

COMMUNITY SERVICE VERIFICATION FORM

Applicant: _____
Last Name First Name Middle Name

Date of Birth: _____ CASPA ID Number: _____

As a prerequisite for the Master of Physician Assistant Practice (MPAP) program at the University of Dayton, you are required to complete 20 hours of community service experience. This time can be met through a variety of volunteer activities. Please use the following information to plan and record your community service time correctly. This form is not valid without a supervisor's signature.

COMMUNITY SERVICE REQUIREMENTS FOR MASTER OF PHYSICIAN ASSISTANT PRACTICE (MPAP)

- A total of 20 hours of community service is required.
- Use only one verification form per facility or institution. Make copies of this form as needed.

Facility Name _____ Facility Telephone (_____) _____

Facility Mailing Address _____

Type of Setting _____

Community Service Experience: From (MM/DD/YY) _____ To (MM/DD/YY) _____ Number of hours _____

I have performed the following community service activities:

Applicant's signature _____ Date _____

SUPERVISOR INFORMATION (To be completed by supervisor)

I hereby verify that the above information is true and accurate.

Supervisor's Signature _____ Print Name _____

Date _____ Telephone Number (_____) _____

SUBMIT COMPLETED FORM TO

Physician Assistant Program
300 College Park
Dayton, OH 45469-2958
Phone: 937-229-2900 | Fax: 937-229-2903