

Thank You for your interest in the Orthopaedic Surgery Physician Assistant Fellowship. Please complete the attached application and submit the following requirements.

ENTRY REQUIREMENTS:

- A. Graduate of an accredited Physician Assistant Program.
- B. Certification by the **National Commission on Certification of Physician Assistants**.
- C. License to practice as a Physician Assistant in the State of California.
- D. Current DEA license.
- E. Certification by California Academy of Physician Assistants for Controlled Substance Education Course.

PLEASE SUBMIT THE FOLLOWING TO QUALIFY FOR AN INTERVIEW:

- ☐ Application (attached)
 - ☐ Curriculum Vitae
 - ☐ Personal Statement: A brief statement of interest and motivation for Orthopedic Surgery including how you became interested in the field, what attracted you to it, future goals, and career plans.
 - ☐ 3 current letters of recommendation (use example form on last page):
 - a. Letter from program director (if applicant has completed PA program in last two years).

OR

Letter from current employing physician if currently working as a Physician Assistant (if graduated greater than 2 years ago).

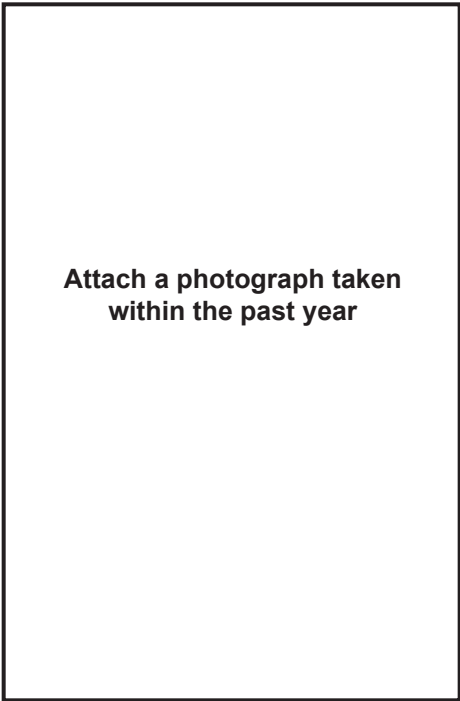
 - b. 1 Letter from recent supervising physician or PA.
 - c. 1 Letter from a peer
- ☐ Copy of valid CPR & ACLS card.
- ☐ Official transcript from PA Program attended sent to us directly from your program with official school seal. After graduation, we will need final transcript.

PLEASE SUBMIT THE FOLLOWING WHEN COMPLETED:

- ☐ An official copy of the National Certifying Examination scores sent directly to us from the NCCPA.
- ☐ A copy of Primary Care PA Program graduation diploma.

Forward the following application and items to:

OSPAF Program
PA Fellowship Director
400 N. Pepper Ave.
Suite 205 MOB
Colton, CA 92324
turpenh@armc.sbcounty.gov



Name (Last, First, MI)

Present Address

City State Zip Code

Telephone Number

E-Mail Address

Permanent Address

City State Zip Code

Permanent Telephone

Birth Date Birthplace

Citizenship Type of Visa (attach copy) Expiration Date

Social Security Number

EDUCATION:

School	Address	Dates Attended	Degree/Major	GPA
		—		
		—		
		—		
		—		

Electives attended during PA clinical rotations:

Specialty	Location	Supervisor	Dates Attended
			—
			—
			—
			—

SERVICE OBLIGATIONS

_____ I am not required to fulfill any service obligations

_____ I am committed to fulfill a service obligation beginning _____
Month/Year

LICENSURE:

_____ I have taken the NCCPA Exam _____
Date Score

_____ I am scheduled to sit for the NCCPA Exam in _____
Month/Year Location

REFERENCES:

Name	Title	Institution & Address	Phone

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS FOR THE COMPLETION OF THIS APPLICATION.
I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS COMPLETE AND CORRECT
TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE OR MISSING INFORMATION MAY
DISQUALIFY ME FOR THIS POSITION.

Signature of Applicant

Date



*The Heart of a
Healthy Community™*

Reference Name:

Title:

Email:

Phone:

RE:

The above named provider has listed you as a reference. Please answer the questions below, sign and fax to our office at 909-580-6369 attention Heidi Turpen-Folks, PA-C, OSPAF Director, or email to turpenh@armc.sbcounty.gov.

All information submitted will remain confidential.

How long have you known this individual? _____

What is the nature of your relationship with this individual?

Do you consider his/her personal qualifications, character, and reputation to be such that you could recommend him/her to the Physician Assistant Post Graduate Training Program?

Do you know, personally, the quality of medicine practiced by the applicant?

Is the quality of medicine practiced by the applicant such that you could recommend him/her for the Physician Assistant Post Graduate Training Program (Based on cumulative evaluations or personal observation)?

Please write any additional comments in the space provide below.

Signature: _____ Date: _____