USE ONE FORM FOR EACH DIRECT PATIENT CARE EXPERIENCE / EMPLOYER

Florida State University
College of Medicine
School of Physician Assistant Practice
DIRECT PATIENT CARE EXPERIENCE FORM

Applicant: Please provide evidence of at least **500 hours** of direct patient care experience, performed under the supervision of a licensed health care professional. "On call" and "standby" time does not qualify. Once the top portion is complete, present this form to a supervising representative of the organization you obtained the experience through. Once signed by the supervising representative, upload this form through CASPA in the Documents section, as an "Other" document. This is required in order to submit an application to our program.

Applicant:	
Print Applicants Full Name:	**Applicants Email:**
Applicants Current Address:	**Applicants Current Phone:**
Name and Address of where Direct Patient Care Experience occurred.	**Dates of Experience**
Describe your direct patient care experience. Include type of setting (ie: nursing home, emergency room, ambulance, etc.), services and tasks performed. You may include a separate attachment if additional space is needed.	

Position Title	**Total Hours Claimed**	**Signature of Applicant**

Verifying Official:		
Please complete all requested information and sign. Your signature is verification that the information provided by the applicant on this form is truthful and accurate. Thank you for your time in verifying the content of this document.		
Printed name and title of verifying official:	**Signature:**	**Date:**
Email address:	**Telephone:**	
Comments:		

Falsification of any part of this document will result in the removal of the applicant for admission consideration and if admitted, immediate dismissal from the program.