



**Iowa Emergency Medicine
Physician Assistant Residency Program**

Application Form

Fill out form online, then print completed form.

Last Name: _____ **M.I.** _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

PA School: _____ **Graduation Date:** _____

*Please list three Professional/Academic references. Select references that are best qualified to vouch for your character and professional qualifications. **IMPORTANT: Please inform your references that we will contact them directly and send them a Letter of Recommendation Form.***

1. **Name:** _____ **Title:** _____

Institution/Company: _____

Address & Zip: _____

Phone: _____ **email:** _____

2. **Name:** _____ **Title:** _____

Institution/Company: _____

Address & Zip: _____

Phone: _____ **email:** _____

3. **Name:** _____ **Title:** _____

Institution/Company: _____

Address & Zip: _____

Phone: _____ **email:** _____

Send application form along with the other required documents to:

Iowa Emergency Medicine PA Residency Program

Attn: Admissions Committee
University of Iowa Hospitals & Clinics
200 Hawkins Dr., 1008 RCP
Iowa City, IA 52242
fax: (319) 356-1138

REQUIRED DOCUMENTS	
Send with Application Form:	Sent by Institute/References:
<ul style="list-style-type: none"> • Curriculum Vitae • One-page Personal Statement • \$50 application fee (waived if UI PA student) Make checks payable to UIHC Dept. of Emergency Medicine 	<ul style="list-style-type: none"> • PA School Transcripts • 3 Letters of Recommendations