

Program Application Instructions

1. Submit the completed application form, personal statement and curriculum vitae to the residency program at the above address, **Attn: Diane J. Jones**.

There is a **non-refundable \$25.00 application fee**. A check made payable to **St. Joseph Mercy Hospital** should accompany your application form.

2. Have three letters of recommendation sent to the residency program. One letter must be from your Program Director. The letters should be addressed to **Andrew Pruitt, MD** and mailed directly to him at the above address.
3. Have your PA Program send official transcripts to **Diane J. Jones** at the above address. Transcripts from educational programs other than PA school are not necessary.
4. When your application is received you will be sent a letter of acknowledgement.

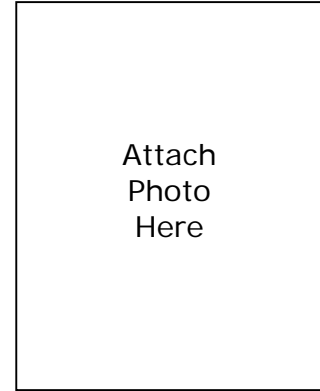
Application Checklist

- Application
- Application Fee
- Passport Photo
- Personal Statement
- Curriculum Vitae
- Recommendations
- Transcripts



St. Joseph Mercy Hospital
Physician Assistant Residency
in Cardiothoracic Surgery
Application Form

Send Application & Fee To:
Diane J. Jones, PA-C
Michigan Heart & Vascular Institute
5325 Elliott Drive, Suite 102
Ypsilanti, MI 48197



___New Application ___Re-Application

For Month: ___July ___January
For Year: ___2005 ___2006 ___2007

Name:

Last First M.I. Maiden

Social Security Number: _____ E-mail Address: _____

Current Address:

Street City
State Zip Code Phone

Permanent Address (if different from Current Address):

Street City
State Zip Code Phone

Date of Birth _____ Gender: ___Male ___Female

PA Program Attended (Attending): _____

Graduation: _____ Degree: _____
Month/Year

Undergraduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

Undergraduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

Undergraduate College _____

Degree Obtained _____ Major _____ Graduation Year _____

(please complete other side)

**Page 2. St. Joseph Mercy Hospital
Application for Post-Graduate Residency**

Do you currently hold a PA license in any state? ___No ___Yes: State(s)_____

Please list past medical experience, either as employment or as a volunteer:

Position	Location	Dates
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Position	Location	Dates
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Position	Location	Dates
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Position	Location	Dates
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Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either conduct or scholarship? ___No ___Yes (Explain below)

Have you ever been convicted of a felony in any state, or had a professional license revoked? ___No ___Yes

Letters of Recommendation

Please provide the names of three people who will be sending recommendation letters on your behalf. (Note: one must be from your PA Program Director if you are a recent or current PA student.)

Name	Title/Position	Daytime Phone Number
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Name	Title/Position	Daytime Phone Number
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Name	Title/Position	Daytime Phone Number
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Personal Statement

Please submit a one-page essay describing your career goals and source of interest in cardiothoracic surgery.

I certify that the information in this application is complete and correct to the best of my knowledge and belief.

Signature of Applicant

Date

It is the policy of the Residency Program not to discriminate on the basis of race, gender, religion, sexual orientation, or handicap in admissions or employment. It is the Program's intent to comply with all applicable statutes and regulations.