

**RIVERSIDE UNIVERSITY HEALTH SYSTEM – MEDICAL CENTER
DEPARTMENT OF ORTHOPAEDIC SURGERY**

**PHYSICIAN ASSISTANT FELLOWSHIP
APPLICATION INSTRUCTIONS**

The Orthopaedic Surgery Physician Assistant Fellowship at Riverside University Health System – Medical Center is an intensive clinical and didactic training experience. This is a full-time, twelve-month program requiring no more than 80 hours per week of clinical, operative and emergency room based work and didactic program of regularly scheduled lectures. A salary is paid to each Physician Assistant Fellow participating in the program. In addition, a benefit package including health insurance, uniforms and vacation will be provided. Textbooks, medical equipment and housing are the PA fellow's responsibility.

All applications received will be reviewed and candidates will be scheduled for interviews. PAs who have submitted applications may or may not be invited to participate in interviews. An interview is mandatory for admission to the Program.

ENTRY REQUIREMENTS:

- A. Graduate of an accredited Primary Care Physician Assistant Program.
- B. Certification by the National Commission on Certification of Physician Assistants (NCCPA) and License to practice as a Physician Assistant in the State of California. If you are offered a position and fail to obtain a license to practice as a PA in the State of California by your start date, you will be terminated from the program. Interim permits will not be accepted. If you have not taken the Physician Assistant National Certifying Exam (PANCE) administered by the NCCPA, you must take the test by a date that will ensure that you have your license by your start date. You must apply to the Physician Assistant Board for the necessary forms for licensure:
PAB, 2005 Evergreen Street, Suite 1100, Sacramento, CA 95815-3893, Tel: 916-263-2671 or (FAX) 916-263-2671. Internet address: www.pac.ca.gov.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED FOR YOUR APPLICATION TO BE CONSIDERED COMPLETE:

1. Application (Contact Kelly Miranda at 951-486-4698 or via email at k.miranda@ruhealth.org)
2. 3 current letters of recommendation from the following:
 - a. Letter from program director (If applicant has completed PA program in last two years.)
OR
Letter from current employing physician if currently working as a Physician Assistant and graduated greater than two years ago.
 - b. 2 letters from recent supervising physicians or PAs.
3. Copy of valid BLS and ACLS cards.
4. An official copy of NCCPA certification.
5. Official transcript from the Primary Care PA Program attended sent directly to us from your program with official seal. If you have not graduated yet, send transcript to date now and final transcript will need to be sent after graduation.
6. A copy of Primary Care PA Program graduation diploma or certificate, or if still a student, your program director must verify your status as a student in good standing and your anticipated graduation date.
7. Curriculum Vitae (typewritten).
8. Personal Statement (typewritten):
This should be a brief statement of interest and motivation for Orthopaedic Surgery including how you became interested in the field, what attracted you to it, and future goals and career plans.
9. Recent photograph

The application and other required items should be sent to:

Kelly Miranda, MPT, PA-C
Director of Orthopaedic Surgery PA Fellowship
RUHS Department of Orthopaedic Surgery
26520 Cactus Avenue
Moreno Valley, CA 92555

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PHYSICIAN ASSISTANT FELLOWSHIP APPLICATION

PERSONAL DATA (Please print legibly or type)

Name _____ SS# _____

Present Address _____
Street Number

City State Zip Code Phone _____

E-mail Address _____ Cell Phone _____

Birthdate: ____/____/____ Birthplace: _____

EDUCATION

Name & Address of PA Program attended: _____

Dates attended: _____ Graduated: YES NO Date or anticipated date: _____

Program Director's name: _____ Contact phone: _____

ELECTIVES:

TYPE	DATES	LOCATION	SUPERVISOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name & Address of High School: _____

Dates attended: _____ Graduated: YES NO Date: _____

Name & Address of any College Attended: _____

Dates attended: _____ Degree: _____ Major: _____

Name & Address of any Graduate School Attended: _____

Dates attended: _____ Degree: _____ Major: _____

PROFESSIONAL REFERENCES

Please do not list family members, friends, etc. These should be PA school faculty, preceptors, employers and the like.

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____ Phone _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____ Phone _____

Name: _____ Relationship: _____

Address: _____

City, State, Zip: _____ Phone _____

OTHER INFORMATION

Are you a U.S. citizen?	YES	NO	_____
			IF NO, THEN STATUS AND ATTACH COPY OF VISA
Do you have a military Commitment upon graduation?	YES	NO	_____
Do you have a public health commitment?	YES	NO	_____
Are you BLS certified?	YES	NO	_____
			IF NO, THEN STATUS
Have you ever been convicted of a Felony?	YES	NO	_____
			IF YES, PLEASE EXPLAIN

I have read and understand the instructions for the completion of this application. I certify that the information submitted on this application and other required documents is complete and correct to the best of my knowledge. I understand that any false or missing information may disqualify me for this position. I also understand, that should I be offered a position, failure to acquire my license to practice as a PA in the State of California by the start date of the academic year will result in my being terminated from the fellowship program. I also understand that if offered a position in the fellowship program I must meet all Riverside County pre-employment requirements and that failure to meet these requirements will result in automatic withdrawal from the program. Additionally, by my signature below, I give my authorization for members of the selection committee to contact my references as listed on this application or provided in letters of reference.

Signature of Applicant

Date

Please attach recent photo above
(must be taken within the last six months)