

**University of Alabama at Birmingham
Physician Assistant Program
Supplemental Application**

The supplemental application is designed to provide the Physician Assistant Program Selection Committee with information specific to the UAB PA program. It also allows applicants to notify the committee of updates and explain any deficiencies that may exist in the application. **Please note that there is a \$75 fee to process the supplemental application.**

Last Name	First Name		CASPA ID#	
Street Address		City	State	ZIP
Email		Phone		

Select one of the following.

- This application is for the Master of Science in Physician Assistant Studies Program (MSPAS)
 This application is for the Master of Science in Physician Assistant Studies **and** the Master of Public Health Degree Program (MSPAS/MPH)

List all degrees held. If you have not yet completed a bachelor's degree, then please list your expected graduation date.

Type of Degree	Major-Minor Concentration	College or University Name	Accreditation Body	MM/YYYY
			Select Accreditation Body	
			Select Accreditation Body	
			Select Accreditation Body	

Have you attended UAB before? Select Yes or No **Are you an Alabama resident?** Select Yes or No

GRE Verbal %	GRE Quant. %	GRE Analytical %	GRE Date	MCAT Score	MCAT Date

Have you ever been convicted of a felony or misdemeanor other than routine traffic citations? Select Yes or No

If yes, please indicate the nature of the offense and date of conviction below.

Type of Offense	Date of Conviction	City/County/State

Prerequisite Courses

Provide prerequisite coursework information in the table below to indicate the courses you have completed or your plan to complete these prior to matriculation into the program.

Course	Course Prefix	Course Number	Course Title	Status	Term	Year	Hours	Grade	Office Use
Intro Psychology				Select Status					
Abnormal or Developmental Psychology				Select Status					
Chemistry 1 (Lab)				Select Status					
				Select Status					
Chemistry 2 (Lab)				Select Status					
				Select Status					
Biology 1 (Lab)				Select Status					
				Select Status					
Biology 2 (Lab)				Select Status					
				Select Status					
Anatomy or A&P 1 (Lab)				Select Status					
				Select Status					
Physiology or A&P 2 (Lab)				Select Status					
				Select Status					
Microbiology (Lab)				Select Status					
				Select Status					
Statistics (highest level) (Lab)				Select Status					
				Select Status					

List any additional coursework that you wish to highlight.

Course Content	Course Prefix	Course Number	Course Title	Term	Year	Hours	Grade	Office Use

Applicants for the MSPAS/MPH Dual Degree Program, please complete the following:

Will all prerequisite coursework be completed by December? Select Yes or No

Will your bachelor degree be completed by December? Select Yes or No

Please provide any additional information that you wish the admissions committee to consider regarding the prerequisites or your academics. Include information about any deficiency in the pre-requisite courses, including a grade of "C" or less. Please comment on how you have rectified any deficiencies. Use Appendix A if additional space is needed.

If you have received additional awards, certificates, or other achievements since filing your CASPA application, or have additional comments that you want the admissions committee to consider, please list them below. Use Appendix A if additional space is needed.

Please use Appendix A to tell us why attending the ***UAB Physician Assistant Program*** is important to you. (Applicants for the MSPAS/MPH program should describe why the dual program is important.)

Printed Name _____

Signature _____

Date _____

By signing and/or submitting this application, you are stating that all information contained herein is true and accurate to the best of your knowledge. Failure to provide truthful and/or accurate information can result in rescinding of admissions offers and/or dismissal from the program.

Please PRINT and SEND this supplemental application, along with a \$75 check or money order made out to UAB Physician Assistant Program, to the address listed below.

Physician Assistant Program
Attn: CDS Admissions
1720 Second Avenue South
SHPB 437
Birmingham AL 35294-1212

