

Application for Admission

Master of Physician Assistant Studies Program

Instructions

Before completing the Physician Assistant Studies program application, please read the following:

Application Deadline

Franklin Pierce University has a rolling admissions policy, allowing you to apply at any time. We encourage you to apply to the Physician Assistant Studies program before September 1 for the anticipated December 2009 start.

Program Accreditation

Franklin Pierce University, College of Graduate and Professional Studies, Master of Physician Assistant Studies Program is seeking provisional accreditation by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA, 12000 Findley Road, Suite 240 Johns Creek, GA, 30097, 770-476-1224, arc-pa.org). The program will submit an *Application for Provisional Accreditation* and undergo a site visit in late June 2009. A final decision regarding Provisional Accreditation for the program will be rendered by the ARC-PA Board in September 2009.

Qualified students applying for admission to the first class, with an anticipated start in December 2009, will be offered acceptance pending the program receiving a positive review at the September ARC-PA Board meeting. Students matriculating in a Provisionally Accredited program are eligible to sit for the National Certification Examination for Physician Assistants. Continuing accreditation status for a program is achieved only after a successful follow-up review and a second site visit by ARC-PA which typically occurs 18 to 30 months after the program begins.

Admission Requirements

Required Prerequisite Courses

Subject Area	Credits	Lab Required
Anatomy & Physiology	8	Yes
Chemistry	8	Yes
Human Biology	4	Yes
Microbiology	4	Yes
Statistics	3	N/A
Psychology	3	N/A

Recommended Courses (not required, but strongly recommended): Genetics, Immunology, Organic Chemistry, Biochemistry and/or Cell Biology, Nutrition, Sociology.

Educational & GPA Requirements

Applicants must have earned a bachelor's degree from an accredited college or university prior to enrolling in the MPAS program. Official transcripts from all post secondary institutions attended must be sent to Franklin Pierce University at Lebanon. A **Transcript Request Form** is attached to this application for your convenience.

GPA Description	Minimum GPA (based on a 4.0 scale)
Overall Undergraduate Cumulative	2.8
Science Courses Cumulative	3.0

In addition to meeting the stated minimum GPAs, successful completion of all prerequisite coursework with a grade of "C" or better is required. (Candidates whose cumulative GPA is below a 2.8 may be considered on a case-by-case basis or if their GPA for the last 60 semester credits is at least 3.3).

Interview

After review of the applicant's portfolio, select applicants will be invited to the Lebanon Center for a writing sample and interview. New Hampshire and Vermont residents and Franklin Pierce alumni who meet the minimum requirements noted above will be invited for an interview without additional review or considerations.

Admissions Portfolio

Applicants must prepare an Admissions Portfolio to be considered for this program. In addition to the completed application form, a series of supplemental documents must be prepared and presented. Admissions Portfolio requirements are detailed at the end of the application form.

Additional Considerations in Admissions

After verifying that the minimum requirements for admission are met (see above), the program will conduct an evaluation of each candidate's academic achievements, as well as their personal attributes and experiences as specified below. Credit will be given for the following:

Additional Favorable Academic Achievements

- Overall GPA or Science GPA of 3.5 and above or induction into Golden Key International, National Scholars Honor Society, Phi Kappa Phi, and/or Phi Beta Kappa.
- Research, publications or presentations
- Advanced degrees or training
- A combination of three or more basic healthcare training activities, such as CPR, EMT, CAN, PALS, etc.

Significant Personal Experiences

- Overcoming significant life adversities and struggles
- Multi-lingual ability
- Contact with other cultures, including travel
- Work experience
- Military or government service (including military spouse)
- Voluntary service
- Medical or healthcare experience
- Experience with underserved populations (paid or volunteer)
- Significant PA shadowing experience (>24 hours or 3 different experiences)
- Pre-PA/Pre-med club or membership in national/state PA organization
- Franklin Pierce University student or alumni
- Resident of Vermont or central/northern New Hampshire

Personal Attributes

- Leadership
- Professionalism (maturity)
- Enthusiasm
- Trustworthy
- Honesty
- Motivation
- Confidence
- Tolerance
- Altruism
- Goal-oriented
- Self-directed
- Team player

Personal Attributes (continued)

Because personal attributes are not reflected in the application form, these factors must be reflected in:

- Your Personal Statement
- Letters of Recommendation
- Physician Assistant Shadowing Form
- Your Campus Visit

In order to get credit, personal attributes should be justified with specific examples or artifacts, such as a newspaper account. For example, it is not adequate to say, "I am a leader." Candidates should demonstrate their leadership through specific examples. Likewise, recommendations should not say, "The candidate is enthusiastic." Instead, the evaluator can give specific examples of how a candidate demonstrated his or her enthusiasm.

Technical Standards

The following technical standards establish the essential qualities necessary for students enrolling in the Physician Assistant program. Students must possess these qualities in order to achieve the required level of competency stipulated for graduation.

- **Sensation**
Students must possess sufficient visual, auditory and tactile sensation to receive appropriate information in the classroom, laboratory and other education settings. Sensation must be sufficient to receive verbal and non-verbal information while interviewing patients and to perform inspection, auscultation and palpation techniques during physical examination of patients.
- **Communication**
Students must be able to communicate effectively with patients, family members and other clinicians. This includes expressive and receptive modes of verbal, non-verbal and written communication. Further it includes the ability to accurately assess receptive communication in order to make appropriate and timely responses. Finally, it includes the ability to communicate with attention, empathy and sensitivity.
- **Motor Function**
Students must have sufficient strength and coordination to perform the activities required of a Physician Assistant. These include performing a physical examination involving techniques in palpation and percussion and utilizing diagnostic instruments. Students must have sufficient stamina to sit, stand and move within the classroom, laboratory, examination rooms, treatment rooms and operating rooms for extended periods of time. They must have sufficient coordination to move about patient care environments and sufficient dexterity to use common medical instruments. All students must arrange their own transportation between educational and clinical settings.
- **Intellectual Capability**
Clinical problem solving, a critical ability for Physician Assistants, encompasses abilities to accurately measure, calculate, reason, analyze, integrate, learn and retain information and make decisions in a timely manner. Students must be able to:
 - Independently access and interpret medical data
 - Identify significant findings from history, physical examination and laboratory data
 - Perform a reasoned explanation for likely diagnoses and recommend treatment regimens
 - Recall and retain information in an efficient and timely manner
- **Behavioral/Social Proficiency**
Students must possess the ability to establish and maintain appropriate professional relationships. Factors included in this requirement are the abilities to prioritize competing demands, to function in stressful circumstances, to exercise good clinical judgment, to behave ethically, to be compassionate, empathetic, responsible and tolerant toward patients and other healthcare professionals.

Advanced Placement

Please note, the M.P.A.S. program is a full-time day program and does not offer advanced placement for students.

Work Policy

While the program does not dictate whether or not a student can work while enrolled, the intensity of the curriculum makes working very difficult and it is therefore discouraged.

Seat Deposit and Withdrawal Prior to Enrollment

If you choose to apply and are accepted into the program, a \$500 seat deposit will be required at the time of acceptance and will be applied to your tuition upon enrollment. Students who withdraw before the start date are asked to notify the program in a timely fashion so that we are able to offer their seat to another qualified applicant.

Students with Disabilities

Admission decisions are made without regard to disabilities. In accordance with the Americans with Disabilities Act, any student who has a documented physical, learning or emotional disability* will be provided with reasonable accommodations designed to meet his or her needs. Before any such assistance can occur, it is the responsibility of the student to see that documentation is on file with the Academic Services Center at Franklin Pierce University in Rindge and that the advisor has a copy of the Accommodation Plan developed by the ADA coordinator. Please attend to any need for accommodations as soon as possible. Students who will be requesting reasonable accommodations based on a documented disability should contact Patricia Moore in Academic Services at 603.899.4044 for additional information.

* Note: Documentation cannot be more than three years old.

How to Apply

1. Complete the attached **application form** and prepare the supplemental documents to complete your **Admissions Portfolio** (see page 8). Submit all admissions materials to:

Franklin Pierce University
Attn: Physician Assistant Program
24 Airport Road, Suite 19
West Lebanon, NH 03784

2. Request **official transcripts** from all post secondary institutions you have attended be sent directly to Franklin Pierce University at the address listed above. A **Transcript Request Form** is attached to this application for your convenience.
3. Prior to acceptance, you will be contacted to arrange a campus visit. Directions to the Lebanon center can be found on the University Web site.
4. Franklin Pierce University's **financial aid** counselors can provide insight on options to finance your education. Call us at **1.603.298.5549** to speak to a financial aid counselor.

Questions or Assistance

If you have questions regarding the program or need assistance with any portion of the application process, please feel free to contact Lisa Southwick, Director of the Physician Assistant Program at 603.298.5549 or southwickl@franklinpierce.edu.

Education History

Please list all institutions of higher education attended (even if you withdrew) including colleges, universities, vocational/technical schools and the institution you are currently attending, if applicable. Attach additional sheets if necessary. *(Failure to list all institutions may result in invalidation of the application.)*

Institution	Dates of Attendance (mm/yyyy – mm/yyyy)	Major	Degree Earned/ Anticipated	Date of Completion (mm/yyyy)

Please note: Degrees from non-U.S. institutions must be translated into English and evaluated for U.S. equivalency. The World Education Service Organization evaluates credentials from outside the U.S. For more information, contact: World Education Service, Inc., Bowling Green Station, P.O. Box 5087, New York, NY 10274-5087 or www.wes.org.

Prerequisite Studies

Please list the course(s) and institution(s) of all prerequisite courses currently in progress and the prerequisite course(s) in which you are planning to enroll prior to beginning your graduate studies. Attach additional sheets if necessary.

Course Name	Institution	Expected Completion Date (mm/dd/yyyy)
Anatomy & Physiology		
Chemistry		
Human Biology		
Microbiology		
Statistics		
Psychology		

Honors & Awards

Please list any honors and/or awards you have received, accompanied by the year of receipt.

Research, Publications or Presentations

Please list any research, publications or presentations in which you have participated, including the activity location and year.

Community Service

Please list community service activities in which you have been involved, accompanied by dates of participation.

Licensure and Professional Associations

Do you currently hold a professional license and/or certification in any discipline? Yes No

If yes, what type? _____

License Number: _____ State of Issue: _____ Expiration Date: _____

Do you hold membership in any professional associations? Yes No

Please list associations: _____

Authorization Statement

I authorize Franklin Pierce University access to any copies of original records, correspondence, or information they may require concerning any learning, disciplinary, or judiciary actions taken against me at any educational institution I have attended.

I have read and understand the Authorization Statement. Please initial: _____ Date: _____

As an applicant at Franklin Pierce University, I hereby understand and agree to the following:

If accepted, I agree to abide by the rules and regulations, terms and conditions set forth by Franklin Pierce University in its publications and student handbook. I understand that any inaccurate information may affect my enrollment status. If I need accommodations during the application process or would like special consideration given to my application, I will voluntarily disclose pertinent information.

I certify that I have read and agree with the above and that all information provided herein is true and complete.

Applicant Signature

Date

Thank you

Upon completing this application, please proceed to the Admissions Portfolio Requirements overview. Your application to the Master of Physician Assistant Studies program is not considered complete until both the Application for Admission, Admissions Portfolio and official transcripts have been successfully submitted for consideration and all other requirements have been satisfied.

Admissions Portfolio

Master of Physician Assistant Studies Program

Instructions

Please prepare this portfolio in a professional manner. Each component should be typed and clearly labeled. The cover page should include your name, the name of the degree you are seeking and the date that the portfolio is being submitted. Please present your portfolio in a pocket folder.

Components of the Portfolio

1. Completed Application Form
2. Updated Resume or C.V.
3. Three Letters of Recommendation

Letters should address your fit for the Physician Assistant profession, your personal attributes and your ability to succeed in a graduate program. Family members cannot provide recommendations for applicants. It is strongly recommended that you submit at least one letter from a physician assistant or other health professional. These letters should be collected by you and included in your portfolio. Each letter must include the evaluator's contact information.

4. Physician Assistant Shadowing

It is critical that you take the time and initiative to explore the physician assistant profession prior to applying. Included in this application packet is a form that must be completed and signed by a practicing physician assistant indicating that you participated in a shadowing experience. If you have been exposed to the profession in another capacity, the form may be completed by a physician assistant with whom you have worked or volunteered.

5. Personal Statement

All applicants to the program are required to write a personal statement (1 page recommended, 2 page maximum, 12 point font, single spaced). This is your opportunity to discuss your path to and understanding of the physician assistant profession. It is also the place to communicate your personal attributes and experiences that make you a good candidate for this program. (Please refer to the Additional Considerations for Admissions listed on pages 2-3.)

Submit Admissions Portfolio

Send your completed Admissions Portfolio to:

Franklin Pierce University
Physician Assistant Studies Program
24 Airport Road, Suite 19
West Lebanon, NH 03784

Graduate Program Physician Assistant Shadowing Verification

Instructions

Please complete this form to verify that you have participated in an experience with a practicing physician assistant. This experience can be in the form of shadowing, internship, volunteer or work experience.

Applicant Information

Name _____
First Middle Initial Last

Current Address _____

City _____ State _____ Zip _____

Shadowing Experience

Institution/Location _____

Date(s) of Experience _____

Total Number of Hours _____

Physician Assistant Information

Name _____

Workplace _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

I verify that the above named applicant participated in an opportunity to explore the physician assistant profession by spending time observing me in practice.

Physician Assistant Signature

Date

Graduate Program Request for Official Transcript

FranklinPierce
UNIVERSITY

THE COLLEGE OF
GRADUATE & PROFESSIONAL STUDIES

Student Instructions

Some Colleges/Universities **charge a fee for official transcripts**. Please inquire with issuing institution **before mailing**. If a fee is required, payment must accompany this transcript request. A transcript is considered official only when received in a sealed, unopened envelope from the issuing institution. Please print in black or blue ink and fill out this form in its entirety. Enter "N/A" or strike a line through any text field which does not apply to you.

Student Information

Legal Name _____ Maiden Name: _____
First Middle Initial Last

Social Security Number _____ - _____ - _____

Current Address _____

City _____ State _____ Zip _____

Permanent Address (If different than above) _____

City _____ State _____ Zip _____

Name of Transcript Issuing Institution _____

Institution Address _____

City _____ State _____ Zip _____

Dates of Attendance _____ / _____ through _____ / _____
mm yyyy mm yyyy

Student Signature

Date

Instructions for Issuing Institution

Please return this form with official transcript in a sealed envelope to:

Franklin Pierce University
Physician Assistant Studies Program
24 Airport Road, Suite 19
West Lebanon, NH 03784