

**University of Alabama at Birmingham
Physician Assistant Program
Supplemental Application**

The supplemental application is designed to provide the Physician Assistant Program Selection Committee with information specific to the UAB PA program. It also allows applicants to notify the committee of updates and explain any deficiencies that may exist in the application. **Please note that there is a \$75 fee to process the supplemental application.**

Last Name	First Name		
Street Address	City	State	ZIP
Email	Phone		
CASPA ID#	Supplemental Application Fee "Place Order" Number		

"Place Order" Number is a 6 digit number located on the payment conformation email located above the billing/payment information.

Select one of the following:

- This application is for the Master of Science in Physician Assistant Studies Program (MSPAS)
- This application is for the Master of Science in Physician Assistant Studies **and** the Master of Public Health Degree Program (MSPAS/MPH)

List all degrees held. If you have not yet completed a bachelor's degree, then please list your expected graduation date.

Type of Degree	Major-Minor Concentration	College or University Name	Accreditation Body	MM/YYYY

Have you attended UAB before?

Are you an Alabama resident?

GRE Verbal %	GRE Quant. %	GRE Analytical %	GRE Date	MCAT Score	MCAT Date

If you are a foreign graduate, then please list your TOEFL Score.

Have you ever been convicted of a felony or misdemeanor other than routine traffic citations?

If yes, please indicate the nature of the offense and date of conviction below.

Type of Offense	Date of Conviction	City/County/State

Prerequisite Courses

Provide prerequisite coursework information in the table below to indicate the courses you have completed or your plan to complete these prior to matriculation into the program.

Course	Course Prefix	Course Number	Course Title	Status	Term	Year	Hours	Grade	Office Use
Intro Psychology									
Abnormal or Developmental Psychology									
Chemistry 1									
(Lab)									
Chemistry 2									
(Lab)									
Biology 1									
(Lab)									
Biology 2									
(Lab)									
Anatomy or A&P 1									
(Lab)									
Physiology or A&P 2									
(Lab)									
Microbiology									
(Lab)									
Statistics (highest level)									
(Lab)									

List any additional coursework that you wish to highlight.

Course Prefix	Course Number	Course Title	Term	Year	Hours	Grade	Office Use

Applicants for the MSPAS/MPH Dual Degree Program, please complete the following:

Will all prerequisite coursework be completed by December?

Will your bachelor degree be completed by December?

Please provide any additional information that you wish the admissions committee to consider regarding the prerequisites or your academics. Include information about any deficiency in the pre-requisite courses, including a grade of "C" or less. Please comment on how you have rectified any deficiencies. Use Appendix A if additional space is needed.

What area of medicine are you interested in practicing and why?

Please use Appendix A to tell us why attending the **UAB Physician Assistant Program** is important to you. (Applicants for the MSPAS/MPH program should describe why the dual program is important.)

Printed Name _____

Signature _____

Date _____

By signing and/or submitting this application, you are stating that all information contained herein is true and accurate to the best of your knowledge. Failure to provide truthful and/or accurate information can result in rescinding of admissions offers and/or dismissal from the program.

Please **sign and return the completed Supplemental Application along with a \$75.00 non-refundable fee** made payable to **UAB-PA Program**. This may be paid electronically by going to [this link](#) and following the directions below.

- Please submit payment first by clicking on the Physician Assistant Program Supplemental Application Fee.
- Once payment is submitted, please make note of the "Place Order" Number provided after payment, and add in the designated spot on the Supplemental Application as proof of payment.
- The Supplemental Application Form is considered complete and ready for submission once all requested information (including "Place Order" Number) is added to the form.
- The completed Supplemental Application must be emailed to askcds@uab.edu on the same date as submitting payment.

Appendix A