



Emergency Medicine Physician Assistant Residency Application Form

Date of Application: _____

Personal Information:

Name (Last, First, Middle Initial)

Address (First Line)

Address (Second Line)

City

State

Zip

Telephone

E-mail

PA School

Graduation Date

Educational Information:

PA School and Address

Month/Year Graduated or Anticipated

Undergraduate College Attended

Degree

Month/Year Graduated

| | | |
|---------------------------------|--------|----------------------|
| College (Advanced Degree/Other) | Degree | Month/Year Graduated |
|---------------------------------|--------|----------------------|

| | | | |
|------------------|------------------------|----------------|--------------------|
| NCCPA Certified? | If not, date of PANCE? | Date Certified | Certificate Number |
|------------------|------------------------|----------------|--------------------|

| | | |
|--------------|---------------|----------------|
| NM Licensed? | Date Licensed | License Number |
|--------------|---------------|----------------|

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.

| | | |
|------|-------|--------|
| Name | Title | E-mail |
|------|-------|--------|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip code |
|---------|------|-------|----------|

Telephone

| | | |
|------|-------|--------|
| Name | Title | E-mail |
|------|-------|--------|

| | | | |
|---------|------|-------|----------|
| Address | City | State | Zip code |
|---------|------|-------|----------|

Telephone

| Name | Title | E-mail |
|------|-------|--------|
|------|-------|--------|

| Address | City | State | Zip code |
|---------|------|-------|----------|
|---------|------|-------|----------|

Telephone

Other Needed Documentation:

Please include the following in your application:

- Curriculum Vitae, including educational GPA and rotations completed during PA School.
- One page personal statement
- Pay \$35 Application fee here.

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

- PA School Transcripts
 - Letters of Reference
-

Please mail or have mailed all materials to the address below. All materials must be received by February 1st 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**

