



KEAN

# Physician Assistant Studies Program Clinical Hours Documentation

Admission to the Kean University Physician Assistant Studies Program requires Healthcare Experience **of a minimum of 250 hours**. All candidates considered for admission *must have spent at least 20 hours of the 250 required hours shadowing or working with a certified PA*.

The expected experience must include time observing or participating in patient care with an emphasis on the interaction between the patient and the clinician, e.g, volunteering, shadowing PAs/Physicians, work as a medical scribe, physical therapy aide, patient care technician, pharmacy technician, ophthalmology technician, or EMT. Experiences involving clerical, administrative work, dictation, laboratory or retail work in a medical setting are not counted toward the requirement. In addition experiences awarding academic credit are not accepted towards the required hours.

Types of facilities and clinical experiences that are acceptable include: hospitals, urgent care centers, emergency rooms, first aid squads, nursing homes or physician offices.

Please print clearly or type the information below and sign at the bottom of the form. Attach additional sheets of paper if necessary. All information requested is required, do not leave spaces blank.

Applicant Name: \_\_\_\_\_ Kean University Student ID: \_\_\_\_\_  
(or last 4 digits of Social Security Number): \_\_\_\_\_

1. Facility Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Supervisor's Credentials (eg., PA-C, MD): \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_

Total number of hours worked:

Dates of observations/clinical experiences: \_\_\_\_\_  
(MM/DD/YY)

Description of Experience: \_\_\_\_\_

2. Facility Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Supervisor's Credentials (eg., PA-C, MD): \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_

Total number of hours worked:

Dates of observations/clinical experiences: \_\_\_\_\_  
(MM/DD/YY)

Description of Experience: \_\_\_\_\_

3. Facility Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Supervisor's Credentials (eg., PA-C, MD): \_\_\_\_\_  
Facility Phone Number: \_\_\_\_\_

Total number of hours worked:

Dates of observations/clinical experiences: \_\_\_\_\_  
(MM/DD/YY)

Description of Experience: \_\_\_\_\_

I certify that the information provided above is true and accurate. I also give the Kean University PA Studies Program permission to verify the information that I have provided.

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