



Miami Dade College Physician Assistant Program

Physician Assistant (Associate in Science Degree)

Graduates of this program are prepared for employment as members of the health care delivery team to work under the direct supervision of a licensed physician. Students are instructed in various aspects of medical care, theory, instrumentation, diagnosis and treatment, including the prescribing and administration of drugs. There is a concentration in behavioral, biological, and physician assistant courses combined with hospital and office practice under the supervision of licensed health care providers. Graduates are eligible to sit for the National Commission on Certification of Physician Assistants (NCCPA) Examination. This program has been fully accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA).

Miami Dade College Physician Assistant Application

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MIAMI DADE COLLEGE, MEDICAL CENTER CAMPUS PHYSICIAN ASSISTANT APPLICATION PACKET INSTRUCTIONS

Student Name (Print)

MDC Student Number

The information in this **20–page** packet must be completed to be considered an applicant for the Physician Assistant program at Miami Dade College. It is the applicant's responsibility to provide all necessary documentation for each of the required content areas. Please be sure to follow the instructions provided to ensure the submission of a complete application packet.

Step 1: Application to Miami Dade College – If you haven't taken a class at MDC previously or haven't taken a class in the last 12 months, then applicants must apply to MDC for admission or readmission. (Applicants need a MDC Student Number)

- **Important for New/Current Student: Miami Dade College Student ID Number** - Miami Dade College's **online application** makes it quick and easy to apply. After you complete the online application at : <https://sisvsr.mdc.edu/admission2/menu15.aspx>, please make sure you submit your high school and college and/or university transcript to the Miami Dade College Admission Office, Medical Center Campus, 950 NW 20th Street, Miami, FL 33127.

Step 2: Application to MDC Physician Assistant Program

General Information and Requirements:

- **To obtain knowledge about the PA profession:** This is extremely important and will make you a stronger, more informed applicant who is confident and secure in your choice of a career for the Physician Assistant program at Miami Dade College. An excellent place to begin learning what you need to know about the profession is the **American Academy of Physician Assistants'** website at <http://www.aapa.org>.
- **If you don't have previous medical experience,** at least 300 hours of clinical and/or shadowing experience is highly recommended. This needs to be completed prior to January 15th of the year in which you are applying.
- **Additional Prerequisite Course Requirement: Effective 2012-1** (August 1, 2012), successful completion of **HSC 003 – Introduction to Health Care** will be required for all students applying to the program. It is part of the prerequisites and must be completed prior January 15, 2012.
- **Minimum Requirements:** The **minimum overall GPA** for PA applicants is **2.5** and the **minimum natural science GPA** is **2.7**. **Please note that meeting the program's minimum requirements neither guarantees an admission test, interview nor admission to the program.**
- Please send all necessary documents **together** with the Physician Assistant Application checklist to the address below. Applications will not be accepted if documents are missing.

Submit or Mail Application with all required documents to:

Physician Assistant Program
Miami Dade College, Medical Center Campus
950 N.W. 20th Street, Suite 2204 Building #2
Miami, FL 33127
Phone: (305) 237-4103

For more information, contact:
Jackie Hernandez
Phone: (305) 237-4103
Email: jhernan7@mdc.edu

PHYSICIAN ASSISTANT APPLICATION CHECKLIST

Student Name (Print)

MDC Student Number

This completed PA Application Checklist should accompany each Application Packet no later than January 15th of the year in which you are applying.

NO EXCEPTIONS

REQUIRED ITEMS/INFORMATION

Physician Assistant Application Packet Instructions (Page 3)

Step One:

Application for College Admission may also be filled out online at
<https://sisvsr.mdc.edu/admission2/menu15.aspx>

- **Application for Program Selection - MDC Application (Pages 7-8)**
- If you haven't taken a class at MDC previously, applicants must apply to MDC for admission and pay a \$30 admission fee. If you have taken classes at MDC previously but haven't taken a class in the last 12 months, you must apply to MDC but the admission fee is waived. (You will receive a MDC Student ID Number)
- Applicants need a Miami Dade College Student ID Number prior to applying to MDC PA Program

Step Two:

Application for MDC PA Program as listed below: **Each form must be completed in detail.**

- **Physician Assistant Application Checklist (Pages 4-5)**

Program Application Transaction Record (Page 10)

- All applicants when applying to MDC PA Program, must pay a \$25 application fee.
- Receipt for **Application Fee - \$25** indicating program 23060

Miami Dade College Physician Assistant Application (Pages 11-13)

Transfer Credit Review Form (Pages 14)

Each applicant must also submit official transcripts to the MDC Admission Office.

- If you have taken prerequisite classes from another institution, please submit an

	<p>unofficial and/or official transcript with this package in addition to sending the official transcripts to the MDC Admission Office - for easier review by the PA Admission Committee.</p> <ul style="list-style-type: none"> • <i>Proof of completion of Foreign Medical Graduate, US or foreign bachelor's degree or higher – must be approved by MDC transcript evaluator.</i>
	<p>Health Care Experience Form (Pages 15-16)</p> <ul style="list-style-type: none"> • <i>Each applicant must also submit Resume or Curriculum Vitae (CV) to the Physician Assistant Program</i>
	<p>Certification/Registration/Licensure Form (Page 18)</p> <ul style="list-style-type: none"> • <i>Each applicant must also submit copies of certification/registration/licensure to the Physician Assistant Program</i>
	<p>Reference List Form (Page 19)</p> <ul style="list-style-type: none"> • <i>Letters of Recommendation must be on letterhead - Submission of 3 (three) recommendation letters with at least one from a health professional.) <u>THE LETTERS OF REFERENCE MUST BE PART OF THIS PACKAGE PRIOR TO SUBMISSION. THEY CAN'T BE FAXED, EMAILED, OR SENT VIA THE US MAIL.</u></i>
	<p>Shadowing Experience Form (Page 20)</p> <ul style="list-style-type: none"> • If you don't have previous medical experience, at least 300 hours of clinical and/or shadowing experience is highly recommended. This needs to be completed prior to January 15th of the year in which you are applying.
<p>Class Preference:</p>	
	<p><i>Day Class , Medical Center Campus – Monday - Friday : 8:00 am – 8:00 pm</i></p>
	<p><i>Evening Class, Medical Center Campus – Monday – Friday: 3:00 pm - 10:00 pm Saturday: 8:00 am – 3:00 pm</i></p>

Name of person receiving application (print)

Date received

Step One

Application for College Admission may also be filled out online at <https://sisvsr.mdc.edu/admission2/menu15.aspx>

- **Application for Program Selection (MDC Application)**
- **If you haven't taken a class at MDC previously, applicants must apply to MDC for admission and pay a \$30 admission fee. If you have taken classes at MDC previously but haven't taken a class in the last 12 months, you must apply to MDC but the admission fee is waived.**
- **Applicants need a Miami Dade College Student ID Number prior to applying to MDC PA Program**



Medical Center Campus

APPLICATION FOR PROGRAM SELECTION

A one-time \$25.00 application fee is required for each associate degree (AS and AAS) program application submitted. All nursing options are considered one program. Payment must be made to the Bursar's Office before the application can be processed.

Last Name (Print) First Middle

Student Number Email address

Address Apt# City State Zip

Telephone Number: Day phone Evening Phone Alternate phone

PREVIOUS EDUCATION: LIST ALL INSTITUTIONS WITH DATES OF ATTENDANCE (Official Transcripts must be evaluated by the College's transcript evaluator)

Vocational School, College, University (Attach list if more than two)

School Name City State Zip Attendance Dates From Mo/Yr to Mo/Yr Degrees or # of credits earned & major

Vocational School, College, University (Attach list if more than two)

School Name City State Country Attendance Dates From Mo/Yr to Mo/Yr Degrees or # of credits earned & major

PROGRAM FOR WHICH YOU ARE APPLYING:

(See Reverse Side)

TERM FOR WHICH YOU ARE APPLYING: Fall (Aug-Dec) Spring (Jan-Apr) Summer (May-Jul) Year:

Nursing Students Only: Full time Part time Bridge Accelerated Generic Medical Center Campus or Homestead Campus

Bridge Program Only: On-Line Face to Face

Do you hold a current license/certification in a health care field? Yes No

If so, in what field is it?

Note: Clinical participation in some programs require students to be at least 18 years of age. All students are subject to a criminal background check. Please consult the program web page (www.mdc.edu/medical) for further information.

An applicant who has been convicted of a felony or the subject of arrest pertaining to a controlled substance should confer with an authorized representative of the regulatory/licensing agency to determine eligibility for future credentialing and practice. Graduates are subject to the laws, policies, and procedures of their respective regulatory/licensing board. The college cannot assure licensure/certification. Students are subject to the policies and procedures of affiliating agencies.

I certify all statements given in this application are true and accurate and to the best of my knowledge. I agree to abide by the rules and regulations of Miami Dade College as published.

Applicant Signature

Date of Submission

Revised 4/2011

**PROGRAMS OFFERED AT MIAMI DADE COLLEGE
MEDICAL CENTER CAMPUS**

Completed applications received by the due date will be given priority. Late applications will be considered on a space available basis.

Program Starting Date: Application Due Date:	Fall Term: May 1st	Spring Term: September 1st	Summer Term: February 15th
Associate in Science Degree Programs	X		
Dental Hygiene	X		
Diagnostic Medical Sonography	X		
Health Information Management	X		
Histologic Technology	X		
Medical Laboratory Technology			
Nuclear Medicine			X
Nursing Generic (Full Time)	X	X	
Nursing Generic (Part Time)	X		
Nursing Accelerated	X	X	
Nursing Advanced Placement (Transitional)(Full Time)	X	X	
Nursing Advanced Placement (Transitional)(Part Time)		X	
Opticianry	X		
Physical Therapist Assistant		X	
Physician Assistant Program (January 15th)	Jan. 15 th		
Radiation Therapy Technology		See Advisement	
Respiratory Therapy	X		
Veterinary Technology	X		
Associate in Applied Sciences (AAS)			
Radiography	X		
College Credit Certificate Programs			
Emergency Medical Technician (July 26; Nov.11; Mar. 15)	Jul. 26 th	Nov. 11 th	Mar. 15 th
Nuclear Medicine			X
Paramedic (July 26; Nov.11; Mar. 15)	Jul. 26 th	Nov. 11 th	Mar. 15 th
Healthcare Informatics	X	X	X
Vocational Credit Certificate Programs			
Massage Therapy	X	X	
Medical Assisting	X	X	X
Medical Coder/Biller Specialist	X	X	
Pharmacy Technician	X		
Phlebotomy Technician	X	X	X
Practical Nursing	X		

Program application deadline is subject to change.

Applicants should refer to individual program information located on www.mdc.edu/medical for specific selection criteria. New students or continuing students who have not been enrolled at Miami Dade College during the last twelve-month period must also submit a college application. Submit all applications to:

Miami Dade College
Medical Center Campus
New Student Center
950 N.W. 20 Street
Miami, Fl. 33127

Miami Dade College is an equal access/equal opportunity institution
and is in compliance with the American with Disabilities Act

Step Two

Miami Dade College Physician Assistant Application

- *Program Application Transaction Record*Page 10
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- *Shadowing Experience Form*Page 20

MIAMI DADE COLLEGE MEDICAL CENTER CAMPUS
Program Application Transaction Record (to be completed and signed by applicant)

A one-time non-refundable fee of \$25 is required for each A.S. degree program to which the applicant is seeking admission. Applications will not be considered until this fee is paid in full.

Student Name (Print)

MDC Student Number

Address

Phone Number

Date

A \$25 application fee is being paid for the following program(s):

- _____ BAS with Physician Assistant Studies Option
- _____ Bachelor's Degree in Nursing N-5100
- _____ Dental Hygiene-23022
- _____ Diagnostic Medical Sonography-23039
- _____ Health Information Management-23053
- _____ Healthcare Informatics - 63014
- _____ Histologic Technology-23063
- _____ Medical Laboratory Technology-23023
- _____ Nuclear Medicine- (AS Degree)-23069
- _____ Nursing (all options)-23030
- _____ Opticianry-23040
- _____ Physical Therapy Assistant-23035
- _____ **Physician Assistant-23060**
- _____ Radiography-A3036
- _____ Respiratory Therapy-23045
- _____ Veterinary Technology-23062

_____ **TOTAL DUE**
ACCOUNT #1009000-D19000-90-40503

AMOUNT PAID: _____
DATE PAID: _____
RECEIPT #: _____

Applicant's signature

Cashier's signature

Note: Cashier must enter pre-select program code number in the first five characters of the description field of the miscellaneous receipt.

III. PROGRAM INTENTIONS AND MIAMI DADE COLLEGE ENROLLMENT STATUS

Program for which you are applying: Physician Assistant Program – 23060

Indicate the term for which you are applying:

- 1. Fall Term (Aug-Dec) Spring Term (Jan – Apr) Summer (May-July)
- 2. Full-time Part-time

Miami Dade College Enrollment Status

- 1. New Student (have not completed any courses at Miami Dade)
- 2. Continuing Student (enrolled at Miami Dade during the last 12 month period)
- 3. Former Student (have taken courses at Miami Dade but have not enrolled at Miami Dade during the last 12 month period.)
- 4. Other _____

Have you previously been enrolled in a health care related program at Miami Dade College or another institution?

- 1. No 2. Yes If yes, specify program and institution: _____

IV. PREVIOUS EDUCATION: List all institutions with dates of attendance

► **High School** (You must have official high school transcripts sent to Miami Dade College Admission office.)

School Name	City	State	Zip Code	Date Graduated or will Graduate (Mo./Yr.)
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► **College, Universities:** (Attach list if attended more than two)

School Name	City	State	Attendant Date From (Mo./Yr.) To (Mo./Yr.)	Degrees or Number of Credits earned
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School Name	City	State	Attendant Date From (Mo./Yr.) To (Mo./Yr.)	Degrees or Number of Credits earned
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(Official Transcripts must be sent a to Miami Dade College Admission office to be evaluated by the Miami Dade College transcript evaluator)

V. Are you currently employed in the health care field?

Explain _____

VI. CONDUCT

▶ Have you ever been convicted of anything other than a traffic violation?

- 1. No
- 2. Yes

If yes, please explain: _____

▶ Have you ever been arrested and charged with a felony pertaining to controlled substances to which you entered a plea of nolo contendere, or for which you were adjudicated or adjudication was withheld because of placement in a pre-trial intervention program:?

- 1. No
- 2. Yes

If yes, please explain: _____

VII. STATEMENT OF CERTIFICATION

I certify all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of Miami Dade College as published. I also understand that the application and supporting documents are **valid for two (2) year**, that the application fee may not be waived nor is it refundable, and that the application and supporting documents become the property of Miami Dade College and cannot be returned.

Signature of Applicant

Date of Application

TRANSFER CREDIT REVIEW FORM

(Each form must be completed in full)

I have submitted an application, application fee and have requested that my transcripts to be sent to Miami Dade College Admission Office. I believe the following courses will transfer and meet the requirements of the Physician Assistant Program. This will be reviewed by a transcript evaluator.

Student Name (Print)

MDC Student Number

RECORD OF PREREQUISITE COURSES

Requirement(s) MDC Course #	College/University	Year	Equivalent Course #	Equivalent Course Title	Grade
ENC 1101 English Composition 1					
SPC 1017 Fundamentals of Speech Communication					
CLP 1006 The Psychology of Personal Effectiveness					
PHI 2604 Critical Thinking and Ethics					
STA 2023 Statistical Methods					
BSC 2085 Human Anatomy and Physiology I					
BSC 2085L Human Anatomy and Physiology I Lab					
BSC 2086 Human Anatomy and Physiology II					
BSC 2086L Human Anatomy and Physiology II Lab					
CHM 1033 Chemistry for Health Sciences					
CHM 1033L Chemistry for Health Sciences Lab					
MCB 2010 Microbiology					
MCB 2010L Microbiology Lab					
HSC 0003 Intro. to Health Care					
CGS 1060 Intro. To Microcomputer Usage					

NOTE: The above pre-requisite courses must be completed with a grade of "C" or better. All Sciences courses taken more than five years ago must be repeated – Lecture only. Each applicant must also submit transcripts to the Physician Assistant Program.

HEALTH CARE EXPERIENCE FORM

(Each form must be completed in full)

Student Name (Print)

MDC Student Number

List all health care experience, both paid and/or volunteer, beginning with your present position. (Please insert additional sheet(s) if needed.) **PLEASE NOTE:** Each applicant must also submit a **resume or curriculum vitae (CV)** listing, **ALL** employment and other work related history. Include information for at least the past ten years.

1. Position Title: _____ From: _____ To: _____

Name & Address of Institution or Provider: _____

Telephone _____ Supervisor/Title _____

Type of Practice/Hospital Unit/Specialty _____

Duties _____

Full Time Part Time Volunteer Paid

- Number of hours worked/volunteered per week _____
- Number of weeks worked per year _____
- Total number of years (round to nearest quarter) in position _____
- If less than one year, number of months in position _____
- Reason for leaving (if applicable) _____

2. Position Title: _____ From: _____ To: _____

Name & Address of Institution or Provider: _____

Telephone _____ Supervisor/Title _____

Type of Practice/Hospital Unit/Specialty _____

Duties _____

Full Time Part Time Volunteer Paid

- Number of hours worked/volunteered per week _____
- Number of weeks worked per year _____
- Total number of years (round to nearest quarter) in position _____
- If less than one year, number of months in position _____
- Reason for leaving (if applicable) _____

3. Position Title: _____ From: _____ To: _____

Name & Address of Institution or Provider: _____

Telephone _____ Supervisor/Title _____

Type of Practice/Hospital Unit/Specialty _____

Duties _____

Full Time Part Time Volunteer Paid

- Number of hours worked/volunteered per week _____
- Number of weeks worked per year _____
- Total number of years (round to nearest quarter) in position _____
- If less than one year, number of months in position _____
- Reason for leaving (if applicable) _____

4. Position Title: _____ From: _____ To: _____

Name & Address of Institution or Provider: _____

Telephone _____ Supervisor/Title _____

Type of Practice/Hospital Unit/Specialty _____

Duties _____

Full Time Part Time Volunteer Paid

- Number of hours worked/volunteered per week _____
- Number of weeks worked per year _____
- Total number of years (round to nearest quarter) in position _____
- If less than one year, number of months in position _____
- Reason for leaving (if applicable) _____

Resume **or** **Curriculum Vitae**

Each applicant must also submit Resume or Curriculum Vitae (CV) to the Physician Assistant Program

CERTIFICATION/REGISTRATION/LICENSURE

(Each form must be completed in full)

Student Name (Print)

MDC Student Number

- Do you have any professional Certifications? No Yes
- Do you have any professional Registrations? No Yes
- Do you have any professional Licensures? No Yes

Please list in the spaces provided any health related certifications, registrations or licensures. **Attach copies of each certifications, registrations and/or licensures to this form.**

Has your licensure/registration/certification ever been withdrawn or have been denied certification/registration/licensure? No Yes

If yes, please explain reason here: _____

1. Type of Cert./Lic./Reg.: _____ State: _____ No: _____
Date Received: _____ Expiration Date: _____

2. Type of Cert./Lic./Reg.: _____ State: _____ No: _____
Date Received: _____ Expiration Date: _____

3. Type of Cert./Lic./Reg.: _____ State: _____ No: _____
Date Received: _____ Expiration Date: _____

4. Type of Cert./Lic./Reg.: _____ State: _____ No: _____
Date Received: _____ Expiration Date: _____

A conviction may affect licensure. For additional information, please contact Department of Profession Regulation.

Licensure as a physician assistant may be affected by previous Licensure/registration/ certification denials or withdrawals.

REFERENCE LIST

(Three Letters of Recommendation)

Student Name (Print)

MDC Student Number

Please list the individuals you have asked to provide a reference. The Letters of Recommendation must be on letterhead. We reserve the right to contact your references to verify authenticity.

While only (3) references are required, you may elect to ask more than four individuals to submit references on your behalf to insure that the program receives at **least (3) by the deadline**. (Use an additional page to list additional references if needed.)

1. Name: _____ Title: _____

Relationship to applicant: _____

Telephone Number: (____) _____

2. Name: _____ Title: _____

Relationship to applicant: _____

Telephone Number: (____) _____

3. Name: _____ Title: _____

Relationship to applicant: _____

Telephone Number: (____) _____

4. Name: _____ Title: _____

Relationship to applicant: _____

Telephone Number: (____) _____

THE LETTERS OF REFERENCE MUST BE PART OF THIS PACKAGE PRIOR TO SUBMISSION. THEY CAN'T BE FAXED, EMAILED, OR SENT VIA THE US MAIL.

SHADOWING EXPERIENCE FORM

To be completed by the Practitioner*

As a Miami Dade College physician assistant applicant, I understand that **300 hours of clinical and/or shadowing experience is highly recommended for all applicants without any healthcare experience**. Each separate experience should be documented on one form, so you will need to photocopy this form as necessary for additional experiences.

Applicant's Name: _____

Applicant's Telephone Number

Applicant's Email Address:

Clinical Setting:

- Hospital
- Private Office
- Clinic
- Other _____

Specialty _____

Dates of Experience

Estimated Hours of Experience

Supervising Practitioner Information

Name: _____

Phone Number: _____

Address: _____

Signature: _____

Please provide a brief description of supervising Practitioner's duties and responsibilities witnessed by the applicant: _____

***Can be PA, MD, DO, or NP**