



**Mark B. Adams Post
Graduate Physician
Assistant Surgical Program**

Department of Surgery
9200 West Wisconsin Avenue Ste 3510
Milwaukee, WI 53226

Phone: (414) 805-9427
Fax: (414) 259-9225
E-mail: surgeryed@mcw.edu

Date of Application: _____

PERSONAL

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

Current Address (Street) City and State Zip Code Telephone Number:

Permanent Address (Street) City and State Zip Code Telephone Number:

Social Security Number: _____ E-mail Address: _____ Cell Phone Number: _____

U.S. Citizen Registration Number or Type of Visa Military Status:

Yes No

Education And Training – Attach additional pages if necessary

P.A. School Name and Address / Month and Year Graduated:

College(s) Year Graduated and Degree:

NCCPA Certification Eligible: _____ Date Certified: _____ Certificate Number: _____
 Yes No



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REFERENCES: List three professional references. Please have them send personal letters of recommendation on professional letterhead under separate cover.

1. Name of P.A. Program Director or Clinical Coordinator / Telephone Number:

Address (Street) City and State Zip Code:

2. Name / Telephone Number:

Address (Street) City and State Zip Code:

3. Name / Telephone Number:

Address (Street) City and State Zip Code:

Printed Name: _____ Date: _____

Signature: _____

Important: Completion of your application requires receipt by us of ALL components of the application (see below).

<p>Components of Application:</p> <ul style="list-style-type: none">• Completed application form (signed)• Current resume• <u>All</u> College and PA program transcripts (official copies forwarded directly from the schools)• Three current professional letters of recommendation – one from your PA Program Director or Clinical Coordinator – mailed directly to Admissions Committee• Official copy of NCCPA <u>scores</u> – sent directly from NCCPA• A one-page typewritten narrative stating why you are interested in becoming a Surgical PA	<p>Send to:</p> <p>Admissions Committee Medical College of Wisconsin Mark B. Adams Post Graduate Physician Assistant Surgical Program Department of Surgery 9200 West Wisconsin Avenue Ste. 3510 Milwaukee, WI 53226</p> <p>Phone: (414) 805-9427 Fax: (414) 259-9225 E-mail: surgeryed@mcw.edu www.mcw.edu/pgpaprogram</p>
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