

PA Surgical Residency Program - Application

PERSONAL INFORMATION

| | | | |
|--|-------------------------|--|----------------------|
| Last Name | First Name | Middle Name | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Address | City & State | Zip Code | Telephone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email Address | | U.S. Citizen | |
| <input type="text"/> | | <input type="text"/> | |
| Have you ever been convicted of a felony? | | If yes, please explain further on separate sheet. | |
| <input type="text"/> | | <input type="text"/> | |

EDUCATION & TRAINING

| | |
|----------------------|--|
| College(s) | Month/Year Graduated & Degree Conferred |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| P.A. School | Month/Year Graduated or Expected |
| <input type="text"/> | <input type="text"/> |

REFERENCES

LORs from faculty & preceptors of training program preferred. One of three letters must be from current or previous program director or department head. If still enrolled in P.A. school at time of application, the letter from your program director or department head must specify if you are in good standing with the program and are on track to graduate. **Please ask your writers to send their letter to the email or address listed on the application.**

| | |
|---|----------------------|
| Name | Email Address |
| <input type="text"/> | <input type="text"/> |
| Relationship to recommender (i.e. Program director, supervisor, program faculty, etc.) | |
| <input type="text"/> | |
| Name | Email Address |
| <input type="text"/> | <input type="text"/> |
| Relationship to recommender (i.e. Program director, supervisor, program faculty, etc.) | |
| <input type="text"/> | |
| Name | Email Address |
| <input type="text"/> | <input type="text"/> |
| Relationship to recommender (i.e. Program director, supervisor, program faculty, etc.) | |
| <input type="text"/> | |

Please also enclose with this application:

- Resume/CV
- Copy of P.A. Certification (if applicable)
- Personal Statement/Statement of Interest
- 3 letters of recommendation, including a statement of good standing if currently enrolled
- P.A. School Diploma* & Transcripts (unofficial)

Please sign your name & date below if you agree with the following:

All information I have provided with this application is current and to the best of my knowledge true.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Please return all application materials via E-MAIL or MAIL to:

Cameron Ghalayini, Program Coordinator
Email: Cameron.Ghalayini@surgery.ufl.edu

UF Department of Surgery, Surgery Education Suite,
1600 SW Archer Road, PO Box 100287
Gainesville, FL 32610-0287