



Dear Prospective Applicant:

Thank you for your interest in the Norwalk Hospital/Yale PA Surgical Residency Program. I am enclosing an application and a brochure.

The PA Surgical Residency is a 12-month postgraduate certificate program for NCCPA eligible/certified Physician Assistants who will hold a Bachelor's degree minimum by the start of the residency year. To complete your application, please forward the following by March 15th:

- Completed application form
- Current resume
- All 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 or forwarded to you in a sealed, signed envelope to be included with your application form
- Official copy of NCCPA scores (if certified) – sent directly by e-mail from NCCPA
- A one page typewritten narrative stating why you are interested in becoming a Surgical PA
- Check for \$25 payable to “PA Surgical Residency” to cover the application processing fee.

The application deadline is March 15th each year for September entry to the program. As application files are completed, they will be reviewed and selection will be made for formal interview. If you have any questions regarding the program and/or the admissions process, please feel free to contact me.

Sincerely,

Ginny Hilton, PA-C
Program Director

Enclosures



APPLICATION FOR PHYSICIAN ASSISTANT SURGICAL RESIDENCY PROGRAM

Important: Completion of your application requires receipt *by us* of ALL components of the application as noted in the cover letter. **Deadline: March 15.**

Send to: Admissions Committee

Norwalk Hospital/Yale PA Surgical Residency Program
 24 Stevens Street, Norwalk, CT 06856
 E-mail: surpares@norwalkhealth.org
 Phone: (203) 852-2188 Fax: (203) 852-2384

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MI.	DATE OF BIRTH (MM/DD/YY)	GENDER MALE FEMALE	
CURRENT ADDRESS (NUMBER AND STREET)			APT. NO	CITY	STATE	ZIP CODE	
MOBILE NUMBER			HOME NUMBER		EMAIL ADDRESS		
SOCIAL SECURITY NUMBER	U.S.CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, REGISTRATION NUMBER OR TYPE OF VISA			MILITARY STATUS	

EDUCATION AND TRAINING

P.A. SCHOOL NAME(S)	ADDRESS	MONTH AND YEAR GRADUATED (OR EXPECTED, WITH DATE)
1.		
2.		

COLLEGE(S) AND GRADUATE SCHOOL(S)	DEGREE	YEAR GRADUATED
1.		
2.		
3.		
4.		

NCCPA CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, ELIGIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE CERTIFIED	CERTIFICATION NUMBER
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REFERENCES – List three professional references including one from your PA program Administration. Letters must be on professional letterhead under separate cover.

NAME OF P.A. PROGRAM DIRECTOR OR CLINICAL COORDINATOR	TELEPHONE NUMBER	EMAIL ADDRESS		
ADDRESS (NUMBER AND STREET)	BLDG/SUITE	CITY	STATE	ZIP CODE

NAME OF REFERENCE	TELEPHONE NUMBER	EMAIL ADDRESS		
ADDRESS (NUMBER AND STREET)	BLDG/SUITE	CITY	STATE	ZIP CODE

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ADDRESS (NUMBER AND STREET)	BLDG/SUITE	CITY	STATE	ZIP CODE

SIGNATURE OF APPLICANT	DATE
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