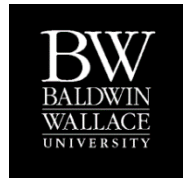


BALDWIN WALLACE UNIVERSITY
Physician Assistant Program – Master of Medical Science (MMS)
PA Shadowing Form



Submit form to: Admission Office, Baldwin Wallace University, 275 Eastland Road, Berea OH 44017
Fax 440-826-3830 paprogram@bw.edu

To be completed by the Applicant:

This section of form only is a fillable PDF. Options for completing: print and complete by hand or print after typing Applicant section; provide to the Physician Assistant for completing bottom section.

Applicant Last Name _____ **First Name** _____

Phone _____ **Email** _____

Physician Assistant Name _____

PA Employer _____ **Type of Practice** _____

Street Address _____

City, State, Zip Code _____

Shadowing Date(s) _____

Total Number of Hours _____

Describe your shadowing experience, types of patients seen, and the duties of the PA:

To be completed by the Physician Assistant:

I verify that _____ shadowed me as indicated above.
(Name of Applicant)

Signature _____, **PA-C** **Date** _____

Name (printed) _____, **PA-C**

NCCPA ID _____

Please check if interested (Ohio location only):

Yes, I am interested in being a preceptor for a BW PA student; contact me by
Phone: _____ **or Email:** _____