

The School of Health Professions

**Supplemental Application  
Instructions Class of 2017 Entry**

## Physician Assistant Studies Program

To complete your Master of Physician Assistant Studies application to the UT Health Science Center San Antonio, it is required that you complete and submit the following applications and fees to have your application considered for admission:

- Central Application Service for Physician Assistants (CASPA) online application and fee
- Physician Assistant Studies Supplemental Application and Supplemental Fee – Physician Assistant

**The final deadline to complete all applications and fees is September 1, 2016. No exceptions.**

### **How do I complete and submit my Physician Assistant Studies Supplemental Application?**

Please complete the attached Physician Assistant Studies Supplemental Application form and scan/upload it directly to your Central Application Service for Physician Assistants (CASPA) application. For full instructions, please see the CASPA Instructions for the UT Health Science Center San Antonio Physician Assistant Studies program at <https://portal.caspaonline.org/#>

The deadline to complete this process is **September 1, 2016**.

### **How to I complete and submit my Supplemental Application Fee for Physician Assistant Studies?**

Please visit online at <https://commerce.cashnet.com/uthscsasf> to complete you \$60.00 (non-refundable) Supplemental Application Fee for Physician Assistant Studies. Be sure to select the “Supplemental Application Fee Physician Assistant” section and complete the payment online.

Payment options include: credit card or by electronic check for your Supplemental Application Fee.

The deadline to complete this process is **September 1, 2016**.

Only those applicants who complete the CASPA, Supplemental Application, and submit the Supplemental Application Fee as well as all supporting documents to CASPA by the **September 1<sup>st</sup> 2016 deadline** will be considered for admission. Applicants who are taking coursework during the summer 2016 semester of the application process must submit a transcript to CASPA indicating coursework is in progress by the application deadline. You must also list in progress courses on your CASPA application.

A Petition for Course Review can be found at <http://students.uthscsa.edu/registrar/wp-content/uploads/sites/2/2014/03/PetitionforCourseReview.pdf> and must be sent to the Office of the University Registrar. Applicants who meet all of the prerequisite coursework do NOT need to complete the substitution form included in this packet. Requests to take a prerequisite course after the deadline will not be approved.

# UT Health Science Center at San Antonio Physician Assistant Studies Supplemental Application



All submitted application materials become the property of The University of Texas Health Science Center at San Antonio and will not be returned or copied. Only complete applications received by the Office of the University Registrar by the September 1<sup>st</sup> deadline will be considered for admissions decisions.

## I. Personal Information

<b>Entering Year</b>  <b>2017</b>	<b>Prefix</b> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	<b>Full Legal Name (Last)</b>	<b>(First)</b>	<b>(Middle)</b>
<b>SS# (optional)</b>	<b>Contact Phone Number (with area code)</b> (    )		<b>Back-up Phone Number (with area code)</b> (    )	
<b>Mailing Address</b>			<b>City, State, Zip and County</b>	
<b>Date of Birth</b>			<b>Place of Birth (city, state, county)</b>	
<b>Primary E-mail Address</b>			<b>Other E-mail Address</b>	
<b>Ethnicity (optional)</b>			<b>Previous Name(s)</b>	
<b>RESIDENCE CLASSIFICATION INFORMATION</b>				
<b>US Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list country of citizenship:			<b>Type of Visa/Expiration Date</b>	
<b>Resident Alien ID Number (if applicable). Attach copy.</b>				
<b>Texas Resident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, complete below.			<input type="checkbox"/> If less than 12 months, prior residence:	
<b>County of residence?</b>		<b>Months?</b>	<b>Street</b>	<b>City State</b>
<b>If you have been employed in the last 12 months, provide the following information:</b>				
<b>Employer</b>	<b>City/State</b>		<b>Dates</b>	
<b>Employer</b>	<b>City/State</b>		<b>Dates</b>	
<b>Within the last 12 months, have you been a student at an institution of higher education?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <b>Institution:</b>				
Applicants whose residence status is not clearly established should complete a Residency Questionnaire (available from the Office of the University Registrar) so that your residence status may be accurately defined/identified in advance of initial enrollment. We may take steps to verify information you have provided.				
<b>Have you previously applied for admission to UTHSCSA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list program and date of application:				
<b>Have you ever matriculated or been a student in a PA program?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the school/location:				
<b>Why did you leave the program?</b> <input type="checkbox"/> Voluntary Withdrawal <input type="checkbox"/> Dismissal Explain the reasons for your withdrawal or dismissal:				

## II. Military Information Please complete this section ONLY if you are military or military connected.

All applicants who have current or prior military service must attach a copy of their most recent DD214. Members of the Armed Forces assigned to duty in Texas, their spouses and dependents are eligible to pay tuition at the resident rate regardless of length of residence in Texas.

Assigned to military duty in Texas  Spouse or dependent of military personnel assigned to duty in Texas.

Branch of Service  Active Duty  Reserved Duty

Note: if accepted for admission, military personnel must furnish a copy of orders to the Office of the University Registrar two weeks in advance of registration. Dependents must furnish a copy of orders and birth certificate/marriage license as applicable.

## III. Work/Life Experience

### A. Scholastic Achievement (as of May2017)

Highest degree attained	Major
Institution where degree earned	Year
High school attended: Name	
City, State, Country	

### B. Language skills other than English

	(circle one)	Beginning	Intermediate	Proficient
Language	(circle one)	Beginning	Intermediate	Proficient
Language	(circle one)	Beginning	Intermediate	Proficient

**Please note:** Individuals who indicate language skills may be tested in that language during the interview process. Individuals who falsely represent their language skills will not be considered further.

## IV. Signature

UTHSCSA will not evaluate your application until the CASPA application, including the supplemental application, are complete and all fees paid. By signing this application you are certifying that you have read and understand the Technical Standards of the UTHSCSA PA Studies available at: PA Technical Standards.

Further:

I understand that the Admissions Committee cannot make any decision regarding my application until the CASPA application with transcripts for all courses taken through the Summer 2016 semester, supporting documents, and this supplemental application have been received. If I have courses in progress during the application process, I understand that if I am accepted into the program, that acceptance is conditional upon satisfactory completion of these courses. Transcripts showing additional work after acceptance must also be submitted. I understand that admission to the program is contingent on successful completion of a criminal background check.

I further understand that all actions on admission of students to the professional phase are the prerogative of the Admissions Committee and that questions concerning the status of a *completed application* should be directed to the Office of the University Registrar at UTHSCSA (see address/telephone below).

I understand that the information submitted herein will be relied upon by officials of The University of Texas Health Science Center at San Antonio to determine my status for admission and residency eligibility. I certify that the information in this application is complete and correct and understand that the submission of false information is grounds for rejection of application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

If I have been discontinued from another PA program, I grant the Admissions Committee permission to contact the program to confirm the reasons for my discontinuation.

**I hereby certify that any statements submitted in conjunction with this application are my own work.**

Date	Signature (required)
------	----------------------

**Submit this supplemental application online through CASPA, and pay the required \$60 supplemental application fee online at: <https://commerce.cashnet.com/uthscsaf>.**

**The supplemental application and fee must be received by September 1, 2016.**

For questions concerning this supplemental application,

contact the Office Admissions & Special Programs :

210-567-6220 or SHPwelcome@uthscsa.edu



[your account](#)

[browse catalog](#)

[basket](#)

[Online Store](#)

[School Of Dentistry](#)

[School of Health Professions](#)

[School of Medicine](#)

(hvn1webce3)