CLINICAL OBSERVATION VERIFICATION FORM

UNIVERSITY of DAYTON

Applicant:_____
Last Name First Name Middle Name

Date of Birth:_____ CASPA ID Number:_____

As a prerequisite for the Master of Physician Assistant Practice (MPAP) program at the University of Dayton, you are required to complete 250 hours of health care experience. This time can be met through employment or volunteer activities in direct patient care, observation or shadowing time in a health care setting. Please use the following information to plan and record your observation time correctly. This form is not valid without a supervisor's signature.

OBSERVATION REQUIREMENTS FOR MASTER OF PHYSICIAN ASSISTANTPRACTICE (MPAP)

- A total of 250 hours of observation is required.
- Use only one verification form per facility or institution. Feel free to make copies of this form as needed.

Facility Name_____ Facility Telephone (_____)_____

Facility Mailing Address_____

Type of Setting_____

Clinical Observation/Work Experience: From (MM/DD/YY)_____ To (MM/DD/YY)_____ Number of hours_____

I have observed/performed the following patient-related activities:

_____

_____

_____

_____

_____

_____

_____

Applicant's signature_____ Date_____

SUPERVISOR INFORMATION (To be completed by supervisor)

I hereby verify that the above information is true and accurate.

Supervisor's Signature_____ Print Name _____

Date_____ Telephone Number (_____)_____

Thank you for making a contribution to the application process for future physician assistants. If you have any comments regarding this applicant's potential as a physican assistant, please write them on the back of this form or feel free to contact us.

SUBMIT COMPLETED FORM TO

Physician Assistant Program
300 College Park
Dayton, OH 45469-2958
Phone: 937-229-2900 | Fax: 937-229-2903