CLINICAL OBSERVATION VERIFICATION FORM



Application Cycle:_

Applicant:	Name	First Name	Mic	Idle Name
Date of Birth:		CASPA ID Number:		
required to complete 25 activities in direct patier	50 hours of <u>healt</u> nt care, observat	cian Assistant Practice (MPA) th care experience. This time ion or shadowing time in a he ervation time correctly. This fo	can be met through ealth care setting. Pl	employment or volunteer lease use the following
OBSERVATION REQUIR	EMENTS FOR M	ASTER OF PHYSICIAN ASSIS	STANTPRACTICE (MI	PAP)
A total of 250 hours of	of observation is re	equired.		
 Use only one verificat 	ion form per facili	ty or institution. Feel free to mo	ıke copies of this form	as needed.
Facility Name		Facility Tel	ephone ()	
Clinical Observation/Work	Experience: From	(MM/DD/YY) To (A	MM/DD/YY)	Number of hours
I have observed/performed	the following pa	tient-related activities:		
Applicant's signature			Date_	
SUPERVISOR INFORMAT	'ION (To be comp	eted by supervisor)		
I hereby verify that the abo	ve information is t	rue and accurate.		
Supervisor's Signature		Print Name		
Date		Telephone Numb	oer ()	
Thank you for making a coi	ntribution to the ap	pplication process for future physical assistant, please feel free to co	sician assistants. If yοι	ı have any comments

SUBMIT COMPLETED FORM: either by email, paprogram@udayton.edu or mail it directly to the department:

University of Dayton PA Program Attn: Admissions Coordinator 300 College Park Dayton, OH 45469-2958

*Preferred Method of Upload: It is ideal for the applicant to upload each form to their CASPA application portal under the "documents" tab. This can be completed during the application process or after the application has been submitted.