## POSTGRADUATE SURGICAL RESIDENCY PROGRAM FOR PHYSICIAN ASSISTANTS

#### MONTEFIORE MEDICAL CENTER

#### APPLICATION

### Instructions:

- 1. Complete the entire application even though a resume is included. Please include a recent photograph, your curriculum vitae, and personal narrative. A signature is required. If application is opened in a .pdf format, you may type in your information.
- 2. Arrange for your three letters of reference to be sent directly to this office \*
- 3. Have your college transcripts and PA program transcript, and clinical evaluations forwarded to this office.

Mail application and supporting documents to:

## **Ben Philip PA-C**

Program Director

Postgraduate Surgical Residency Program for Physician Assistants
Montefiore Medical Center/Department of Surgery

600 East 233rd St

Bronx, NY 10466

Full Name:

Last
First
M.I.

Social Security Number:

Permanent Address:

E-mail Address:

Mailing Address (If different from above):

Date of Birth:

Place of Birth:

Citizen of (list country):

\*If a current student or recent graduate ( < 5 years), please include a letter of reference from your Program Director.

# **B. Education & Certification** 1. Physician Assistant Program Name of Program and/or School From City Month/Year Credentials/Degrees Awarded 2. NCCPA\*Certification Number Year 3. List all Undergraduate and Graduate Education Use separate sheet if necessary Name of Program and/or School City State Credentials/Degrees Awarded Month/Year Name of Program and/or School City Month/Year Credentials/Degrees Awarded Month/Year 4. Technical/Professional Name of Program and/or School Month/Year City

Credentials/Degrees Awarded

Month/Year

5. Additional T	raining/Certifica	tions	v		
i.e. ACLS, BCL	LS, ATLS, PALS				
C. Professiona	I Experience – M	edical (	Employee/Volunte	er)	
hospitals, corp	orations, military	, or gov	der. Include physi ernment agencies litional sheets if n	where you served	
Employer	Address		Dept/Supvr.	Position	Dates From/To
					7
			2		
D. Other Experidentify whether	ience – Non med r paid or volunte	ical (Er er. Atta	nployee/Volunteer ach additional shee	) List in chronologets if needed.	ogical order and

E. Military Experier	псе		
Branch			
Date of Service	2		
Rank			
Experience & Duties_			
F. Professional Affilia	a <b>tions</b> rships in professional org		
F. Professional Affilia List below all membe tional). Attach additi	ntions rships in professional org onal sheets if needed.	ganizations or societies (loc	cal, state, or na-
F. Professional Affilia	a <b>tions</b> rships in professional org		
F. Professional Affilia List below all membe tional). Attach additi	ntions rships in professional org onal sheets if needed.	ganizations or societies (loc Inclusive date	cal, state, or na-
F. Professional Affilia List below all membe tional). Attach additi	ntions rships in professional org onal sheets if needed.	ganizations or societies (loc Inclusive date	cal, state, or na- Office Held Committee
F. Professional Affilia List below all membe tional). Attach additi	ntions rships in professional org onal sheets if needed.	ganizations or societies (loc Inclusive date	cal, state, or na- Office Held Committee
F. Professional Affilia List below all membe tional). Attach additi	ntions rships in professional org onal sheets if needed.	ganizations or societies (loc Inclusive date	cal, state, or na- Office Held Committee
F. Professional Affilia List below all membe tional). Attach additi	ntions rships in professional org onal sheets if needed.	ganizations or societies (loc Inclusive date	cal, state, or na- Office Held. Committee

***************************************		3.	
-			
G. Pe	ersonal Health		
-	ou have any medical condition that impairs your ability ssential functions of the position?	y to perform	○ Yes ○ No
If yes	s, provide a full explanation of details on a separate sl	neet and attac	h.
H. En	mployment, Hospital, Institutional Actions		
1.	Have you ever been the subject of a hospital or instidisciplinary proceeding?	tution	OYes ONo
2.	At the request of a hospital or institution, have you agreed to a modification or termination of your priv		y OYes ONo
3.	Have you ever had employment, appointments, or p hospital or institution suspended, restricted once grevoked?	_	○Yes ○No
Gove	rnment Actions		
1.	Has any government agency ever placed you on prol suspended, revoked, taken any other action against license?	30000	○Yes ○No
2.	Have you ever been convicted of a crime? List all coseparate sheet of paper.	onvictions on a	Yes ONo
3.	Have you ever had your DEA registration revoked?		OYes ONo
Profe	essional Society Actions		
1.	Have you ever been subject to a medical or profession disciplinary proceeding or review?	onal society	OYes ONo

<ol><li>Has your membership in any professional organization been suspended or revoked?</li></ol>	OYes ONo
Other Professional Conduct Actions	
<ol> <li>Have you ever been subject to disciplinary proceedings or to a review affecting your participation in a foundation, HMO, PPO, II Medicare, Medicaid, or similar entity or have you ever been notified of an intent to pursue such actions?</li> </ol>	
Please answer YES or NO to all the above. If yes to any of the above, y provide us with a full explanation of details on a separate sheet and at	
Applicant's Affidavit	
I certify that the information contained in this application is correct knowledge. I authorize investigation of all matters contained in the agree that any misleading or false statements would be cause for rejectation or would be sufficient cause for dismissal if Montefiore Mediemploys me. I understand that my employment is contingent upon station of: a post-offer physical examination by the Occupational Health of satisfactory work references; and my satisfactory completion of the riod. I hereby authorize my present/past employers to furnish MMC with my service. If employed, I authorize MMC to conduct any and all verified by federal, state, and municipal codes and regulations. I herby as MMC rules and regulations. I understand that my employment is not written or oral contract and is considered an "at will" arrangement. The free, as is Montefiore, to terminate the employment relationship for an long as there is no violation of applicable federal, state or local law.	nis application and ection of this application of this applical Center (MMC) atisfactory complecervice; the receipt period probationary perith their records of fications as permitgree to abide by all of governed by any his means that I am
NAME:	
DATE:	
SIGNATURE:	

n an effort to define the best way to reach prospective applicants, can you please inform us of how you found out about the Montefiore Postgraduate Residency in Surgery for Physician Assistants?		
argery for this	an Addictants.	
A CONTRACTOR ACTION AND THE STREET PROPERTY AND THE ST		