

**Michael E. DeBakey Veterans Affairs Medical Center  
Physician Assistant Residency in Geriatric Medicine**

**Application**

<p><b>Return Application To:</b></p> <p><i>E-mail</i> (Preferred, when applicable): <a href="mailto:Michael.J.Anderson@VA.gov">Michael.J.Anderson@VA.gov</a></p>	<p><i>US Mail, FedEx or other delivery service:</i> Michael J. Anderson, PA-C Director, Physician Assistant Residency in Geriatric Medicine Michael E. DeBakey VA Medical Center 2002 Holcombe Blvd, Mail Code ECL-110 Room 2C-110 Houston, TX 77030</p>
<p><b>Questions may be addressed to:</b></p> <p>Michael J. Anderson, PA-C Residency Director 713-794-7375 <a href="mailto:Michael.J.Anderson@VA.gov">Michael.J.Anderson@VA.gov</a></p>	<p><u>Notes:</u></p> <ul style="list-style-type: none"> <li>• Prior to beginning the program, applicants must graduate from an ARC-PA accredited program</li> <li>• Applicants must be US Citizens</li> <li>• A personal essay is required</li> <li>• Residency is affiliated with Baylor College of Medicine</li> </ul>

Begin:  January 2, 2022

**Early application is encouraged.**

- Applications accepted beginning March 1, 2021.
- Interviews and admission decisions begin April 5, 2021.
- **Application deadline: May 31, 2021**
- Admission decisions are on a ROLLING BASIS.

<p>Name:            Last    First    Middle</p>	<p>Present Address</p>
<p>Telephone</p>	<p>Birth date    MM/DD/YYYY</p>
<p>e-Mail</p>	<p>Name, phone, &amp; email of someone always able to contact you.</p>
<p>Permanent Home Address</p>	
<p>Do you have any conditions which might impair your participation in this program? If so, please describe.</p>	
<p>Have you ever used any other name(s)? If so, please provide those names.</p>	

**PROFESSIONAL REFERENCES:**

- Please request two (2) professional letters of evaluation to be mailed to the address above.
- It is encouraged that one letter be from the PA Program Director.
- Please request that evaluators comment on academic and personal attributes including judgment, industry, interpersonal relations, capacity to assume responsibility and professional ethics.

<p>Reference 1</p>	<p>Title</p>
<p>Reference 2</p>	<p>Title</p>

**PERSONAL STATEMENT**

A personal essay is required, including personal motivations and professional goals.

**EDUCATION and EXPERIENCE** (attach additional sheet(s) if necessary):

High School			
Name:		Degree:	
Address:		From:	
City, State Zip:		To:	

College			
Name:		Degree:	
Address:		From:	
City, State Zip:		To:	

PA Program			
Name:		(Exp. Grad. Date):	
Address:		From:	
City, State Zip:		To:	
MS or PhD Included?		Research or Thesis Topic, if applicable:	

Previous Residency (if applicable)			
Program:		From:	
Degree(s):		To:	
Field(s):			

Graduate School (if applicable)			
College:		From:	
Degree(s):		To:	
Field(s):			

Practice or Other Clinical Experience			
<i>Use additional sheet if necessary.</i>			
Location:		From:	
Type:		To:	
Location:		From:	
Type:		To:	

Complete Licensing History (if applicable)			
<i>Use additional sheet if necessary.</i>			
State	Type (Full, Standard, Limited, Restricted, etc.)	Status	Dates

<b>Have you ever:</b>	
<input type="checkbox"/> Been denied a license <input type="checkbox"/> Had a license revoked or suspended <input type="checkbox"/> Had other licensure issues <input type="checkbox"/> Been reported to National Provider Database <input type="checkbox"/> Had your Scope of Practice limited	<input type="checkbox"/> Been denied hospital privileges <input type="checkbox"/> Had hospital privileges limited or suspended <input type="checkbox"/> Been disciplined for academic performance or professional conduct by ANY institution or training program
If any of the above apply or there are other issues of which the residency should be aware, please attach an additional sheet with explanation.	

NCCPA Certification or Eligibility: (list certification number or date you will be able to take your PANCE)

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Membership in Honorary or Professional Societies, prizes, awards, fellowships, etc. (attach extra sheet if necessary)

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Publications and Faculty Appointments: If applicable, please list publications and/or faculty appointments on a separate sheet or include in CV. (attach extra sheet if necessary)

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**CHECKLIST**

The following required items are attached or completed:

- Transcript from PA Program requested to be sent to address on first page
- Transcript from any other graduate-level programs attended was requested to be sent
- Documentation of NCCPA certification, if applicable
- CV, if it includes information not included elsewhere in this application packet
- TWO letters of recommendation requested to be sent
- Personal statement

Proof of US citizenship will be required prior to acceptance into program. *Please do not send citizenship documentation at this time.*

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Following the receipt of all documents, competitive applicants will be invited to participate in an interview.

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I certify that to the best of my knowledge the above information is accurate and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_