-report all GRE scores here based on the score reports received at the time of the exam. If you do not know your score for a category enter NA. Please note that these scores are considered "unofficial" until confirmed by the Educational Testing Service. All applicants must submit **official scores** from the general test of the Graduate Record Examination (GRE). You must request your scores be reported to Emory University Allied Health Program (**Code No. R-5196**) by the Educational Testing Service.

Your test scores must have been established within five years of the application date to be eligible. If you have never taken the Graduate Record Examination, you should arrange to do so immediately. **NO OTHER TEST WILL BE ACCEPTED AS A SUBSTITUTION FOR THE GRE.**

Have you taken the GRE in the last 5 years?      **Yes**      **No**

Date(s) Taken	Verbal	Math	Analytical
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Healthcare Work Experience

Starting with your most recent position please list your healthcare experience as your primary responsibility. All dates should be in (mm/dd/yyyy) format. If you are currently working in this position please list the ending date as: **00/00/0000**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Hours Per Month \_\_\_\_\_ Total Hours \_\_\_\_\_  
Clinical Practice?      **Yes**      **No**  
Duties \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Hours Per Month \_\_\_\_\_ Total Hours \_\_\_\_\_  
Clinical Practice?      **Yes**      **No**

Duties \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Hours Per Month \_\_\_\_\_ Total Hours \_\_\_\_\_  
Clinical Practice?      **Yes**      **No**  
Duties \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_  
Hours Per Month \_\_\_\_\_ Total Hours \_\_\_\_\_  
Clinical Practice?      **Yes**      **No**  
Duties \_\_\_\_\_  
\_\_\_\_\_

(please attach additional paper if needed)

### Narrative Statement

Briefly describe your interest in earning a MMSc degree from the Emory PA Program. How do you anticipate this degree will assist you in your career and professional development? Why are you interested in this Program, as opposed to other more traditional programs?

Please attach your narrative statement on a separate sheet of paper, making sure that your name and "Narrative Statement" are on the sheet. Please limit your response to one page, typed.

### References

List below the names of three individuals not related to you, whom you have requested to submit references forms.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
State the reason why you select this individual as a reference:  
\_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Street \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
State the reason why you select this individual as a reference:  
\_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Street \_\_\_\_\_  
 Street2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State the reason why you select this individual as a reference:

\_\_\_\_\_

**Total GPA Report**

Please report your total GPA for every Bachelor and Graduate degree earned from a college or university as well as your PA Program GPA. It is not necessary to report your GPA for an Associate Degree.

Grade Point Average \_\_\_\_\_ School Name \_\_\_\_\_  
 Degree Granted/Status \_\_\_\_\_

Grade Point Average \_\_\_\_\_ School Name \_\_\_\_\_  
 Degree Granted/Status \_\_\_\_\_

Grade Point Average \_\_\_\_\_ School Name \_\_\_\_\_  
 Degree Granted/Status \_\_\_\_\_

**GPA by Year Report**

Report your GPA for each year (Freshman, Sophomore, etc.), the College or University attended, your class status (Freshman, Sophomore, etc.), and year. You must include all official transcripts for all Colleges and Universities attended in your Application materials packet. GPA self reports are audited to ensure accuracy.

Class Status	Year (i.e., 1998)	College or University/ Location	GPA

Please indicate your agreement with the following statement, but signing and dating this application.

“I wish to apply for the Master of Medical Science for Career Physician Assistants Degree Program at Emory. I certify that the information included in this application is true and complete to the best of my knowledge”.

\_\_\_\_\_ (signed)

\_\_\_\_\_ (date)

Please mail completed applications to:

Emory PA Program

CMMSc Application

Attn: Kaye Johnson

1462 Clifton Road, Suite 280

Atlanta, GA 30322

Please include with this application:

**2.5 x 2.5 photograph**

**\$25 application fee (Check payable to Emory PA Program)**

**Resume, if desired.**