

Supplemental Application 11-12

1. Instructions

Please read these instructions carefully.



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



INSTRUCTIONS TO THE APPLICANT

Thank you for your interest in the Emory University Physician Assistant Program. Applicants to the Emory PA Program must submit an application through the Centralized Application Service for Physician Assistants (CASPA). In addition, a supplemental application must be submitted directly to Emory. Apply through CASPA on-line at www.caspaonline.org or request a paper application and instructions from CASPA: PO Box 70958, Chevy Chase, MD 20813-0958. Questions about completing the online application can be directed to CASPA's help line (240) 497-1895 or via email: apply@caspaonline.org. Failure to carefully follow all application instructions and meet required deadlines will delay consideration of your application or invalidate it completely. Therefore, before completing the applications for admission, candidates are encouraged to read very carefully the information found on the Emory PA website www.emorypa.org.

REAPPLICANTS MUST SUBMIT A NEW APPLICATION.

A COMPLETED APPLICATION WILL INCLUDE:

1. Application through the Centralized Application Service for Physician Assistants available at <http://www.caspaonline.org>
2. Official Scores on the Graduate Record Examination (GRE) submitted directly to Emory (Our Code is R-5187; if unable to select a numeric code for score reporting, please select "Emory University" and then "Allied Health" from the list of programs)
3. Completed Supplemental Application (this application)
4. \$55.00 Application Fee
5. CV or Resume

ITEMS #4 and #5 MUST BE SENT TOGETHER DIRECTLY TO THE PA PROGRAM.

PLEASE NOTE: Due to the increasing number of applications and the difficulty in scheduling interviews, we encourage candidates to apply early.

DEADLINE August 1, 2011

Priority for a Fall interview will be given to those candidates who submit a completed application with all supporting documentation prior to August 1, 2011.

Please note that August 1, 2011 is also the deadline for all students wishing to apply for the dual degree PA/MPH program.

DEADLINE October 1, 2011

Application and all Supporting Documents, including GRE scores

Supplemental Application 11-12

All applicants are strongly urged to keep the PA Office informed as to any change in their mailing address and/or phone number. The program will not extend deadlines to allow for mailings sent from our office to an address which has been changed without notification.

Most items on the application are self-explanatory; however, the following may require further clarification:

Items 1 through 18

Some of items are requested by the Admissions Office for statistical purposes.

Item 19-22

If you have been in military service, send a copy (not the original) of your separation papers to Emory PA Program, ATTN: Director of Admissions, 1462 Clifton Road, Suite 280, Atlanta, GA 30322.

Reapplicants: Do not resubmit.

Item 23/24 - Narrative Statement

Please write a concise narrative stating your reason(s) for wanting to attend the Emory PA Program. This is your one opportunity to tell the Admissions committee why you deserve serious consideration for a place in the next class. This should NOT be a copy of your CASPA narrative. Specifically, tell us:

How have your activities and life choices prepared you to become an Emory PA?

What do you bring to the Emory PA Program that will help the Program meet its mission?

What does the Emory PA Program offer you?

Reapplicants: Please give special attention to this portion of your reapplication. In place of the question answered in your previous application (s), provide a concise narrative responding to the following:

Please share with us your plans and accomplishments since your last application that indicate your motivation to make yourself as competitive as possible in this year's applicant pool.

For Dual-Degree (PA/MPH) Candidates:

Candidates for the PA/MPH dual-degree must be accepted by both the Emory University Physician Assistant Program and the Rollins School of Public Health in the same Admissions year. Your narrative statement should address the following:

Your personal interest and experience in public health;

Which area of public health is of most interest;

Your plans on how you will utilize a degree in public health as a physician assistant.

NOTES ON THE GRE:

All applicants are required to submit official scores from the general test of the Graduate Record Examination (GRE). The test scores must have been established within five years of the application date. **NO OTHER TEST WILL BE ACCEPTED AS A SUBSTITUTION FOR THE GRE.** If you have never taken the Graduate Record Examination, you should arrange to do so immediately.

Reapplicants: If you submitted GRE scores last year and they are less than 5 years old you do not need to submit again.

If you have retaken the exam since your last application you may submit new scores.

Please be aware the GRE General Test will be changing, beginning August 1, 2011. One of the most significant changes incorporated into the launch of the revised GRE is a new score scale for Verbal Reasoning and Quantitative Reasoning. These scores will not be reported to designated schools until November of 2011; this is beyond our application deadline of October 1, 2011. Therefore, we strongly encourage applicants to take the GRE General test before August 1, 2011.

Tests are administered Monday through Friday of each week and on some Saturdays.

Testing information may be obtained from: Educational Testing Service, Graduate Record Examination, P.O. Box 6004, Princeton, New Jersey 08541-6004, (609) 771-7670

(<http://www.gre.org>). When making application to take the GRE, please specify Code No. R-5187, Emory University Allied Health Program (Be careful!!!: there are three different codes for separate programs at Emory.)

Supplemental Application 11-12

ADDITIONAL INFORMATION:

If at any time you wish to withdraw your application from consideration, please do so in writing.

PERSONAL INTERVIEWS:

Once your application is complete, it will be reviewed by members of the Selection Committee who will decide whether or not your application warrants inviting you for a personal interview.

Interviews are conducted on the Emory Campus and are by invitation only. Interviews will be held during the months of October, November, January, February and March.

FINAL DECISIONS:

Final decisions will be made by early March, 2012.

TRANSCRIPTS AND PRESENT COLLEGE WORK:

As an addendum to their application, all candidates who have not yet completed their baccalaureate or are fulfilling program prerequisites, must submit a list of courses they anticipate completing prior to entering the program (ITEM 23). Please identify the anticipated coursework by department, title and semester. Accepted applicants must submit official transcripts of all completed coursework to the Program prior to matriculation.

For information regarding services for persons with disabilities, contact Disability Services and Compliance, P. O. Box 24105, Atlanta, Georgia 30322. Telephone (404) 727-6016 or (404) 727-1065(TDD). Information on the skills fundamental to the Physician Assistant Profession and the Emory curriculum can be found on Technical Standards of the PA Program website.

APPLICATION FEE and CV/RESUME

A non-refundable fee of \$55.00 must accompany the application. After submitting this application electronically, please make a check or money

order payable to EMORY UNIVERSITY, and mail it to:

Emory PA Program
ATTN: Admissions Director
1462 Clifton Road, Suite 280
Atlanta, GA 30322

No other form of payment can be accepted.

Please include a current copy of your resume or CV with your payment.

Supplemental Application 11-12

2. CASPA

In order that we can better link your CASPA application with this application, you need to provide your CASPA identification number here.

* **1. Please enter your CASPA identification number here.**

Supplemental Application 11-12

3. Demographics

Please complete these questions carefully.

* **2. I am an applicant for the following Program (CHOOSE ONE).**

PLEASE NOTE - IF YOU APPLY AS A PA/MPH DUAL DEGREE CANDIDATE, YOU ARE APPLYING FOR ENTRY INTO THE ROLLINS SCHOOL OF PUBLIC HEALTH IN AUGUST 2011, AND TO THE PA PROGRAM IN AUGUST 2012. IF ACCEPTED TO THE PA PROGRAM, YOU WILL BE A MEMBER OF THE CLASS OF 2014, REGARDLESS OF WHAT DECISION THE ROLLINS SCHOOL OF PUBLIC HEALTH MAKES.

PLEASE NOTE THAT ONCE THIS APPLICATION IS SUBMITTED YOU CANNOT CHANGE YOUR STATUS AS A SINGLE (PA) OR DUAL (PA/MPH) DEGREE CANDIDATE.

PA

PA/MPH Dual Degree

3. If a PA/MPH Applicant (only), what are your Department(s) of interest at the Rollins School of Public Health?

BSHE

Global Health

Epidemiology

Other (please specify)

* **4. What is your name?**

Last Name

First Name

Middle Name

Nickname

* **5. What is your PERMANENT address?**

Street

Apt/Unit #

City

State

Zip

Country

Supplemental Application 11-12

6. What is your temporary address, if different from the permanent address?

Street	<input type="text"/>
Apt/Unit #	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>

* 7. My preferred mailing address is my:

Permanent Address

Temporary Address

Other (please specify)

* 8. Telephone number at which you can be reached between 8:00am and 5:00pm ET.

* 9. Best email address for contacting you? (please enter carefully)

* 10. State and Country of legal residence:

State	<input type="text"/>
Country	<input type="text"/>

11. Other than English, are there languages in which you are fluent?

American Sign Language

French

Spanish

Other (please specify)

12. Religious preference (optional). This may assist us in directing you to scholarships.

* 13. Have you previously applied for admission to any school or program of Emory University?

Yes

No

Supplemental Application 11-12

14. If you have previously applied for admission to Emory, please list the school or program, and the year(s) of application.

School or Program

Year of application

★ **15. How did you learn about the Emory PA Program?**

16. To help us better understand the demographics of our Class, please tell us about your parents. This data does not enter into our Admissions decisions.

Mother's Name

Mother's Occupation

Mother's Employer

Mother's State of Residence

Is Mother living or deceased?

Father's Name

Father's Occupation

Father's Employer

Father's State of Residence

Is Father living or deceased?

17. Significant Other: To help us better understand the demographics of our Class, please tell us about your spouse/significant other, if applicable. This data does not enter into our Admissions decisions.

Name of Spouse / Significant Other

Occupation of Spouse / Significant Other

Employer of Spouse / Significant Other

State of Residence of Spouse / Significant Other

★ **18. Have you served in the military? (Note: If you answer "No", the application will skip ahead to question #23 when you click "Next"; if you answer "Yes" you will be taken to a page with more detailed questions about your military service.**

Yes

No

Supplemental Application 11-12

4. Military Service Details

19. If you served in the military, please complete the following:

Branch of Service

Number of years of active duty

Date of entrance

Date of discharge

Type of discharge

20. If you are now on active duty, what is the earliest date you would be available to enter the PA Program at Emory?

21. Were (are) you a corpsman (medic) in the service?

Yes

No

22. Please describe your principal duties in the military.

Supplemental Application 11-12

5. Narrative Statement

Please enter your narrative statement here. You may wish to compose the statement in your word processing software and copy and paste it here.

- * **23. Please write a concise narrative stating your reason(s) for wanting to attend the Emory PA Program. This is your one opportunity to tell the Admissions committee why you deserve serious consideration for a place in the next class. Specifically, tell us: How have your activities and life choices prepared you to become an Emory PA? What do you bring to the Emory PA Program that will help the Program meet its mission? What does the Emory PA Program offer you?**

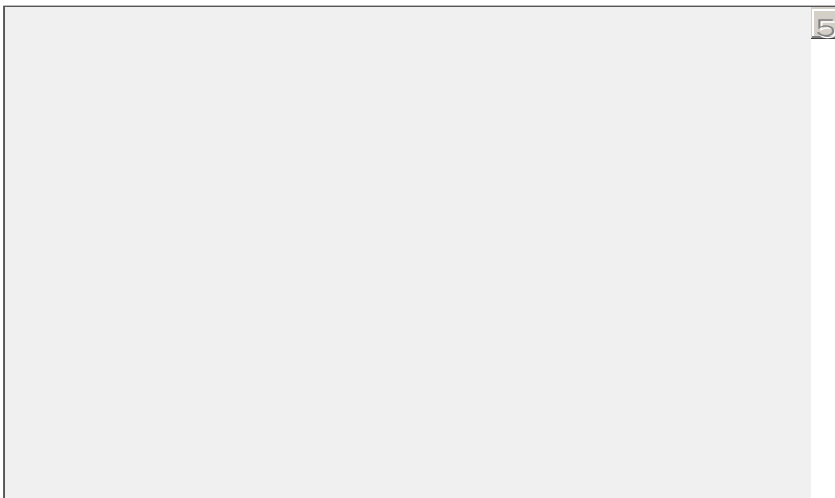
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Which area of public health is of most interest to you?

Your plans on how you will utilize a degree in public health as a physician assistant.



6

24. If you need additional space to complete the narrative above, please use this space.

5

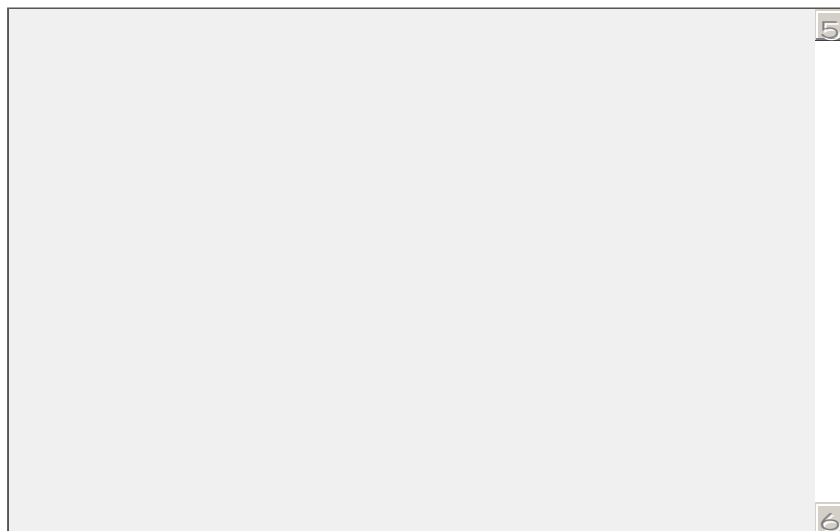
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Supplemental Application 11-12

6. Present College Coursework

If you are yet completing academic course work, please use this page to provide that information.

25. As an addendum to their application, all candidates presently working to complete their baccalaureate or fulfill program prerequisites, must submit a list of courses they anticipate completing prior to entering the program. Please identify the anticipated coursework by school, department, title and semester. Accepted applicants must submit Official transcripts of all completed coursework to the Program prior to matriculation.



Supplemental Application 11-12

7. Service

26. Please list any Community Service completed in the last 5 years. This should be unpaid service with nonprofits, faith-based organizations, NGOs, or other organizations allowing you ongoing demonstration of service. Please indicate the organization served, your role as a volunteer, and the approximate dates and hours of service.

Organization #1	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #2	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #3	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #4	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #5	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #6	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #7	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #8	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #9	<input type="text"/>
Your Role	<input type="text"/>

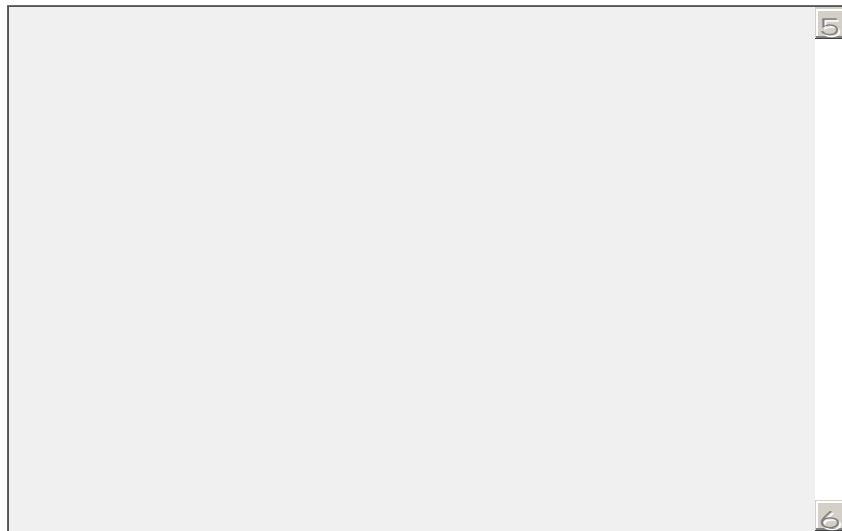
Supplemental Application 11-12

Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #10	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #11	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #12	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #13	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #14	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>
Organization #15	<input type="text"/>
Your Role	<input type="text"/>
Dates of service	<input type="text"/>
Total hours of service	<input type="text"/>

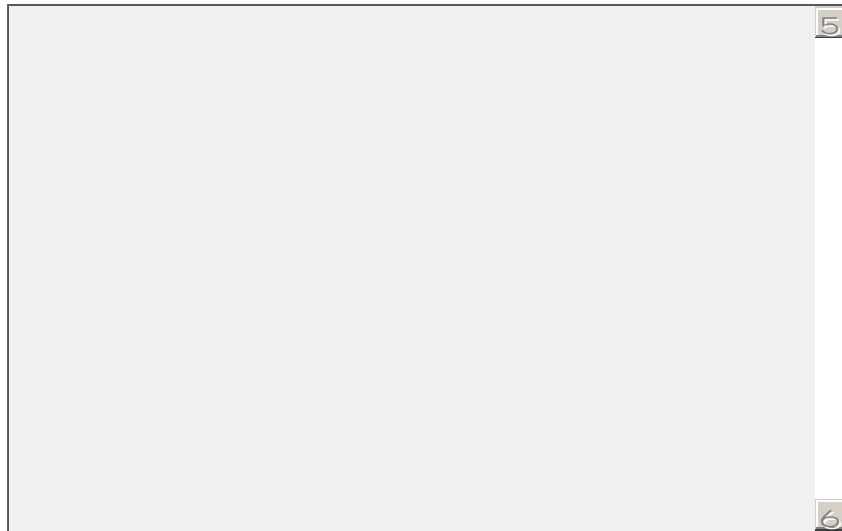
Supplemental Application 11-12

8. Leadership and Awards

27. Please list any positions of leadership or responsibility (formal or informal) you have held in the past 5 years.



28. Please list any awards, recognitions, scholarships or honors you have received, including the approximate dates. (Academic and non-Academic)




Supplemental Application 11-12

9. Certification

Please read the statements below, and indicate your agreement.

It is the policy of Emory University that discrimination against any individual for reasons of race, color, national origin, religion, sex, sexual orientation, age, disability, or veteran status is specifically prohibited. Accordingly, equal access to employment opportunities and educational programs is extended to all qualified persons. In addition, students, faculty, and staff are assured of participation in programs and in the use of facilities of the university without discrimination. The university promotes equal opportunity through a positive and continuing affirmative action program. All members of the student body, faculty, and staff are expected to assist in making this policy valid in fact.

*** 29. I understand and agree that providing false information on this application is just cause for my application not being considered, and for my dismissal from the university if accepted.**

 I certify that the information submitted in this application is true to my best knowledge, and indicate my acceptance and understanding of the above statement.

Please review this checklist for a completed application:

1. Application submitted through the Centralized Application Service for Physician Assistants (CASPA), available at <http://www.caspaonline.org>
2. Official scores on the Graduate Record Examination (GRE) submitted directly to Emory (Our Code is R-5187; if unable to select a numeric code for score reporting, please select "Emory University" and then "Allied Health" from the list of programs)
3. Completed Supplemental Application (this electronic application)
4. \$55.00 application fee mailed to the Emory PA Program (as described in instructions below)
5. CV/Resume mailed with application fee.

APPLICATION FEE and CV/RESUME

A non-refundable fee of \$55.00 must accompany the application. After submitting this application electronically, please make a check or money order payable to EMORY UNIVERSITY, and mail it to:

Emory PA Program
ATTN: Admissions Director
1462 Clifton Road, Suite 280
Atlanta, GA 30322

No other form of payment can be accepted.

Please include a current copy of your resume or CV with your payment.

Thank you for completing this supplemental application. If you have questions, please contact the Admissions staff at 404.727.7857 .



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