



UNM

DEPARTMENT of EMERGENCY MEDICINE

# 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

## 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 them mail or e-mail attached form.**

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

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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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|------|-------|--------|

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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 paid electronically at [https://secure.touchnet.com/C21597\\_ustores/web/store\\_main.jsp?STOREID=230&SINGLESTORE=true](https://secure.touchnet.com/C21597_ustores/web/store_main.jsp?STOREID=230&SINGLESTORE=true)

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**