



**Atlanta Veteran Affairs Medical Center  
Physician Assistant Post-Graduate Residency Program**

**APPLICANT INFORMATION**

Name (Last, First):

Date:	Date of birth:	SSN:
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Phone:	Gender: Male Female (Circle)	E-mail:
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Current address:

City:	State:	ZIP Code:
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Have you ever worked for the Veterans Administration before? YES NO

Are you a citizen of the United States? YES NO

Are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain:

**EDUCATION INFORMATION**

**High School:**

Address:

City:	State:	ZIP Code:
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From:	To:	Date of Graduation:
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**College:**

Address:

City:	State:	ZIP Code:
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From:	To:	Date of Graduation:	Degree:
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**Physician Assistant Program:**

Address:

City:	State:	ZIP Code:
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From:	To:	Date of Graduation:	Degree:
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NCCPA number:	Expected PANCE date:
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**Graduate Training (School Name):**

Address:

City:	State:	ZIP Code:
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From:	To:	Date of Graduation:	Degree:
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**REFERENCES**

List three professional references. Each should submit a letter of support for your application  
**(One letter must be from your Program Director)**

1. Full Name:

Relationship:	Company:	Phone:
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Address:

City:	State:	ZIP Code:
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2. Full Name:

Relationship:	Company:	Phone:
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Address:

City:	State:	ZIP Code:
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3. Full Name:

**Atlanta Veteran Affairs Medical Center  
Physician Assistant Post-Graduate Residency Program**

Relationship:	Company:	Phone:
Address:		
City:	State:	ZIP Code:
<b>Personal Statement</b>		
<b>I certify that information in this application is complete and correct to the best of my knowledge.</b>		
<b>Signature of applicant</b>		<b>Date</b>

**Please return application to:**

**Atlanta VAMC Physician Assistant Post-Graduate Residency Program in Primary Care  
Office of PA Residency Coordinator  
Education Service Line  
1670 Clairmont Road, Decatur, GA 30033  
Mail Stop Code-VLC141  
Attn.: Shelia H. Palmer, PA-C, MBA, MHA**