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MOUNT ST. JOSEPH
UNIVERSITY
Physician Assistant Program

Physician Assistant Virtual Shadowing Verification Form

Instructions: Please complete this form to verify that you have participated in a virtual shadowing experience with a practicing physician assistant. **The program requires 40 hours of shadowing out of which no more than 20 may be done virtually.**

To be completed by Applicant:

Applicant: Last Name:		First Name:	Middle Name:
Date of Birth:		Phone Number:	Email:

Shadowing Experience:

Physician Assistant Name: _____

Employer/Name of Institution: _____

Type of Practice/ Specialty: _____

Date(s) Shadowed: _____

Total Number **Virtual Shadowing** of Hours: _____

Describe your PA shadowing experience, types of patients seen, patient-related activities & duties of the PA:

Applicant's Signature: _____   Date: _____

To be completed by Physician Assistant:

I verify that _____ shadowed me as indicated above.
(Name of Applicant)

Signature _____ , PA-C   Date _____

Name (printed) _____ , PA-C

Email: _____   Phone: _____   NCCPA ID: _____

Are you interested in being a preceptor for MSJ's PA Program?   Yes   No

Thank you for making a contribution to the application process for future physician assistants.

Contact: www.msj.edu/PA 5701 Delhi Rd, Cincinnati, OH 45233. 513-244-4310. PAProgram@msj.edu

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