

Physician Assistant Studies Direct Patient Care Hours Record or PA Shadowing Hours Record

This form MUST be completed and signed by the health care professional who supervised/observed the direct patient care experiences or PA shadowing activities. Once signed, upload and submit the completed form(s) with your CASPA application.

Applicant Last Name	Applicant First Name		Applicant Middle Name
CASPA ID #			
complete and document	t a minimum of 500 hours ((paid and/or volunteer) o	sistant Studies Program MUST f direct patient care experience by must also be documented.
Practice or Facility Name			
Street Address			
City	State		Zip Code
Supervisor's Name	Title		Supervisor's Email
Dates: To:		Total number of hours: *Worked:	*Shadowed
Signature of Supervisor		Date:	

NDMU PA Studies: 4701 N. Charles St Baltimore, MD 21210 Knott Building - Room 328