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 for participating in the Program: [https://shp.rutgers.edu/admissions/rbhs-technical-standards/](https://shp.rutgers.edu/admissions/rbhs-technical-standards/)

The deadline for submitting applications and all supporting documents is June 1st. 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
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 1st. Mail all the above underlined documents together to the address listed below.

Rutgers PA Program, 6th 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.*
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 1st (at the end of the applicant’s sophomore year).

To ensure that your application is completed and submitted by the June 1st 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)

_________________________________________  ____________________________  ____________________________

_________________________________________  ____________________________  ____________________________
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
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)
   ________________________________  ________________________________
   ________________________________  ________________________________
   ________________________________  ________________________________
8. Circle one:

   US Citizen

   Refugee

   Permanent Resident Alien (provide registration number and expiration date: ______________________)


10. Place of Birth including City (if not US): ____________________________

Visa Classification (circle one, if applicable)

     B2   F1   F2   J1   J2   H1   H4   TN   Other: ___________

Expiration date of visa: __________________________

11. Veteran of the Armed Forces (circle one): 

   Yes  No

   Military Branch: ____________

   Dates of Service: ____________

12. Gender or sex: ____________________________

13. Date of Birth: ____________________________

Rutgers-SHP does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, gender, sexual orientation or veteran’s status.

Rutgers-SHP is committed to complying with the requirements of the American with Disabilities Act. Rutgers, the State University of New Jersey is an Affirmative Action/Equal Opportunity Employer.

14. List all educational institutions attended, including the high school from which you graduated. List most recent first, starting with the institution you are currently attending if applicable, and concluding with high school. Attach a supplement, if necessary.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>City of Institution</th>
<th>Date of Attendance</th>
<th>Diploma/Degree</th>
<th>Date Received</th>
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</table>
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.


   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):

   __ Urban (1,000,000 population)   __Large Town (population 10,000-49,999)
   __ Large City (population 100,000-1,000,000) __ Small Town (population 2,500-9,999)
   __ Mid-Size City (population 50,000-99,999) __ Isolated Rural (population <2,500)
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) _________________________________________________
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.
A. Please rate the applicant regarding the following characteristics (1 = lowest rating and 5 = highest rating)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Rating</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Natural Intellectual Ability</td>
<td></td>
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<tr>
<td>Breadth of General Knowledge</td>
<td></td>
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<tr>
<td>Ability to Express Self in Written English</td>
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<tr>
<td>Ability to Express Self in Oral English</td>
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<tr>
<td>Analytical Ability</td>
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<td>Emotional Maturity</td>
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<td>Ability to Work with Others</td>
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<td>Performance of Required Tasks</td>
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<td>Promise as a Health Care Provider</td>
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<tr>
<td>Leadership Ability</td>
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<tr>
<td>Honesty</td>
<td></td>
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</tbody>
</table>

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:

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.