



Department of Physician Assistant Studies

Name: _____

Address: _____

A minimum TOTAL of 50 hours of shadowing/direct patient health care experience in a health care setting is required of all students entering their 1st year. In order to document this experience, this form MUST be completed in full by the health care professional who supervised the shadowing or direct health care experience.*

Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name and Title: _____

Supervisor's Phone/Contact Number: _____

Type of shadowing / direct health care experience: _____

Dates: From: _____ To: _____ Total Number of Hours: _____

Please evaluate the student form 1 (lowest) to 5 (highest) on the following:

Table with 5 columns (1-5) and 4 rows (Dress, Promptness, Follows instructions, Attitude to learn)

Signature of Supervisor and Date: _____

Please return completed form prior to start of fall classes to: University of the Sciences in Philadelphia Box 27- Undergraduate PA Program 600 South 43rd Street Philadelphia, PA 19104

*If you volunteered/observed at more than one (1) facility, a duplicate of this form may be substituted for each facility.

Approval of Undergraduate Pre-PA Studies Director: _____ Hours qualify as: Shadowing/Direct Pt Care: _____ ; OR Community Service Volunteering: _____