

**University of Texas Southwestern Medical Center  
 Department of Physician Assistant Studies  
 Parkland Health & Hospital System  
 Physician Assistant Residency Program in Trauma & Burns**

**Personal Information**

Last Name	First Name	Middle Name	Date of Birth
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Present Address	City and State	Zip Code
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Telephone	Email Address
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Home Address (if different from above)	City and State	Zip Code
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U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	If not U.S. Citizen, Visa status:	Social Security Number
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**Education and Training**

(Official copies of college transcripts must be submitted with application)

College(s)	City and State	Date of graduation and degree
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Physician Assistant Program	City and State	Date of graduation and degree
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**Licensure and Certification**

Texas License <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	DEA Number
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NCCPA Certification <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible	Date certified	Certificate Number
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Additional Certifications (BLS, ACLS)

**References** (Separate reference forms to be submitted with application)

Name	Title/Position
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Address	City and State	Zip Code
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Telephone	Email Address
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Name	Title/Position
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Address	City and State	Zip Code
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Telephone	Email Address
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**References (continued)**

Name	Title/Position	
Address	City and State	Zip Code
Telephone	Email Address	

A complete application will include the following:

1. Completed application form
2. Personal statement
3. Official transcripts from colleges and PA program
4. Official NCCPA Exam scores (if certified)
5. Copies of BLS and ACLS certification cards
6. Copy of DEA number
7. Copy of Texas license
8. Signed copy of the Authorization Agreement
9. Current Resume
10. Three Applicant Reference forms (including one from your PA Program)

Admission to the Physician Assistant Residency Program is contingent upon satisfactory completion of the Parkland Health & Hospital System Credentialing process.

All application materials must be received by posted deadlines to be considered.\*

Please mail all application materials in one envelope to:

Michel Statler, MLA, PA-C  
Program Director  
Physician Assistant Residency Program  
Dept. of Physician Assistant Studies  
UT Southwestern Medical Center  
5323 Harry Hines Blvd., Suite V4-114  
Dallas, TX 75390-9090

\* Deadline for submission of application materials for the fall class is June 30; the deadline for submission of applications materials for the spring class is November 30

## Authorization Agreement

I understand that the Department of Physician Assistant Studies and Parkland Health & Hospital Systems relies upon the accuracy of information contained in my application as well as the accuracy of other information presented through the hiring process and employment. I certify that I have provided information that, to the best of my knowledge is truthful and accurate. I understand the false statements, misrepresentations, or material omissions in any of this information may result in exclusion of my application from consideration for employment or, if I am hired, in termination.

I agree to allow Department of Physician Assistant Studies and Parkland Health & Hospital Systems to contact the people I have listed as references on this application. I agree not to hold any references listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for the physician assistant residency program.

Printed Name

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Signature of Applicant

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Date of application

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