PATIENT CARE EXPERIENCE DOCUMENTATION

Applicant Name ________________________

DEADLINE FOR COMPLETION: August 1

Individuals making application to Indiana University’s Master of Physician Assistant Studies degree program must provide evidence of either volunteer or paid patient care involvement in at least one (1) medical setting or medical capacity (500 total hours required), under the supervision of any direct patient health care individual, within the past 5 years. The experience may either be observational or participatory but must be in a direct patient care setting. Exposure of the applicant to diverse patient populations in practice settings is encouraged. This form serves as a tool to track your hours and may be requested to review by the Admissions Committee. RECORD ALL PATIENT CARE EXPERIENCE HOURS IN THE CASPA APPLICATION IN THE “EXPERIENCES” SECTION.

Patient Care Experience Details

Facility Name: ____________________________________________

Facility Location: ____________________________________________

Type of Health Care Setting: (medical office, military, nursing, radiology, physical therapy, etc.) ___________

Date(s) of Observation/Performance: ________________ Number of Hours: __________

I observed/performed the following patient related activities. (Please list below or include on a separate sheet.)

Applicant Signature: ________________________________ Date: ________________

To be completed by supervising health care individual:

Name (print): ________________________________ Title: ________________________________

Signature: ________________________________ Date: ________________________________

Telephone: ________________________________ Email: ________________________________

Comments (optional):