

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.

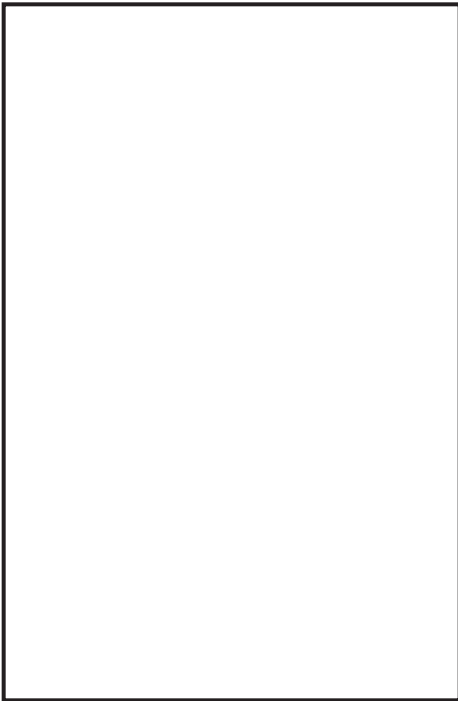
PLEASE SUBMIT THE FOLLOWING WHEN COMPLETED:

- 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

Attach a photograph taken within the past year



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