

Clement J. Zablocki (Milwaukee) Veterans Affairs Medical Center Physician Assistant Residency Application (EM & PC)

Return Application To Appropriate Program Director:

E-mail:

Carolyn.Krech@va.gov (Emergency Medicine Program Director)

Krista.Berner@va.gov (Primary Care Program Director)

Notes:

- Applicants must graduate from an ARC-PA accredited program prior to starting residency program
- Positions Available: Two (2)
- Beginning Date: Dependent on when both accepted residents graduate from PA school (generally between July and early September)
- Duration of program: 12 months
- Applications Accepted: October 1st through February 1st. Interviews to follow.

Name: Last First Middle	Present Address
Telephone	Birth Date MM/DD/YYYY
E-Mail	
Permanent Home Address	
Do you have any conditions which might impair your participation in this program? If so, please describe.	
Have you ever used any other name(s)? If so, please provide those names.	

PROFESSIONAL REFERENCES:

- Please request Three (3) professional letters of evaluation to be e-mailed to the address above.
- It is encouraged that one letter be from the PA Program Director.
- Please request that evaluators comment on academic and personal attributes including judgment, industry, interpersonal relations, capacity to assume responsibility and professional ethics.

Reference 1	Title
Reference 2	Title
Reference 3	Title

PERSONAL STATEMENT

A personal essay is required, including personal motivations and professional goals.

EDUCATION and EXPERIENCE (attach additional sheet(s) if necessary):

College			
Name:		Degree:	
Address:		From:	
City, State Zip:		To:	

PA Program			
Name:		(Exp. Grad. Date):	
Address:		From:	
City, State Zip:		To:	
Degree Awarded by PA program?		Research or Thesis Topic, if applicable:	

Previous Residency (if applicable)			
Program:		From:	
Degree(s):		To:	
Field(s):			

Graduate School (if applicable)			
College:		From:	
Degree(s):		To:	
Field(s):			

Practice or Other Clinical Experience <i>Use additional sheet if necessary.</i>			
Location:		From:	
Type:		To:	
Location:		From:	
Type:		To:	

Complete Licensing History (if applicable) <i>Use additional sheet if necessary. Example: EMT, CAN, RN, Pharmacist etc..</i>			
State	Type (Full, Standard, Limited, Restricted, etc.)	Status	Dates

Have You Ever:	
<input type="checkbox"/> Been denied a license <input type="checkbox"/> Had a license revoked or suspended <input type="checkbox"/> Had other licensure issues <input type="checkbox"/> Been reported to National Provider Database <input type="checkbox"/> Had your Scope of Practice limited	<input type="checkbox"/> Been denied hospital privileges <input type="checkbox"/> Had hospital privileges limited or suspended <input type="checkbox"/> Been disciplined for academic performance or professional conduct by ANY institution or training program
If any of the above apply or there are other issues of which the residency should be aware, please attach an additional sheet with explanation.	

NCCPA Certification or Eligibility: (list NCCPA number and date of expiration. If not yet certified, NCCPA number, if known, and the date you will be able to take your PANCE)

Membership in Honorary or Professional Societies, prizes, awards, fellowships, etc. (attach extra sheet if necessary)

Publications and Faculty Appointments: If applicable, please list publications and/or faculty appointments on a separate sheet or include in CV. (attach extra sheet if necessary)

CHECKLIST

The following required items are attached or completed with this application:

- Official transcript from PA Program requested to be sent. E-mail preferred.
- Documentation of NCCPA certification, if applicable
- CV/Resume
- Copy of current ACLS and BLS cards for Emergency Medicine. BLS only required for Primary Care.
- Three professional letters of recommendation requested to be emailed directly to program director (email above)
- Personal statement expressing why you want to attend the PA Postgraduate Residency. Ensure you label this with your name

Proof of US citizenship will be required prior to acceptance into program. *Please do not send citizenship documentation at this time.*

Proof of COVID vaccination will be required prior to acceptance into program. *Please do not send documentation at this time.*

Following the receipt of all documents, competitive applicants will be invited to participate in an interview.

Last Name:

I certify that to the best of my knowledge the above information is accurate and correct:

Name: _____

Signature: _____ Date: _____