

PHYSICIAN ASSISTANT SHADOWING VERIFICATION FORM

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 20 hours of physician assistant shadowing experience. Please use the following information to plan and record your observation time correctly. This form is not valid without a physician assistant's signature. The applicant is responsible for arranging the shadowing experience.

SHADOWING REQUIREMENTS FOR THE MASTER OF PHYSICIAN ASSISTANT PRACTICE (MPAP)

- A total of 20 hours of PA shadowing is required.
- Shadowing must be with an NCCPA-certified physician assistant.
- Use only one form per facility or institution. Feel free to make copies as needed.

Facility Name _____ Facility Telephone (_____) _____

Facility Mailing Address _____

Type of Setting _____

Physician Assistant Shadowing/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 _____

PHYSICIAN ASSISTANT INFORMATION (To be completed by physician assistant)

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

Physician Assistant'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 physician assistant, please write them on the back of this form or feel free to contact us.

CONTACT

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