



Health Care Experience Verification Form

Information:

A minimum of 1000 direct patient contact hours are required for application. Patient care experience will be evaluated based on the type of experience and the number of hours in a clinical setting.

1,000 hours of patient care experience must be completed no later than September 1. Preference will be given to candidates who have direct patient care experiences that required a prior period of training based on the length and rigor of the required training.

Qualifying patient care experiences include but are not limited to: military corpsmen, paramedic, EMT, combat medic, registered nurse (RN), licensed practical nurse (LPN), certified nursing assistant (CNA), surgical technician, EEG or EKG technician, emergency room technician, medical assistant (MA), respiratory therapist, radiologic technician, registered dietitian, phlebotomist, lab technician, dental hygienist, x-ray technician, physical/occupational therapist, physical therapy aide, medical social worker*, mental health counselor, ophthalmic technician, chiropractic assistant*, ABA behavioral technician*, athletic trainer, exercise physiologist, health and wellness consultant in clinical setting, medical scribe.

**These experiences will be evaluated on a case-by-case basis.*

Clerical duties for any organization, transporter (orderly), veterinarian work, medical answering service, ward secretary, massage therapist, dental assistant, in-home care assistant (personal caregiver for ill family member), shadowing, pharmacy tech, pharmaceutical sales, and student clinical experience/internships are not accepted towards the 1,000 hour requirement.

Instructions:

PA Program student should complete the student section of this form and then is required to obtain the appropriate signature on the form. Once the hours are verified by signature, it MUST be uploaded into CASPA into "Program Documents" by the student or returned to the GWU PA Program by email (paadmissions@gardner-webb.edu) or fax (704.406.2370).



GARDNER-WEBB UNIVERSITY
PHYSICIAN ASSISTANT STUDIES

Health Care Experience Verification Form

Student Name: _____

Date of Birth: _____ CASPA ID Number _____

Facility Name: _____ Facility Phone Number: _____

Facility Address _____

Dates of Clinical Experience _____ Total Hours _____

Description of experience and/or duties and responsibilities _____

By signing, I authorize any person or organization to provide relevant information and opinions that may be useful in making an acceptance decision. I release such persons and organizations named in this form from any legal liability in making such statements.

Student Signature

Date

TO BE COMPLETED BY SUPERVISOR or HR REPRESENTATIVE

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

Supervisor Signature _____ Print Name _____

Date _____ Email _____ Phone _____

Additional Comments: _____

Thank you for contributing to the application process for future Physician Assistants. Please return this form to the applicant when completed. Comments, questions, or concerns regarding the student's potential as a PA may be directed to (704)406-2017 or paadmissions@gardner-webb.edu.