



# Emergency Medicine Physician Assistant Residency Application Form

Date of Application: \_\_\_\_\_

## Personal Information:

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Name (Last, First, Middle Initial)

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Address (First Line)

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Address (Second Line)

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City

State

Zip

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Telephone

E-mail

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PA School

Graduation Date

## Educational Information:

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PA School and Address

Month/Year Graduated or Anticipated

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Undergraduate College Attended

Degree

Month/Year Graduated

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College (Advanced Degree/Other)	Degree	Month/Year Graduated
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NCCPA Certified?	If not, date of PANCE?	Date Certified	Certificate Number
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NM Licensed?	Date Licensed	License Number
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### References:

**If a new graduate, please include a reference from your program director or clinical coordinator, as well as two references from preceptors (preferably in Emergency Medicine). If a practicing PA, please include one from your current supervising physician. Please have then mail or e-mail attached form.**

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Name	Title	E-mail
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Address	City	State	Zip code
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Telephone

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Name	Title	E-mail
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Address	City	State	Zip code
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Telephone

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Name	Title	E-mail
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Address	City	State	Zip code
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Telephone

Other Needed Documentation:

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Please include the following in your application:

- Curriculum Vitae, including educational GPA and rotations completed during PA School.
- One page personal statement
- \$35 Application fee (make check payable to UNM Dept. of Emergency Medicine)

Please have the following materials directly mailed to the address below:

- PA School Transcripts
  - Letters of Reference
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Please mail or have mailed all materials to the address below. All materials must be received by February 1<sup>st</sup> in order for your application to be considered:

**Attn: Admissions Committee  
UNM EMPA Residency  
UNM Department of Emergency Medicine  
MSC11 6025  
1 University of New Mexico  
Albuquerque, NM 87131**

