



Department of Physician Assistant Studies and Practice  
Rutgers, The State University of New Jersey  
675 Hoes Lane West, 6<sup>th</sup> floor  
Piscataway, NJ 08854-5635

<http://shp.rutgers.edu>  
p. 732-235-4445  
f. 732-235-4820

Dear Prospective Student:

Thank you for your interest in our Physician Assistant Program. This packet includes the following documents:

- Instructions for Applying
- Degree Track Sheet
- Application for Admission Questionnaire
- Recommendation Forms (3)
- Instructions for Recommendation Writer

Click on the link below to view the [Technical Standards](https://shp.rutgers.edu/admissions/rbhs-technical-standards/) for participating in the Program: <https://shp.rutgers.edu/admissions/rbhs-technical-standards/>

The deadline for submitting applications and all supporting documents is June 1<sup>st</sup>. You will receive an email notification when your application is received within 1 week of the program's receipt. You are also welcome to call the PA program to confirm receipt of your application.

Please contact this office at 732-235-4445 if any questions arise regarding your application. Best wishes with your plans to become a physician assistant.

Sincerely,

Rutgers PA Program



**RUTGERS**

School of Health Professions

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2024-2024 Application Cycle

3+3 Application Instructions

**I. COMPLETING YOUR APPLICATION**

Each of the underlined documents below (A-J) should be sent *together* in your application packet. Those documents *not* underlined may be sent separately. Follow each format carefully.

A. APPLICATION FORM

B. \$50 APPLICATION FEE Make check or money order payable to Rutgers University in the amount of \$50.00. This payment is *non-refundable*.

C. QUESTIONNAIRE Type your answers on a separate sheet of paper and list them consecutively. Use no more than one-half page for each question. Use extra pages as necessary and write your name on each added page.

D. THREE (3) LETTERS OF RECOMMENDATION IN SEALED, SIGNED ENVELOPES

1. You must use the enclosed Recommendation Forms.
2. A Recommendation Form must be included with each letter of recommendation for the recommendation to be accepted.
3. Complete Section I of each Recommendation Form. Be sure to sign the waiver before sending it to the recommender to complete.
4. To ensure that the Recommendation Form is filled out correctly and to avoid any delay of your application, please tear off the sections on the attached sheet (Instructions for Recommendation Writer) and submit along with the Recommendation Form to the recommendation writer.
5. DO NOT OPEN THE ENVELOPE. THIS WILL INVALIDATE THE RECOMMENDATION.

E. SAT SCORES

Submit SAT scores with your application if you have taken them. The institution code is 2765.

F. ACT SCORES

Submit ACT scores with your application if you have taken them. The institution code is 2592.

G. TRANSCRIPTS

The Program only accepts OFFICIAL transcripts. Copies and/or unofficial transcripts are not acceptable. NOTE: If a school refuses to mail your transcript directly to you, do not call this office. Request that it be mailed to the PA Program (see Section II) and clip a note to the front of your application listing which transcripts are being mailed separately.

A transcript from EVERY college, university, and professional school that you

attended, including the school(s) where courses were taken at the college level while in high school must be submitted, even if: a. the credits you earned at one school appear on the transcript of another school. b. you attended a school for only one semester. c. you withdrew from the school before completing a semester. d. you took only one course, which you completed, withdrew from, or failed. e. the credits you took were not relevant to any particular course of study. Note: If you completed a prerequisite course required for our program under a different title than what is outlined on our website or received Advanced Placement (AP) credits or have taken a CLEP exam, please forward a course description or AP/CLEP official documentation along with your application. Please note that the CLEP code for our institution is 2145. The above transcripts must remain in the original sealed envelope from the school or institution. **DO NOT OPEN THE ENVELOPE. THIS WILL INVALIDATE YOUR APPLICATION**

At the end of each semester after the applicant has submitted their application, the applicant is responsible for sending updated transcripts when they become available.

#### H. FOREIGN TRANSCRIPT EVALUATIONS

All foreign transcripts must be evaluated by an evaluation agency and submitted to Rutgers University PA Program in support of your application. Applicants may use any agency that is recognized by the National Association of Credential Evaluation Services (<https://www.naces.org/members>). World Education Services, Inc. is recommended.

#### I. DEGREE TRACK SHEET

Signed by the applicant, the Major Department Advisor, the 3+3 advisor (Rutgers: either Dr. Vogel or Dr. Carr Schmidt), and an advisor from the Dean (Rutgers: SAS Advising Dean), indicating that the student understands that they must complete all the undergraduate degree and necessary major requirements by the end of their junior year and that they are on track, with the transfer credits from the PA program, to complete their undergraduate degree by May 2025.

#### J. EMAILING YOUR APPLICATION/DEADLINE FOR APPLYING

All applications and supporting documents must be postmarked no later than June 1<sup>st</sup>. Mail all the above underlined documents together to the address listed below.

Rutgers PA Program, 6<sup>th</sup> Floor  
Attention: Admissions  
675 Hoes Lane West  
Piscataway, NJ 08854

## II. IMPORTANT FACTS FOR APPLICANTS

- A. Once your application is complete and has been reviewed, one of the following will occur:
1. The PA program will invite you to attend an interview.
  2. Your application will be placed on hold until more applications are reviewed.
  3. The PA program will notify you by email that your application has been declined for admission.
- B. Financial Aid. Inquiries about financial aid should be directed to Rutgers University Financial Aid Office at 732-23S-4689.
- C. Questions? If you have any questions, please contact the Physician Assistant Program (732-23S-4445).
- 

**REMINDER:** Incomplete applications will not be considered for admission. The PA program will not accept missing documents or payments after the deadline.

**A complete packet includes:**

- a. Completed, signed application form.
- b. Check or money order for \$50 payable to Rutgers University.
- c. Completed questionnaire.
- d. All three (3) recommendation forms. Each form must be in a sealed envelope with signature across the seal.
- e. An official transcript from *every school* you attended after high school.
- f. Signed Degree Track Sheet

*Your name should appear on every page of your application.*



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### DEGREE TRACK SHEET (page 1 of 2)

#### Rutgers, The State University of New Jersey Physician Assistant Program

3+3 Undergraduate School: \_\_\_\_\_

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Instructions: Complete this Degree Track Sheet and obtain the appropriate signatures listed below. Include this sheet with your completed BA/MS or BS/MS (3+3) application and attach your degree audit. Please make a copy for your records.

Deadline to Apply: June 1<sup>st</sup> (at the end of the applicant's sophomore year).

To ensure that your application is completed and submitted by the June 1<sup>st</sup> deadline, please schedule an appointment with each advisor and the dean to review your courses and obtain their signatures.

Policy: All the undergraduate required courses for the major must be completed by the end of the Spring Semester prior to the student entering in August (fall semester of senior year).

#### Fall Semester Courses (Junior Year)

\_\_\_\_\_  
\_\_\_\_\_

#### Spring Semester Courses (Junior Year)

\_\_\_\_\_  
\_\_\_\_\_



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DEGREE TRACK SHEET (page 2 of 2)

Applicant’s Responsibility: It is the responsibility of the applicant to comply with separate graduation procedures through their undergraduate Registrar’s Office for the baccalaureate degree. Students accepted to the PA Program through the articulation agreement will comply with procedures and deadline dates to graduate upon successful completion of the first year of the PA Program. Students not accepted into the PA Program will comply with procedures and deadline dates to graduate upon successful completion of their baccalaureate requirements.

Please fill in the blank lines:

I am an undergraduate student at \_\_\_\_\_ enrolled in the PA track.

I have read and understand the above policies:

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

\_\_\_\_\_  
 3+3 Advisor’s Signature      Printed Name      Date

\_\_\_\_\_  
 Major Advisor’s Signature      Printed Name      Date  
 (if different than 3+3 Advisor)

\_\_\_\_\_  
 Advising Dean’s Signature      Printed Name      Date



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Rutgers, The State University of New Jersey Physician Assistant Program

APPLICATION FORM

1. Type all information.
2. Indicate any name(s) you have previously used, such as a maiden name (No. 2).
3. Directions for No. 20:
  - Include only the high school from which you graduated.
  - List all schools you attended **after** high school, even if you did so for less than one semester.
  - List the most recent school first.
  - Note: Your application will be delayed if you do not enter all schools.
4. If you list that you have been trained in EMS, you must provide documentation.
5. Be sure your name is on every page, including any supplements that you attach.

1. \_\_\_\_\_  
 First Name Last Name Middle Name

2. Any other names used: \_\_\_\_\_

3. Permanent Legal Address:

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Preferred Mailing Address (fill out if different than permanent legal address):

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. Telephone number: \_\_\_\_\_ Alternative number: \_\_\_\_\_

6. Email address (required): \_\_\_\_\_

7. Additional languages spoken:

\_\_\_\_\_

Proficiency level (beginner, intermediate, advanced, or native)

\_\_\_\_\_

Proficiency level (beginner, intermediate, advanced, or native)

\_\_\_\_\_

Proficiency level (beginner, intermediate, advanced, or native)





15. List courses in which you are currently enrolled:

_____	_____
_____	_____
_____	_____

16. SAT Scores, if applicable:

Evidence-Based Reading \_\_\_\_\_ Evidence-Based Writing and Language \_\_\_\_\_ Math \_\_\_\_\_  
Date taken: \_\_\_\_\_

17. ACT Scores, if applicable:

English \_\_\_\_\_ Mathematics \_\_\_\_\_ Reading \_\_\_\_\_ Science \_\_\_\_\_ Writing \_\_\_\_\_  
Date taken: \_\_\_\_\_

18. GRE Scores, if applicable:

Verbal score: \_\_\_\_\_ Verbal Percentile: \_\_\_\_\_  
Quantitative score: \_\_\_\_\_ Quantitative percentile: \_\_\_\_\_  
Analytical score: \_\_\_\_\_ Analytical percentile: \_\_\_\_\_

19. TOEFL Score, if applicable:

Total score: \_\_\_\_\_ Reading score: \_\_\_\_\_ Listening score: \_\_\_\_\_  
Writing score: \_\_\_\_\_ Speaking score: \_\_\_\_\_

**Voluntary and Confidential Information: failure to respond to numbers 20, 21, or 22 will not affect the status of the application.**

20. To determine if you come from an economically disadvantaged background, you are asked to compare your parental family's size of household (number of exemptions listed on parent's Federal 1040 income tax forms) and adjusted gross income against the chart provided in the link below. The chart is based on 200 percent of Federal Low-Income poverty guidelines. You should use your parent's most recent tax forms regardless of age.

Please click here for guidelines: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

Your parent's family incoming falls within the table's guidelines and you are considered to have met the criteria for economically disadvantaged (circle one): Yes or No

21. What is the type of geographic area where you were raised (check one):

<input type="checkbox"/> Urban (1,000,000 population)	<input type="checkbox"/> Large Town (population 10,000-49,999)
<input type="checkbox"/> Large City (population 100,000-1,000,000)	<input type="checkbox"/> Small Town (population 2,500-9,999)
<input type="checkbox"/> Mid-Size City (population 50,000-99,999)	<input type="checkbox"/> Isolated Rural (population <2,5000)

Voluntary and Confidential Information: failure to respond to numbers 20, 21, or 22 will not affect the status of the application.

22. Background Information – check if any of the following apply to you:

I graduated from a high school from which a low percentage of seniors received a high school diploma.

I graduated from a high school at which many of the enrolled students are eligible for free or reduced-price lunches.

I am from a family that receives public assistance (e.g., Aid to Families with Dependent Children, food stamps, Medicaid, public housing).

I am from a family that lives in an area that is designated as a Health Professional Shortage Area, or a Medically Underserved Area.

I participated in an academic enrichment program funded in whole or in part by the Health Careers Opportunity Program

I am a high-school drop-out who received AHS diploma or GED or I am receiving public assistance.

I am from a school district where 50% or less of graduates go to college or where college education is not encouraged.

I am the first generation in my family to attend college (neither my mother nor my father attended college).  
 English is not my primary language.

By designating any of the above, you are considered to have met the criteria for educationally/environmentally disadvantaged as defined by the above guidelines.

**Experiences (required section)**

List chronologically all health/shadow/community/work/research experience, certifications, and awards/honors/memberships/leadership under each section accordingly. Include all health-related experience, paid or voluntary. Indicate total accrued hours. Attach a supplement if necessary.

Patient Care/Other Healthcare Experience:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Frequency: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Dates of Employment/Service: \_\_\_\_\_

Current job (yes or no)? \_\_\_\_\_

Compensated (yes or no)? \_\_\_\_\_

Duties: \_\_\_\_\_

Healthcare Shadowing Experience:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Frequency: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Dates of Employment/Service: \_\_\_\_\_

Current job (yes or no)? \_\_\_\_\_

Compensated (yes or no)? \_\_\_\_\_

Duties: \_\_\_\_\_

Community Service:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Frequency: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Dates of Employment/Service: \_\_\_\_\_

Current job (yes or no)? \_\_\_\_\_

Compensated (yes or no)? \_\_\_\_\_

Duties: \_\_\_\_\_

Other Work Experience:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Frequency: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Dates of Employment/Service: \_\_\_\_\_

Current job (yes or no)? \_\_\_\_\_

Compensated (yes or no)? \_\_\_\_\_

Duties: \_\_\_\_\_

Research Experience:

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Frequency: \_\_\_\_\_

Total Hours: \_\_\_\_\_

Dates of Employment/Service: \_\_\_\_\_

Current job (yes or no)? \_\_\_\_\_

Compensated (yes or no)? \_\_\_\_\_

Duties: \_\_\_\_\_

Health-Related Certifications:

Title: \_\_\_\_\_

Agency/School/Sponsor: \_\_\_\_\_

Certificate (yes or no): \_\_\_\_\_

Dates: \_\_\_\_\_

Awards, Honors, Professional Memberships, and Leadership:

Name of Award/Scholarship (if applicable): \_\_\_\_\_

Name of Leadership role (if applicable): \_\_\_\_\_

Organization: \_\_\_\_\_

Date received (for award) or dates served (for leadership role): \_\_\_\_\_

List the name, work address, and affiliation of each person whom you've requested a letter of recommendation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Please date and sign:

1. I understand that, as a condition of admission, I may be required to authorize Rutgers to obtain criminal background check(s). I may also be required to obtain a background check myself or authorize clinical training facilities to conduct this check, and to allow the results to be provided by the reporting agency to Rutgers and/or to clinical facilities. If I am offered admission, the offer will not be considered final until completion of my background check, with results deemed favorable by Rutgers. If the results of the background check(s) are not deemed favorable by Rutgers or by the clinical facility(ies), or if information received indicates that I have provided false or misleading statements, have omitted required information, or in any way am unable to meet the requirements for completion of the program, the admission may be denied or rescinded or I may be dismissed.
2. I certify that all documents and information provided by me are true, accurate and complete. Any false or misleading information may result in actions including, but not limited to, discipline, dismissal or revocation of degree. In addition, I realize my acceptance may be revoked if I engage in behavior that brings into question my honesty, integrity, maturity or ethical character.
3. I have read and understand the statement of essential functions for the School and/or specific program(s) located at <https://shp.rutgers.edu/admissions/rbhs-technical-standards/> which all students must satisfy for the course of study to which I am applying. If I require any accommodations in order to satisfy these standards, I agree to request accommodations in writing promptly after admission. I understand that the School of Health Professions will evaluate the reasonableness of the accommodations before acting on the request. The Disabilities Compliance Coordinator may be reached at 973-972-8594. I acknowledge that Rutgers SHP has established these requirements for successful academic progress toward the degree sought.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Questionnaire

Please answer the following questions. Type your answers on a separate sheet of paper, and list them consecutively. Use no more than one-half page for each question. Return your completed questionnaire with your application and sealed/signed letters of recommendation.

1. Briefly describe the role of the Physician Assistant.
2. How has your healthcare experience and/or community service activities influenced your decision to become a Physician Assistant?
3. How has your approach to your academic coursework prepared you to be a successful PA student?
4. Describe your greatest strength and your greatest weakness as it pertains to becoming a PA student and a graduate PA.
5. Describe your exposure to PAs in clinical practice.
6. Do you speak fluently another language in addition to English? If yes, please list.



This page is voluntary and confidential information. Failure to furnish this information will not affect the status of your application.

If you choose to complete this page, please place it in a sealed envelope within your application packet.

How would you describe yourself? **Check all that apply.**

Ethnicity:

Spanish/Hispanic/Latino/Latina

Not Spanish/Hispanic/Latino/Latina

Mexican, Mexican American

Chicano/Chicana

Cuban

Puerto Rican

South or Central American

Other Spanish culture or origin (please specify) \_\_\_\_\_

Race:

American Indian or Alaskan Native (please specify) \_\_\_\_\_

Asian (please specify ethnicity): \_\_\_\_\_

Black or African American

Native Hawaiian or other Pacific Islander (please specify) \_\_\_\_\_

White

Other (please specify) \_\_\_\_\_





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## RECOMMENDATION FORM

- I. **TO THE APPLICANT:** Please complete the upper portion of this Recommendation Form before forwarding it to the individual who is recommending you.

\_\_\_\_\_  
Name of Applicant

**NOTICE TO WRITER OF STATEMENT AND APPLICANT:** Public Law 93-380, Educational Amendments Act of 1974, grants students and graduates the right of access to Letters of Recommendation in their student files. The opportunity to waive one's right to inspect such letters is also provided by the law. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not indicate a response.

**I, the undersigned, hereby (I do, I do not) waive my right of access to this Letter of Recommendation.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- II. **TO THE PERSON COMPLETING THE RECOMMENDATION FORM:** Please fill out the remaining portion of this questionnaire and return it promptly.

\_\_\_\_\_  
Writer of Recommendation (please print)

**Return this Letter of Recommendation to the applicant in a sealed envelope. Sign across the seal to maintain confidentiality.**



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A. Please rate the applicant regarding the following characteristics (1= lowest rating and 5 = highest rating)

Characteristics	Rating					
	1	2	3	4	5	Cannot Evaluate
Natural Intellectual Ability						
Breadth of General Knowledge						
Ability to Express Self in Written English						
Ability to Express Self in Oral English						
Analytical Ability						
Emotional Maturity						
Ability to Work with Others						
Performance of Required Tasks						
Promise as a Health Care Provider						
Leadership Ability						
Honesty						

B. How long have you known the applicant and in what capacity?

C. In what respect does the applicant impress you most favorably?

D. In what respect does the applicant impress you least favorably?

E. Please make any additional comments about the applicant's record, potential or personal qualities which you feel would be helpful to the Admissions Committee. We are especially interested in anything that would not be otherwise apparent in the candidate's record.

F. Overall Evaluation:

I recommend this applicant without reservation

I recommend this applicant

I recommend this applicant with reservations

I would not recommend this applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone Number

Instructions for Recommendation Writer:

1. A letter of recommendation that is not accompanied by a Recommendation Form **CANNOT** be substituted.
2. Complete Section II of the form. **NOTE:** If you attach a letter which answers questions B, C,D, and E, you may enter "see attached" under those sections. However, you **must complete sections A and F, and sign the form at the bottom even if a letter is attached.**
3. Place the form in a sealed envelope.
4. Sign across the seal as shown to the right.
5. **Return the form to the *applicant*- NOT to the PA Program.**



Instructions for Recommendation Writer:

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