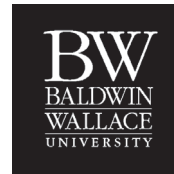


# BALDWIN WALLACE UNIVERSITY

## Physician Assistant Program – Master of Medical Science (MMS)

### Application Supplement Form



**To submit completed form: save and email to [paprogram@bw.edu](mailto:paprogram@bw.edu).**

(If you are using a Mac, please complete this form in Adobe Acrobat Reader and not Preview.

If you don't have the Acrobat Reader, you can download it at <https://get.adobe.com/reader/>.)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

#### PREREQUISITES

Candidates for the PA Program must complete all approved prerequisite courses as listed below. Please indicate when you completed these courses, or when you plan to enroll and complete them. Courses in a I & II sequence reflect semester courses, or a full year of that subject. If courses were taken as quarter credits, then three courses (i.e., a full year sequence) are required. For any courses retaken, include information for both enrollments.

Prerequisite Course	Type of Course	Course Number (e.g., ENG 100)	Term/Year (e.g., FA17, SP18)	University / College	Grade Earned
English Composition					
Statistics					
General Psychology					
General Biology I with lab	<input type="checkbox"/> Lecture OR <input type="checkbox"/> Lecture & Lab				
	Lab (if separate course number)				
General Biology II with lab	<input type="checkbox"/> Lecture OR <input type="checkbox"/> Lecture & Lab				
	Lab (if separate course number)				
General Chemistry I with lab	Lecture OR Lecture & Lab				
	Lab (if separate course number)				
General Chemistry II with lab	Lecture OR Lecture & Lab				
	Lab (if separate course number)				
Organic Chemistry with lab	<input type="checkbox"/> Lecture OR <input type="checkbox"/> Lecture & Lab				
	Lab (if separate course number)				
Microbiology with lab	<input type="checkbox"/> Lecture OR <input type="checkbox"/> Lecture & Lab				
	Lab (if separate course number)				
Anatomy & Physiology I with lab OR Anatomy w/ lab*	<input type="checkbox"/> Lecture OR <input type="checkbox"/> Lecture & Lab				
	Lab (if separate course number)				
Anatomy & Physiology II with lab OR Physiology w/ lab*	<input type="checkbox"/> Lecture OR <input type="checkbox"/> Lecture & Lab				
	Lab (if separate course number)				
Medical Terminology					

\*One full semester of human anatomy with lab and one full semester of human physiology with lab can replace the anatomy and physiology combined courses.

**FOR ALL PREREQUISITE COURSEWORK - COMPLETED, IN PROGRESS, AND PLANNED**

Were all courses and labs taken in traditional, in-person format? ☐ Yes ☐ No

If No, please list the course/s and a brief description of the format (i.e., hybrid, on-line, etc.); include the course number/s shown on the previous page of this form:

**DEGREE(S) EARNED / TO BE EARNED**

University / College	Degree	Major	Date

**ENROLLMENT INFORMATION**

1. Have you previously applied to Baldwin Wallace University? ☐ No ☐ Yes, Dates \_\_\_\_\_
2. Do you plan to apply for financial aid (FAFSA)? ☐ No ☐ Yes

**BACKGROUND INFORMATION**

1. Have you ever been found responsible for a disciplinary violation at any college you have attended, whether related to academic or behavioral misconduct that resulted in your probation, suspension, removal, dismissal or expulsion from the institution? ☐ No ☐ Yes
2. Have you ever been found guilty or convicted of a misdemeanor or felony that was not expunged or sealed? ☐ No ☐ Yes

*Note: Although students with an expunged record may be eligible for enrollment and clinical placement in BW's program, an expunged record may impact a student's eligibility to qualify for a professional license following completion of the program. Eligibility for a professional license varies by state and may be assessed on a case-by-case basis by the professional licensing board.*

3. Have you ever tested positive for drug or alcohol use on a urine drug screen? ☐ No ☐ Yes

If you answered 'Yes' to any of these BACKGROUND INFORMATION questions, please use the space below to give the approximate date and location of each incident, with explanation of the circumstances of each incident.

**REQUIRED ACKNOWLEDGMENT**

Please click on box to express agreement with statements and thereby allow for processing of your Application Supplement.

☐ I hereby certify that all information in my application is factually true and honestly presented. I understand that any misrepresentation may be cause for denial or cancellation of admission.

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