

# Orthopedic Surgery Physician Assistant Fellowship Application

## I. TIMELINE

- a. Applications accepted: January 1, 2021
- b. Application deadline: March 1, 2021
- c. Interviews: March 15 - April 1, 2021
- d. Acceptance letters: April 15, 2021
- e. Matriculation: October 1, 2021

## I. STANDARDS FOR ADMISSION

- a. Admissions decisions will be based on application information in conjunction with supporting documents, and personal interviews with program leadership and academic staff.
- b. New England Baptist Hospital Orthopedic Surgery Physician Assistant Fellowship Program will not consider candidates on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sex or gender, gender identity and/or expression, sexual orientation, parental status, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law.

## II. ENTRY REQUIREMENTS

- a. Graduate of accredited Physician Assistant Program
- b. Certification by the National Commission on Certification of Physician Assistants (NCCPA)
- c. License to practice as a Physician Assistant in the state of Massachusetts
- d. Current DEA license
- e. Current BLS and ACLS certification

## III. APPLICATION

- a. Application form (see page 2)
- b. Official transcripts
  - i. University
  - ii. PA program
- c. NCCPA Exam Scores
- d. Curriculum Vitae
- e. Personal narrative
- f. Three letters of reference
- g. Personal Photograph

## IV. APPLICATION FORM

### NAME

\_\_\_\_\_  
First

\_\_\_\_\_  
Last

\_\_\_\_\_  
Email Address

### CURRENT ADDRESS

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### PERMANENT ADDRESS

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone number

### EDUCATION

#### PA Program

\_\_\_\_\_  
Name

from:    /    /    to:    /    /

\_\_\_\_\_  
Attendance dates

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

#### Undergraduate education

\_\_\_\_\_  
Name

from:    /    /    to:    /    /

\_\_\_\_\_  
Attendance dates

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Concentration of study

\_\_\_\_\_  
Degree

#### Additional graduate education

### LICENSURE AND CERTIFICATION

\_\_\_\_\_  
NCCPA Certification number

\_\_\_\_\_  
PANCE date if not yet certified

\_\_\_\_\_  
MA State License number (if available)

\_\_\_\_\_  
DEA number (if available)

*Please note: Transcripts and PANCE scores should be sealed and sent directly from the PA school or NCCPA*

Applications can be mailed to:

Ellen Busher, PA-C  
Physician Assistant Fellowship Director  
New England Baptist Hospital  
125 Parker Hill Ave  
Boston, MA 02120

Beth Israel Lahey Health   
New England Baptist Hospital