

## APPLICATION INSTRUCTIONS

The Northeastern University Physician Assistant Program is not a participant in CASPA (Centralized Application Service for PAs). Our application is available in our printed brochure or can be downloaded in PDF form from our web page between July 1st and late October of each year for the following August. The deadline is November 1st. Our printed brochure and application can be requested by contacting us at 617-373-3195 or [paprogram@neu.edu](mailto:paprogram@neu.edu).

The PDF forms must be printed out, filled in, and mailed back to us following the instructions below. **You cannot apply online.** The PDF application packet consists of the following:

- 3 page Application Form
- Form Listing Prerequisite and Additional College Science Courses
- Personal Evaluation Forms (3 copies)
- Acknowledgement of Receipt Form

1. To be **mailed by the applicant in one package:**

- a. A completed application form, filled out in its entirety. The following items are considered part of the application: an essay defining the applicant's interest and purpose in becoming a physician assistant; a copy of U.S. Government Form DD214 (discharge orders) from applicants who have completed tours of duty with the armed forces; and copies of transcripts of medical courses taken while in the military service, if applicable. Licensed or registered professionals must submit a copy of their license or registration.
- b. The form listing prerequisite and additional science courses, including schools, years in which courses were taken, and grades earned.
- c. A nonrefundable application fee of \$50 (personal check or money order made payable to Northeastern University).
- d. Official transcripts bearing the school seal from all colleges and business, technical, and trade schools attended. Each transcript must be in an envelope with the school seal stamped across the sealed flap and included in the application package that is mailed to the program. Grades for transferred courses taken at one school are not necessarily shown on transcripts of another school; often, only the credit hours are listed. Please be sure that transcripts from all schools at which science courses were taken are included with the application package.

Applicants who earned degrees from colleges and graduate schools outside the United States must submit notarized copies of all transcripts, translated when appropriate. Official transcripts bearing the school seal for courses taken in the United States must be included in the application package in envelopes with the school seal on the sealed flap of the envelope. Foreign transcripts must be evaluated to ascertain equivalencies to U.S. educational standards. Official evaluations of foreign transcripts must be sent directly from an education documentation service. A suggested service is the Center for Educational Documentation, P.O. Box 231126, Boston, MA 02130, 617.338.7171.

- e. Three personal evaluations. Applicants should provide their evaluators with the evaluation form and a business size envelope that is stamped and addressed to the applicant. Request that the evaluation form be returned to you in the envelope, with the evaluator's signature written across the sealed flap. Do not open the sealed envelope. Evaluations should be from individuals with whom the applicant has worked clinically, including physicians, job supervisors, and/or commanding officers who can comment upon the applicant's clinical background. Evaluations from family, friends, or personal health-care providers are not appropriate. Evaluations from college instructors are not recommended.

Applicants are responsible for sending the personal evaluation forms to the individuals writing the references. Applicants must be sure that references are returned to them in a timely manner so these references can be included in the application package mailed to the program.

- f. The Acknowledgement of Receipt Form. Put your name and social security number on the form and submit it along with a stamped business size envelope addressed to yourself. The form will be returned to you in the envelope you provide, indicating when the program received your application and its status at that time. The form cannot be mailed without a stamped, self-addressed envelope.

2. Official TOEFL scores sent directly from the Educational Testing Service must be received for all applicants whose native language is not English and who attended college or graduate school outside the United States. The Northeastern University Physician Assistant Program code number for the TOEFL exam is 3681.

3. The GRE is not required. The program has no code number.

Individuals who reapply for admission to the program must submit a fully completed, updated application form, a new essay, the \$50 application fee, and at least one new medical reference in an envelope with the evaluator's signature written across the sealed flap. Official transcripts of courses taken since the previous application, enclosed in envelopes with the school seal across the sealed flaps, must be included in the application package mailed to the program. If the previous application was not complete, additional materials may be necessary. The new application should highlight steps you have taken in the intervening time to make yourself a stronger candidate.

Applications can be kept on file for only one year. Individuals who reapply after a longer period will have to resubmit all required credentials described above.

# Application

**Northeastern University  
PHYSICIAN ASSISTANT PROGRAM  
202 Robinson Hall  
Boston, MA 02115-5000**

To be considered for the following August, all application material must be received by the program no later than November 1.

## General Information

Name \_\_\_\_\_  
Last First Middle Maiden (optional)  
(Be sure to list all names that may appear on records.)

Social Security Number \_\_\_\_\_ Application for program beginning in August \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City

State ZIP Code Telephone

Mailing Address \_\_\_\_\_  
Street City

State ZIP Code Telephone

Email Address \_\_\_\_\_

Work Telephone \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_

Have you ever applied to the Northeastern University Physician Assistant Program before? \_\_\_\_Yes \_\_\_\_No  
If yes, for program beginning in August \_\_\_\_\_  
Year(s)

Have you ever been disciplined by college, administrative, military, or other institutions? \_\_\_\_Yes \_\_\_\_No  
If yes, please give details in a separate statement (optional).

## Education Information

Please list the information requested below for each school you attended. Include college, business, trade, technical, and high schools in reverse chronological order, **beginning with the most recently attended first.**

School	Address	Dates Attended	Curriculum or Major	Credentials Awarded

## Hands-On Patient-Care Experience

List all patient-care related positions held, **beginning with the most recent first**. If you worked more than one job at a time, please detail breakdown of hours on a separate sheet.

1. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
mo./yr. mo./yr.

Position \_\_\_\_\_  Volunteer  
 Paid Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_

Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_

Summer job only:  yes  no

2. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
mo./yr. mo./yr.

Position \_\_\_\_\_  Volunteer  
 Paid Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_

Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_

Summer job only:  yes  no

3. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
mo./yr. mo./yr.

Position \_\_\_\_\_  Volunteer  
 Paid Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_

Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_

Summer job only:  yes  no

4. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
mo./yr. mo./yr.

Position \_\_\_\_\_  Volunteer  
 Paid Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_

Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_

Summer job only:  yes  no

5. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
mo./yr. mo./yr.

Position \_\_\_\_\_  Volunteer  
 Paid Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
\_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_

Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_

Summer job only:  yes  no

**Non-Hands-On Patient-Care and Nonmedical Experience**

List all positions held, *beginning with the most recent first*. If more space is needed, please attach an appropriately labeled page.

1. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
           mo./yr.        mo./yr.

Position \_\_\_\_\_  Volunteer  
     Paid        Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
 \_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_  
 Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_  
 Summer job only:  yes     no

2. Dates \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_ City/State \_\_\_\_\_  
           mo./yr.        mo./yr.

Position \_\_\_\_\_  Volunteer  
     Paid        Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Brief Description of Duties \_\_\_\_\_  
 \_\_\_\_\_

Number of months worked full-time \_\_\_\_\_ TOTAL number of hours worked at site full-time \_\_\_\_\_  
 Number of months worked part-time \_\_\_\_\_ TOTAL number of hours worked at site part-time \_\_\_\_\_  
 Summer job only:  yes     no

**Military Service** (if relevant)

Branch \_\_\_\_\_ Present or Final Rank \_\_\_\_\_

Dates of Active Service \_\_\_\_\_ Dates of Reserve Service \_\_\_\_\_

Specialty (M.O.S., A.F.S.C., N.E.C.) \_\_\_\_\_

**Personal Statement**

On a separate page (8 1/2 x 11), please type a statement for the Admissions Committee describing why you are interested in becoming a physician assistant and what you envision yourself doing as a physician assistant. Be sure your name is on the page.

**Personal Evaluation Forms**

Please list the names, addresses, and telephone numbers of your evaluators. Evaluations should be from individuals with whom you have worked clinically including physicians, job supervisors, and/or commanding officers. The evaluation forms must be submitted in envelopes with the evaluator's signature written across the sealed flap of the envelope and mailed with the application.

Name	Street, City, State, ZIP Code	Telephone

**Application Fee**

A nonrefundable application fee of \$50 in the form of a personal check or money order made out to Northeastern University must accompany this application.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## Prerequisite College Science Courses

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Please list each of the *prerequisite* science courses you have taken, along with the schools, year courses were taken, and grades earned.

### Prerequisite Science Courses

	School	Year	Grade
General Biology with Lab			
General Chemistry with Lab			
Human Anatomy and Physiology			
<b>OR</b>			
Human Anatomy			
<b>AND</b>			
Human Physiology			
Statistics			

Please list *additional* science courses you have taken, along with the schools, year courses were taken, and grades earned.

### Additional College Science Courses

Biochemistry			
Cell Biology			
Cell Physiology			
Genetics			
Immunology			
Infectious Disease			
Microbiology			
Organic Chemistry			
Pathophysiology			
Other			

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**Personal Evaluation**

**Northeastern University  
PHYSICIAN ASSISTANT PROGRAM  
202 Robinson Hall  
Boston, MA 02115-5000**

**To the Applicant:** \_\_\_\_\_

Name

Please type or print your name on the line above, and check off and sign the waiver. In accordance with the Family Education Rights and Privacy Act of 1974, I hereby  **waive** /  **do not waive** my right to have access to this evaluation form for admission to the Northeastern University Physician Assistant Program.

\_\_\_\_\_  
Signature

**To the Evaluator:** The Admissions Committee would like to know the context in which you have known the applicant and the length of time. Please provide an assessment of his/her performance, including the type of duties performed by the applicant and his/her proficiency. Please assess his/her ability to relate to patients and to others on the health care team and include motivation, integrity, judgment, adaptability, and how well the applicant seems to know his/her limitations. You may use the back of this page and additional sheets if desired.

\_\_\_\_\_  
Signature (*original copy*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title, typed or printed

Please return this form to the applicant in an envelope **with your signature written across the sealed flap**. All evaluations must be submitted in one package by the applicant and received by the program by November 1.

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**Personal Evaluation**

**Northeastern University  
PHYSICIAN ASSISTANT PROGRAM  
202 Robinson Hall  
Boston, MA 02115-5000**

**To the Applicant:**

\_\_\_\_\_  
Name

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\_\_\_\_\_  
Signature (*original copy*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title, typed or printed

Please return this form to the applicant in an envelope **with your signature written across the sealed flap**. All evaluations must be submitted in one package by the applicant and received by the program by November 1.

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\_\_\_\_\_  
Signature (*original copy*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title, typed or printed

Please return this form to the applicant in an envelope **with your signature written across the sealed flap**. All evaluations must be submitted in one package by the applicant and received by the program by November 1.

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## Acknowledgement of Receipt of Application Form

*Please fill in your name and social security number.*

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Your application package and \$50 application fee were received on \_\_\_\_\_  
at the Northeastern University Physician Assistant Program.

Your application is:                       COMPLETE  
    INCOMPLETE

The following material is missing:

Please remember that ***all material must be received by November 1.***

Be sure to include a ***self-addressed, stamped envelope*** along with this Acknowledgement of Receipt Form. The form cannot be mailed back to you without the required envelope.