

Application for: \_\_\_\_\_

Personal Information

<b>Last Name:</b>		<b>First Name:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>	
<b>Email:</b>		<b>Phone:</b>	
<b>Date of Birth:</b>		<b>Race:</b>	

Physician Assistant Education

<b>Name of School:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Month/Year Matriculation:</b>		<b>Month/Year of (Anticipated) Graduation:</b>
<b>Degree:</b>	<b>GPA:</b>	<b>Program Duration</b> <i>(month):</i>

**Rotations Completed or Anticipated**  
**(please mark anticipated with \*) :**

**Honors/Awards:**

## Undergraduate Education 1

<b>Name of School:</b>		
<b>City:</b>	<b>State:</b>	
<b>Attended from:</b>	<b>Attended to:</b>	
<b>Major:</b>	<b>Degree:</b> <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Other	<b>GPA:</b>

## Undergraduate Education 2

<b>Name of School:</b>		
<b>City:</b>	<b>State:</b>	
<b>Attended from:</b>	<b>Attended to:</b>	
<b>Major:</b>	<b>Degree:</b> <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Other	<b>GPA:</b>

## Undergraduate Education 3

<b>Name of School:</b>		
<b>City:</b>	<b>State:</b>	
<b>Attended from:</b>	<b>Attended to:</b>	
<b>Major:</b>	<b>Degree:</b> <input type="checkbox"/> BS <input type="checkbox"/> BA <input type="checkbox"/> Other	<b>GPA:</b>

## Licensure Questions

**Have you taken and passed the PANCE?**  Yes  No

If not, date you are scheduled to take the PANCE: \_\_\_\_\_

**Do you have a current DEA License?**  Yes  No

**Eligible for a DEA License?**  Yes  No

**Have you had any legal or disciplinary actions taken against you during PA school or your PA career?**  Yes  No

If Yes, please explain below:

## References

The application requires three (3) professional letters of recommendation.

If you are a new graduate, one of these letters must be from you program director. These letters must be emailed directly from the writer's professional email account to **empafel@amc.edu** (\*Preferred\*) or, can be sent in a sealed envelope directly from the writer to:

**Albany Medical Center Physician Assistant  
Post-Graduate Fellowship in Emergency Medicine  
Department of Emergency Medicine  
47 New Scotland Ave., MC139  
Albany, NY 12208  
Attn: Patrick Fontaine, PA-C & Anthony Parenti, PA-C**

### List three references below:

#### Reference 1

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Email:</b>	

#### Reference 2

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Email:</b>	

#### Reference 3

<b>Name:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Phone:</b>	<b>Email:</b>	

## Check One

- I hereby waive access to the above letters and will so inform the authors  
 I desire access to the above letters and will so inform the authors

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Personal Statement

<b>Last Name:</b>	<b>First Name:</b>	<b>Date of Birth:</b>
<p><b>Please tell us about your interest in emergency medicine, your career goals, and why you wish to attend this fellowship program.</b> <i>Please limit your response to the space below.</i></p>		

## Please have the following documentation sent to us

1.  **This completed and signed original application.** *(Required)*
2.  **Copies of on-the job and/or rotation evaluations. (Desirable but not required)**
3.  **A copy of your official pance/panre scores sent directly from NCCPA.** *(Required)*
4.  **Official transcripts from all colleges and pa program.** *(Required)*
5.  **A copy of your diploma from the undergraduate institution from which you received your degree.** *(Required)*
6.  **A copy of your diploma from the pa program from which you received your degree. If not yet graduated, this can be sent when it is available.** *(Required)*
7.  **Three (3) references using the attached form.** *(Required)*
8.  **A current CV** *(Required)*

All documentation should be emailed to **empafel@amc.edu** (\*preferred\*),  
or addressed and mailed to:

**Albany Medical Center Physician Assistant  
Post Graduate Fellowship in Emergency Medicine  
Albany Medical Center Department of Emergency Medicine  
47 New Scotland Ave., MC-139 Albany, NY 12208  
Attn: Patrick Fontaine, PA-C & Anthony Parenti, PA-C**

**I certify that the information submitted on these application materials 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:** \_\_\_\_\_

*By typing my name above I understand that this is serving as my electronic signature for this document.*