



**Marquette University Aurora Health Care
Post Graduate Physician Assistant
Emergency Medicine Program**



Department of Physician Assistant Studies
PO Box 1881
Milwaukee, WI 53201

Phone: 414-288-5688
Fax: 414-288-7951
Email: maryjo.wiemiller@marquette.edu

Date of Application: _____

PERSONAL

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address (Street) City and State, Zip Code and Telephone Number:

Permanent Address (Street) City and State, Zip Code and Telephone Number:

Social Security Number:

Email Address:

Cell Phone Number:

EDUCATION AND TRAINING

Physician Assistant School Name and address/Month and Year of Graduation:

Colleges(s) Year Graduated and Degree:

NCCPA Certification Eligible: Yes No

Date Certified: _____ Certificate Number: _____

State License: _____ Expiration of State License: _____



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REFERENCES: List three professional references. Please have them send personal letters of recommendation on professional letterhead under separate cover.

1. Name of P.A. Program Director or Clinical Coordinator/Telephone Number:

Address (Street) City and State, Zip Code:

2. Name/Telephone Number:

Address (Street) City and State, Zip Code:

3. Name/Telephone Number:

Address (Street) City and State, Zip Code:

Printed Name: _____ Date: _____

Signature: _____

Important: Completion of your application requires receipt by us of ALL components, listed below:

Components of Application:

- Completed signed application
- Current Resume
- ALL College and PA program transcripts (official copies forwarded from school)
- Three current professional references-one from the Director or Clinical Coordinator
- Official copy of NCCPA scores-sent directly from NCCPA, or letter of eligibility from program
- A one page type written narrative stating why you are interested in becoming an Emergency Medicine PA

Send To:

Physician Assistant Post Graduate Emergency
Medicine Program Admissions Committee

Marquette University

PO Box 1881

Milwaukee, WI 53201

Phone: 414-288-5688

Email: maryjo.wiemiller@marquette.edu