

The University of Texas
Health Science Center at San Antonio
Physician Assistant Studies Program

Supplemental Application

Your completed Supplemental Application should be sent directly to The University of Texas Health Science Center at San Antonio (UTHSCSA) at the same time that the your general application is completed with the Central Application Service for Physician Assistants (CASPA). BOTH applications are required to be considered for admission to the UTHSCSA PA Studies Program.

Do not include the supplemental application with the general application that you submit to CASPA.

**Return Supplemental Applications To:
Allied Health Admissions
UT Health Science Center at San Antonio
7703 Floyd Curl Drive, MC 7702
San Antonio, Texas 78229-3900**

**You must include a check or money order made out to UTHSCSA for \$45.
Credit card charges cannot be accepted.**

If you want to be informed when UTHSCSA has received your supplemental application, please enclose a self-addressed, stamped **post card**. Supplemental applications submitted without the \$45 fee will not be processed.

Only those applicants who complete BOTH the CASPA and Supplemental Applications and submit all supporting documents by the October 1st deadline will be considered for admission. Applicants who are taking coursework during the fall semester of the application process must submit a transcript to CASPA indicating coursework is in process by the application deadline.

This application is for both the San Antonio and Laredo student cohorts. Please indicate under Item III – Work/Life Experience which cohort you prefer.

Waiver request forms are included in this packet as a convenience. Applicants who meet all of the prerequisite coursework do NOT need to complete the waivers included in this packet. If you lack any coursework, please complete the appropriate waiver request and submit it by the application deadline.

UTHSCSA 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 October 1st deadline date, will be considered for admission decisions.

I. Personal Information

Entering Year 2009	Prefix Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Full Legal Name (Last)	(First)	(Middle)
Social Security Number	Contact Phone Number (with area code) ()	Back-up Phone Number (with area code) ()		
Mailing Address				
Street	City, State, Zip and County			
Date of Birth	Place of birth			
	City, State, Zip, and County			
Primary email address	Other email address			
Ethnicity (not required)	Previous name(s)			
RESIDENCE CLASSIFICATION INFORMATION				
US Citizen? <input type="checkbox"/> Yes - list city, state, county where born	US Citizen? <input type="checkbox"/> No - give country of citizenship			
Type of Visa/Expiration Date	Resident Alien ID Number (if applicable) Attach copy			
Texas Resident <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete below	<input type="checkbox"/> If less than 12 months, prior residence			
County of residence? _____ Months? _____	Street _____		City, State _____	
If you have been employed in the last 12 months, provide the following information:				
Employer _____	City/State _____	Dates _____		
Employer _____	City/State _____	Dates _____		
Within the last 12 months, have you been a student at an institution of higher education? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> part-time or <input type="checkbox"/> full-time Institution _____				
Applicants whose residence status is not clearly established should complete a Residence Questionnaire (available from the Registrar's office) so that your residence status may be accurately defined/identified in advance of initial enrollment.				
Have you previously applied for admission to UTHSCSA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes list below:				
School/Program(s) _____	Date(s) of Application _____			

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 and their spouses and dependents are eligible to pay tuition at the resident rate regardless of the 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 Reserve duty
 Note: Military personnel must furnish a copy of orders to the Registrar two weeks in advance of registration if accepted for admission. Dependents must furnish a copy of orders and birth certificate/marriage license as applicable.

Applicant (Last Name) _____

(First Name) _____

III. Work/Life Experience

A. Scholastic Achievement (as of May 2009)

Highest degree attained _____ Major _____

Institution where degree earned _____ Year _____

High school attended (city, state/country) _____

B. Language skills other than English

_____ (circle one) Beginning Intermediate Proficient
Language

_____ (circle one) Beginning Intermediate Proficient
Language

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.

C. Program Choice (check one only)

- I prefer to be considered for the Laredo student cohort.
 I am willing to be considered for the Laredo cohort, but prefer San Antonio.
 I prefer to be considered for the San Antonio program only.

D. Personal Statement

Please attach a statement (double spaced, 12-font, 1-inch margins – no more than one page in length) as a response to the following: **Please state how your goals match those of the UTHSCSA PA Program.**

IV Signature (Unsigned applications will NOT be considered)

UTHSCSA will not evaluate your application until both the CASPA application and this 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: <http://www.uthscsa.edu/sah/pastudies/applicantinfo.html>.

Further:

I understand that the Admissions Committee cannot make any decision regarding my application until the CASPA application, transcripts for all courses taken through the fall 2008 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 Allied Health 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 my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

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

Date

Signature (required)

Mail this supplemental application and required \$45 fee (check or money order ONLY – payable to UTHSCSA) to:

Allied Health Registrar
7703 Floyd Curl Drive, MC 7702
San Antonio, Texas 78229-3900
210-567-2660

Deadline is October 1, 2008

Waiver Request

All **Program Prerequisites** must be completed no later than the fall 2008 semester. Applications missing prerequisite coursework will NOT be considered further. If you feel you have extenuating circumstances that should be considered, please complete the appropriate waiver request form (included in this application packet).

NOTE: you do NOT need to complete/submit waiver forms if you are not requesting a waiver.

Applicant (Last Name)

(First Name)

Submit this form ONLY if you are missing coursework listed below.

This form must be completed by all applicants who are missing any of the coursework below. Applicants who have their degree annotated on the transcript sent to CASPA should submit this form only. Applicants who have a degree in progress that will be completed no later than May of the year of matriculation must submit this waiver request as well as a letter from their Registrar or school counselor (on school letterhead) indicating that you are degree eligible and your anticipated date of graduation.

**The University of Texas Health Science Center at San Antonio
PHYSICIAN ASSISTANT STUDIES PROGRAM**

REQUEST FOR WAIVER OF CORE CURRICULUM PREREQUISITES

Pursuant to my application for admission to The University of Texas Health Science Center at San Antonio Physician Assistant Studies Program, I make the following statements:

Undergraduate degree _____

Date awarded _____

Institution _____

I understand the following courses are required for admission to the PA Studies Program

- English - 3 hours
- English Composition - 3 hours
- United States History - 6 hours
- United States Government - 3 hours
- Texas Government - 3 hours
- College Algebra or higher math - 3 hours
- Visual/Performing Arts - 3 hours
- Humanities - 3 hours
- Electives - 25 hours

I hereby request to waive any/all of the above listed coursework.

I understand that by requesting this waiver, I will be **ineligible** to receive the Bachelor of Science in Health Care Sciences (BSHCS) degree from The University of Texas Health Science Center at San Antonio. The BSHCS is awarded to students in the PA Studies program upon successful completion of the first 12 months of didactic study who satisfy the above requirements. This waiver in no way jeopardizes my progression in the program and on satisfactory completion of the full curriculum and with faculty approval I will be awarded the Master of Science in Physician Assistant Studies.

Applicant Signature/Date

Witness Signature

Witness name (print)

Witness Relationship to Applicant

NOTE: If you will graduate at the end of the fall semester of the application period, or the spring semester of the year of matriculation, you must **attach a letter from your school registrar or school counselor (on school letterhead)** stating that you are degree eligible and your anticipated date of graduation.

Applicant (Last Name)

(First Name)

Submit this form ONLY if you are missing coursework listed below.

All Program Prerequisites listed below are required to be completed no later than the fall semester of the application period. Applications missing Program Prerequisite coursework will not be considered for interview and subsequent selection. Planning to take the course in the Spring semester following the close of the application period is not an acceptable reason for requesting a waiver. Rarely, there are extenuating circumstances and/or an applicant has exceptional experience that should be taken into consideration in the selection process. This form must be completed and submitted along with your application when requesting a waiver for Program Prerequisites. Please attach as much documentation as possible to help us in making our decision.

**The University of Texas Health Science Center at San Antonio
PHYSICIAN ASSISTANT STUDIES PROGRAM**

REQUEST FOR WAIVER OF PROGRAM PREREQUISITES

Pursuant to my application for admission to The University of Texas Health Science Center at San Antonio Physician Assistant Studies Program, I make the following statements:

I understand the following courses are required of ALL applicants for admission to the PA Studies Program and must be completed no later than the fall semester of the application period:

- General Biology I and II - 8 hours
- General Chemistry I and II - 8 hours
- Human Anatomy - 4 hours
- Human Physiology - 4 hours
- Microbiology - 4 hours
- Organic Chemistry - 4 hours
- Introduction to Psychology - 3 hours
- Introduction to Statistics - 3 hours

I hereby request to waive the following coursework with the understanding that most requests for missing prerequisite coursework will be DENIED.

COURSE _____

Justification _____

Attach additional pages/information as necessary.

I understand that by requesting this waiver, if any coursework waived is also required as Core Curriculum, I will be **ineligible** to receive the Bachelor of Science in Health Care Sciences (BSHCS) degree from The University of Texas Health Science Center at San Antonio. The BSHCS is awarded to students in the PA Studies program upon successful completion of the first 12 months of didactic study who satisfy the above requirements. This waiver in no way jeopardizes my progression in the program and on satisfactory completion of the full curriculum and with faculty approval I will be awarded the Master of Science in Physician Assistant Studies.

Applicant Signature/Date _____

Witness Signature _____

Witness name (print) _____

Witness Relationship to Applicant _____