



MOUNT ST. JOSEPH
UNIVERSITY
Physician Assistant Program

Physician Assistant In-Person Shadowing Verification Form

Instructions: Please complete this form to verify that you have participated in a shadowing experience with a practicing physician assistant. **The program requires 40 hours of shadowing out of which only 20 may be completed 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 of In-Person 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