

**Albany Medical College  
Center for Physician Assistant Studies**

**Supplemental Application for Classes Beginning:  January 4, 2010 or  
*(Check one box only)*  January 3, 2011**

Name (Please Print) \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Number Street City State Zip Code County

Social Security Number: \_\_\_\_\_ Other names under which your credentials might be filed \_\_\_\_\_

Telephone: (Work) ( ) \_\_\_\_\_ (Home) ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Place of Birth (Country) \_\_\_\_\_ \*Gender: Male [ ] Female [ ] Marital Status \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ If no, what is your visa classification? \_\_\_\_\_

If you wish to identify yourself as a member of a racial/ethnic group, indicate here.

White, non-Hispanic [ ] Black [ ] Hispanic [ ] Asian or Pacific Islander [ ] American Indian/Alaskan [ ]

\*Albany Medical College does not discriminate on the basis of age, gender, race or color, national origin, religion, disabling condition, marital status or sexual orientation.

Graduate Record Exam (GRE) Date: \_\_\_\_\_ Scores: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

If applicable: Test of English as a foreign language (TOEFL) Date: \_\_\_\_\_ Score: \_\_\_\_\_ Type of exam: \_\_\_Written \_\_\_Computer

If your answer is "no" to any of the following questions, you are required to contact your Admissions Advisor regarding the TOEFL.

- a. Is English your primary language? ( ) Yes ( ) No
- b. Do you speak English in your home? ( ) Yes ( ) No
- c. Was all of your elementary school education (K-8) taught in English? ( ) Yes ( ) No
- d. Was all of your high school education (9-12) taught in English? ( ) Yes ( ) No
- e. Was your college education taught in English? ( ) Yes ( ) No

Have you ever been enrolled in another PA program? YES [ ] NO [ ]

If so, where \_\_\_\_\_ When \_\_\_\_\_

**EDUCATION:**

List all post-secondary programs in which you have earned a degree. (*Continue on back if needed*)

College Name	Dates of Graduation	Degree	Major	GPA

**EXPERIENCE:** Please describe your primary health care experience and the number of months (full time equivalent) you have performed that role:

Position \_\_\_\_\_ Duration \_\_\_\_\_ (Minimum requirement - 1000 hours)

We recognize that a form application does not necessarily provide a complete description of an applicant, and that the final selection must be from a large number of qualified candidates. Accordingly you are invited to submit, on the reverse, any information you feel would help us to appraise you as an individual.

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been dismissed from a college for disciplinary reasons? Yes: \_\_\_\_\_ No: \_\_\_\_\_

"I hereby certify that the information I submit to the affiliated institutions in this application and supporting documents is complete and correct to the best of my knowledge and belief. I understand that any misrepresentation of any omission of requested information may cause for terminating me from the program at any time."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Return this Supplemental Application with your non-refundable fee of **\$50.00** payable to Albany Medical College to:  
**Center for Physician Assistant Studies, Albany Medical College, 47 New Scotland Ave., MC 4, Albany, NY 12208**  
***Application and all supporting materials (including CASPA file) must be received by November 1, 2009***