

**Anne Arundel Community College
Physician Assistant Program
Supplemental Application
Class of 2012**

Please read the instructions and review the application before filling it out. All submitted application materials become the property of Anne Arundel Community College and cannot be returned. Faxed applications will not be accepted.

I. PERSONAL INFORMATION

Social Security Number: _____

Name: _____
(Last) (First) (Middle or Maiden)

Address: _____
Street Address, P.O. Box, Apt. #, Suite # City State Zip

Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

Employer Information & Job Title: _____

II. APPLICATION STATUS / SUPPLEMENTAL DOCUMENTATION

- I am a first-time applicant If re-applying, please give the year of last application: _____
 I am a re-applicant to the program
 Applicant checklist is attached

III. AACC COLLEGE ADMISSION APPLICATION

Visit www.aacc.edu/admissions to complete. The code for the PA certificate program is: A.A.GEN.PA

- I have completed the college admissions application in the past
 I recently completed the college admissions application on this date: _____

Please do not send this application or transcripts if you have NOT completed the College Application

IV. FOREIGN MEDICAL GRADUATES / INTERNATIONAL STUDENTS

Transcripts have been evaluated by: _____ Date of Evaluation: _____

- AACRAO American Association of Collegiate Registrars
 ECE Educational Credential Evaluators
 WES World Education Services

V. TOEFL (if applicable)

Date TOEFL Test Taken: _____ Score: _____

VI. PRE-REQUISITE COURSE WORK REQUIRED:

AACC COURSE EQUIVALENT	COLLEGE ATTENDED, COURSE TITLE, COURSE #	SEMESTER YEAR	GRADE	CREDITS
BIO 233 Anatomy & Physiology I 4 Credits with Lab				
BIO 234 Anatomy & Physiology II 4 Credits with Lab				
BIO 223 General Microbiology 4 Credits with Lab				
CHE 111 General Chemistry or CHE 113 Fundamentals of Organic and Biochemistry or CHE 115 General, Organic and Introduction to Biochemistry or CHE 213 Organic Chemistry I or CHE 214 Organic Chemistry II 4 Credits with Lab				
PSY 111 Introduction to Psychology or PSY 211 Developmental Psychology 3 Credits				

VII. COLLEGES AND UNIVERSITIES ATTENDED:

Please list all institutions of higher education attended. If you require additional space, please use a separate sheet and attach to this application.

COLLEGE / UNIVERSITY	DATES ATTENDED DEGREE EARNED	QUALITY POINTS AWARDED	CREDITS EARNED	GPA

- All Official (stamped, sealed and unopened) transcripts and Official (stamped, sealed and unopened) evaluations by WES, AACRAO & ECE, if applicable, are submitted with this application.**
(If this box is NOT checked, please hold this application until you have received all official transcripts or check the box below.)
- The following Official transcripts and/or Official evaluations will be directly sent to AACC**
(Transcripts Request Form enclosed):

VIII. SIGNATURE:

Unsigned applications will be returned to the applicant. The AACC-PA program will not evaluate an applicant until we have the complete CASPA application, an AACC admission application on file, and PA Program supplemental application. By signing this supplemental application, you are certifying that:

- All of the information submitted is accurate and complete to the best of your knowledge.
- You understand that final acceptance into the PA program shall be contingent upon satisfactory completion of a criminal background check and satisfactory completion of a health examination record.
- You have read and understand the Technical Standards document that details the duties and capabilities required of a student in the AACC Physician Assistant program.
- You understand that employment while enrolled in the physician assistant course sequence is NOT recommended.
- You understand that clinical site assignments can require travel, which may exceed a 100-mile radius from the college, and that reliable transportation to and from clinical sites is required and that it is your responsibility.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Applicant (required)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> Date
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The supplemental application fee of \$25.00 (check or money order) made payable to Anne Arundel Community College Physician Assistant Program (AACC-PA Program) **MUST** accompany this application.

Application Deadline: September 1, 2009

Mail the Supplemental Application and supporting materials to:

**Anne Arundel Community College
 Health Professions Admissions Office
 School of Health Professions, Wellness and Physical Education
 FLRS 306B
 101 College Parkway
 Arnold, MD 21012**

ADDENDUM: BACKGROUND INFORMATION

The Anne Arundel Community College Physician Assistant Program reserves the right to revise the admission requirements, selection criteria, and administrative procedures as deemed necessary without prior notification.

AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Service, 410-777-2306 or Maryland Relay 711, 72 hours in advance or email dss@aacc.edu to request special accommodations. For information regarding Anne Arundel Community College's compliance and complaints concerning discrimination or harassment, call Karen L. Cook, Esq., AACC's federal compliance manager at 410-777-7370 or Maryland Relay 711.

YES	NO	QUESTION If "yes", submit in a sealed envelope. Attention: Tammie Neall, FLRS 306B
		<ul style="list-style-type: none"> Were you ever disciplined for any academic or conduct issue by any college, university, or any other educational institution such as, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes to any question herein provide a written explanation and all relevant documents and information.
		<ul style="list-style-type: none"> Have you ever been convicted of a crime or driving while intoxicated or impaired (either by alcohol or drugs)? If your answer is yes to any question herein provide a written explanation and all relevant documents and information.
		<ul style="list-style-type: none"> Have you ever surrendered a professional or drivers license or had such a license, certification, registration, or clinical privileges revoked, suspended, or in any way restricted by an institution, state, or locality? If your answer is yes to any question herein provide a written explanation and all relevant documents and information.
		<ul style="list-style-type: none"> Have you ever been convicted of a felony or misdemeanor? If your answer is yes to any question herein provide a written explanation and all relevant documents and information.

NOTE: Licensing boards for certain health care occupations, including Physician Assistant, may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact the Maryland Board of Physicians www.mbp.state.md.us/.

I certify that the information on this application is true and accurate to the best of my knowledge. Falsification or misrepresentation of my address and/or grades may result in being denied admission to the program. I understand that final acceptance into the PA program shall be contingent upon satisfactory completion of a criminal background check and satisfactory completion of a health examination record.

Signature and Date (required): _____

IMPORTANT: A copy of your MD driver's license or government issued Photo I.D. must be attached to this application.