Trinity Health IHA Physician Assistant

Hospital Medicine Post-Graduate Fellowship Application

General Information

Date of Application: _____

Full Name: _____

Previous Last Name (if applicable): _____

Preferred Name: _____

Current Address: _____

_____

**Please note Present Mailing Address if different than above.

Email Address: _____

Birth Date: _____

Birthplace: _____

Citizenship: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Military Service: Yes, Branch: _____ No ☐

Misdemeanor or Felony Conviction: Yes ☐ No ☐

Physical Limitations: Yes ☐ No ☐

If yes, please explain: _____

Medical Licensure/Education

Undergraduate Degree

Name of Institution: _____

Degree: _____

Start Date: _____. Graduation Date: _____

PA School

Name of Institution: _____

Degree: _____

Start Date: _____ Graduation Date/Expected: _____

PA School Honors and Awards: _____

Memberships in Professional Societies: _____

_____

BLS: Yes ☐ No ☐ Expires: _____

ACLS: Yes ☐ No ☐ Expires: _____

PALS: Yes ☐ No ☐ Expires: _____

NCCPA Certification: Yes ☐ No ☐ Number: _____

If no, NCCPA Board Scheduled Date: _____

Michigan PA License: Yes ☐ No ☐ Number: _____

Michigan PA Controlled Substance License: Yes ☐ No ☐ Number: _____

DEA License: Yes ☐ No ☐ Number:_____

Have you ever been named in a malpractice suit? Yes ☐ No ☐

If yes, please explain: _____

Three Letters of Recommendation

Three letters of recommendation will be requested to be sent from the author via email.

PA Program Director, Name: _____

Email: _____ Phone: _____

Internal/Family Medicine Preceptor (MD/DO/PA/NP), if you had an inpatient rotation then please provide their information. If there is no inpatient rotation, then please provide outpatient information

Name: _____

Email: _____ Phone: _____

Clinical rotation preceptor (MD/DO/PA/NP), Name: _____

Email: _____ Phone: _____

Please attach the following documents with the submission of this application

- CV including cover letter, clinical rotations, prior employment, publications, volunteer, awards/accomplishments
- Copy of your AHA ACLS/BLS certification
- Color Photo

If accepted into the PA fellowship program, the following information will be requested for submission:

- Copy of Diploma from ARC-PA Accredited University/Program
- Transcript from ARC-PA Accredited University/Program
- Copy of proof of NCCPA Board Certification
- Copy of VALID Michigan PA License
- Copy of VALID Michigan PA Controlled Substance License
- Copy of VALID DEA license

Certification

I certify that the above information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration of a position and may result in further investigation. It may additionally disqualify me from further employment and result in termination from the program.

Signature: _____

Date: _____

Please submit your completed application and all required supporting documents to the email addresses listed below.

Kristin Burczyk, PA-C

Stacey Day, PA-C

Kristin_Burczyk@ihacares.com and Stacey_Day@ihacares.com