



THE CONSORTIUM OF PA EDUCATION
PHYSICIAN ASSISTANT PROFESSIONAL DEGREE PROGRAM

Introduction

Welcome **#{m://FirstName} #{m://LastName}** to the Physician Assistant Professional Degree (BScPA) Program Supplemental Application.

REMINDER: The following documents are required in order for your application to the BScPA Program to be complete and considered by the Admissions and Selection Committee:

1. Completed online OUAC Application (includes payment of fee)
2. Completed online Supplemental Application and payment of the \$200 Fee
3. One Letter of Reference that includes a completed Applicant Assessment form
4. Official copies of Transcripts: sent electronically to Central Enrolment Services directly via your OUAC application. Where official or notarized transcripts may not be submitted electronically, they must be mailed to – 172 St. George St, Toronto, ON, M5R 0A3. Unofficial copies of transcripts may be uploaded online directly via your JOIN account.
5. **(New for 2019-2020 admission cycle) Assessment of International Academic Credentials:** Undergraduate studies completed at a non-Canadian institution must be evaluated by World Education Services (WES), including a course-by-course evaluation of your courses and grades with an overall OMSAS GPA.
WES evaluations must be mailed to Undergraduate Medical Education Enrolment Services – 1 King's College Circle, Room 2124, Toronto, ON M5S 1A8, directly from WES as soon as possible and no later than the published document deadline.
6. Proof of English Language Proficiency (if applicable): submitted electronically to Central Enrolment Services.

For information on the above documents and deadlines [click here](#) to be re-directed to the

BScPA Program website.

ORIGINALITY: Your supplemental application must be an original piece of work. The Program will perform random checks of applicants' supplemental application through www.Turnitin.com for detection of possible plagiarism. Applicants will not be informed that their application has been submitted for comparison. Applications submitted to Turnitin will be included as source documents in the Turnitin reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the Turnitin service are described on the Turnitin website.

If you do not consent to your application being submitted to Turnitin, you must contact the Admissions Coordinator in writing at admissions.pa@utoronto.ca to inform us by February 3, 2020.

START SUPPLEMENTAL APPLICATION SURVEY: Click 'Go To Log In' and enter the Username (email address) and Password you created for the Supplemental Application.

NOTE: Your supplemental application will **save automatically** as you go along. You can leave and return at any time. To return, use the link provided in the email sent to you when you originally registered. **Do not re-register.**

Section A

Section A: Personal Information

OUAC Number: A 10-digit number

- Created for you upon completion of the OUAC application ([Step 1](#) of the admissions process)
- Starts with 2020 (2020XXXXXX)

If you have not completed the OUAC Application, you are not ready to begin the Supplemental Application and cannot continue. Please click [here](#) to be re-directed to the

OUAC Application website.

Please provide your OUAC number:

UofT Applicant Number: Likely a 9- or 10-digit number

- Provided to you in the acknowledgment email from Central Enrolment Services approximately 5 business days after completing the OUAC application. If you have completed the OUAC application but have not yet received the email from Central Enrolment Services, you are not ready to complete this part of the application process. It can take more than 5 business days (up to 10) for your UofT Applicant Number to be emailed to you. Please allow for this designated time to pass before contacting Central Enrolment Services or the BScPA Admissions Team.
- Starts with 99 or 100. If your UofT Applicant Number has **fewer than 9** digits, add leading zeros to make a total of 9 digits (e.g. 001234567)

Please provide your UofT Applicant Number:

Please provide your name:

Surname

Former Surname

Given Name

Common Name (name you prefer, if different from your given name)

Mailing Address:

Street Address (Number and Name)

Apartment Number

City/Town

Province/State

Country

Postal Code

Current Home Address (if different from mailing address):

Street Address (Number and Name)

Apartment Number

City/Town

Province/State

Country

Postal Code

Phone numbers (include area code. Also include country code if outside of North America):

Home phone number (XXX-XXX-XXXX)

Business phone number (XXX-XXX-XXXX)

Mobile phone number (XXX-XXX-XXXX)

Gender:

- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer

Other (please specify):

Date of Birth:

	Month	Day	Year
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	Month	Day	Year
Please Select:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you currently an Ontario Resident?

- Yes
- No

As an adult, have you ever lived in Northern Ontario (southern boundary approximately Parry Sound/Gravenhurst), or in a rural area? (For Ontario, "rural" = [Rurality index](#) of 40 or more; outside of Ontario, "rural" = population of <15,000)

- Yes
- No

Do you currently live in Northern Ontario (southern boundary approximately Parry Sound/Gravenhurst), or in a rural area?

- Yes
- No

How long have you lived/been living in Northern Ontario or in a rural area as an adult?
(answer in total number of years)

Please list the Northern Ontario or rural areas that you are living in or have lived in as an adult. For each location, include a postal code and period of your residence (e.g. from yyyy/mm to yyyy/mm). List up to 5.

Section B

Section B: Healthcare Experience

Please enter **all** of your healthcare experiences in the sections below, up to the maximum space allowance. All forms of health care experience are considered toward the minimum requirement. Healthcare experience can be obtained through employment, clinical placements as part of healthcare educational programs, or as a volunteer. Please provide information on **all** healthcare experiences, not only the minimum 910 hours required for admission. Please provide as much information as possible. Information provided by the applicant is subject to verification by the Program.

Are you a graduate of Medical School?

- Yes
- No

How much healthcare experience do you have altogether (as of February 3, 2020)?

Note: You must have at least 910 hours of healthcare experience to be eligible for admission to the BScPA Program.

- 910 - 1819 hours (6 - 12 months full time equivalent)
- 13 months to 5 years (full time equivalent)
- more than 5 years (full time equivalent)

Please complete the next section regarding your most recent healthcare position (Position #1).

Total number of **hours** spent in this position (as of February 3, 2020):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position:

Name of Institution	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
Province/State	<input type="text"/>
Postal Code	<input type="text"/>
Country	<input type="text"/>

My status in this position is/was:

- Paid
 Clinical Placement (requirement of my educational program)
 Volunteer

Please choose the most appropriate title for this position from the list below:

- | | | |
|--|---|---|
| <input type="radio"/> Aboriginal Healthworker | <input type="radio"/> Medical Doctor/ Physician /Surgeon | <input type="radio"/> Pedorthist |
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name

Verifier First Name

Name of Organization

Institutional Address

Verifier Phone Number with area code
(include country code if outside North
America)

Verifier email address

Comments

Do you have other healthcare experience?

 Yes NoStarting chronologically back from Position #1, please number this next healthcare
position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #2.Total number of **hours** spent in this position (must be in HOURS):List your start (from) and end (to) dates. If you are currently in this position, enter
"February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text"/>	<input type="text"/>	<input type="text"/>
End date:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the location details for this position

Name of Institution

Address

Address 2

City

Province/State

Postal Code

Country

My status in this position is/was:

- Paid
- Clinical Placement (requirement of my educational program)
- Volunteer

Please choose the most appropriate title for this position from the list below:

- | | | |
|--|--|---|
| <input type="radio"/> Aboriginal Healthworker | <input type="radio"/> Medical Doctor/ Physician /Surgeon | <input type="radio"/> Pedorthist |
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropracist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |

- | | | |
|--|---|---|
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name

Verifier First Name

Name of Organization

Institutional Address

Verifier Phone Number with area code
(include country code if outside North America)

Verifier email address

Comments

Do you have other healthcare experience?

- Yes
- No

Starting chronologically back from Position #1, please number this next healthcare position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #3.

Total number of **hours** spent in this position (must be in HOURS):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position

Name of Institution

Address

Address 2

City

Province/State

Postal Code

Country

My status in this position is/was:

- Paid
- Clinical Placement (requirement of my educational program)

Volunteer

Please choose the most appropriate title for this position from the list below:

- | | | |
|--|---|---|
| <input type="radio"/> Aboriginal Healthworker | <input type="radio"/> Medical Doctor/ Physician /Surgeon | <input type="radio"/> Pedorthist |
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name

Verifier First Name

Name of Organization

Institutional Address

Verifier Phone Number with area code
(include country code if outside North
America)

Verifier email address

Comments

Do you have other healthcare experience?

 Yes No

Starting chronologically back from Position #1, please number this next healthcare position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #4.Total number of **hours** spent in this position (must be in HOURS):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position

Name of Institution	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
Province/State	<input type="text"/>
Postal Code	<input type="text"/>
Country	<input type="text"/>

My status in this position is/was:

- Paid
 Clinical Placement (requirement of my educational program)
 Volunteer

Please choose the most appropriate title for this position from the list below:

- | | | |
|---|--|---|
| <input type="radio"/> Aboriginal Healthworker | <input type="radio"/> Medical Doctor/ Physician /Surgeon | <input type="radio"/> Pedorthist |
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |

- | | | |
|--|---|---|
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)

- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name

Verifier First Name

Name of Organization

Institutional Address

Verifier Phone Number with area code
(include country code if outside North America)

Verifier email address

Comments

Do you have other healthcare experience?

Yes

No

Starting chronologically back from Position #1, please number this next healthcare position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #5.

Total number of **hours** spent in this position (must be in HOURS):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position

Name of Institution

Address

Address 2

City

Province/State

Postal Code

Country

My status in this position is/was:

- Paid
 Clinical Placement (requirement of my educational program)
 Volunteer

Please choose the most appropriate title for this position from the list below:

- | | | |
|--|---|---|
| <input type="radio"/> Aboriginal Healthworker | <input type="radio"/> Medical Doctor/ Physician /Surgeon | <input type="radio"/> Pedorthist |
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese |

Medicine Practitioner

- Medic/Military Medic Paramedic - Advanced Care Other - Please specify below

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)

- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name	<input type="text"/>
Verifier First Name	<input type="text"/>
Name of Organization	<input type="text"/>
Institutional Address	<input type="text"/>
Verifier Phone Number with area code (include country code if outside North America)	<input type="text"/>
Verifier email address	<input type="text"/>
Comments	<input type="text"/>

Do you have other healthcare experience?

- Yes
- No

Starting chronologically back from Position #1, please number this next healthcare position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #6.

Total number of **hours** spent in this position (must be in HOURS):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position

Name of Institution	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
Province/State	<input type="text"/>
Postal Code	<input type="text"/>
Country	<input type="text"/>

My status in this position is/was:

- Paid
 Clinical Placement (requirement of my educational program)
 Volunteer

Please choose the most appropriate title for this position from the list below:

- Aboriginal Healthworker
 Medical Doctor/ Physician /Surgeon
 Pedorthist
 Acupuncturist
 Medical Laboratory Technologist
 Personal Support Worker (PSW)
 Anaesthesia Assistant
 Medical Receptionist
 Pharmacist

- | | | |
|--|---|---|
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name

Verifier First Name

Name of Organization

Institutional Address

Verifier Phone Number with area code

(include country code if outside North America)

Verifier email address

Comments

Do you have other healthcare experience?

Yes

No

Starting chronologically back from Position #1, please number this next healthcare position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #7.

Total number of **hours** spent in this position (must be in HOURS):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position

Name of Institution

Address

Address 2

City

Province/State

Postal Code

Country

My status in this position is/was:

- Paid
- Clinical Placement (requirement of my educational program)
- Volunteer

Please choose the most appropriate title for this position from the list below:

- | | | |
|--|---|---|
| <input type="radio"/> Aboriginal Healthworker | <input type="radio"/> Medical Doctor/ Physician /Surgeon | <input type="radio"/> Pedorthist |
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |

- | | | |
|--|---|---|
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name	<input type="text"/>
Verifier First Name	<input type="text"/>
Name of Organization	<input type="text"/>
Institutional Address	<input type="text"/>
Verifier Phone Number with area code (include country code if outside North America)	<input type="text"/>
Verifier email address	<input type="text"/>
Comments	<input type="text"/>

Do you have other healthcare experience?

- Yes
- No

Starting chronologically back from Position #1, please number this next healthcare position:

This is position # (enter digits only)

Please complete the next section regarding your healthcare position #8.

Total number of **hours** spent in this position (must be in HOURS):

List your start (from) and end (to) dates. If you are currently in this position, enter "February 3, 2020" as the end date.

	Month	Day	Year
Start date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>
End date:	<input type="text" value="▼"/>	<input type="text" value="▼"/>	<input type="text" value="▼"/>

Please provide the location details for this position

Name of Institution

Address

Address 2

City

Province/State

Postal Code

Country

My status in this position is/was:

- Paid
- Clinical Placement (requirement of my educational program)
- Volunteer

Please choose the most appropriate title for this position from the list below:

- Aboriginal Healthworker Medical Doctor/ Physician Pedorthist
/Surgeon

- | | | |
|--|---|---|
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Personal Support Worker (PSW) |
| <input type="radio"/> Anaesthesia Assistant | <input type="radio"/> Medical Receptionist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Audiologist | <input type="radio"/> Midwife | <input type="radio"/> Pharmacy Assistant |
| <input type="radio"/> Chiropodist/Podiatrist | <input type="radio"/> MRI Technologist | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Naturopathic Physician/Naturopath | <input type="radio"/> Physiotherapy Assistant |
| <input type="radio"/> Clinical Assistant/Medical Assistant | <input type="radio"/> Nuclear Medicine Technologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Clinical Researcher/Clinical Research Assistant/Research Assistant | <input type="radio"/> Nurse - Nurse Practitioner (NP) | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Dental Assistant | <input type="radio"/> Nurse - Registered Nurse (RN) | <input type="radio"/> Radiation Therapist |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Nurse - Registered Practical Nurses (RPN) | <input type="radio"/> Radiological Technologist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Occupational Therapist | <input type="radio"/> Recreation Therapist |
| <input type="radio"/> Denturist | <input type="radio"/> Optician | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Dietitian | <input type="radio"/> Optometrist | <input type="radio"/> Social Worker |
| <input type="radio"/> Homeopath | <input type="radio"/> Optometrist Assistant | <input type="radio"/> Sonographer |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Osteopathic Physician/Osteopath | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Paramedic | <input type="radio"/> Traditional Chinese Medicine Practitioner |
| <input type="radio"/> Medic/Military Medic | <input type="radio"/> Paramedic - Advanced Care | <input type="radio"/> Other - Please specify below |

The most appropriate title for my role in this position is/was:

Briefly describe the nature of this position – please be as specific as possible, including setting and main duties: [maximum: 300 characters (approx. 50 words)]

Please select the choice below that best defines the level of involvement in **direct patient care** that you have/had in this position.

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

Please select the choice below that best describes **the specific clinical duties** that you perform(ed) in this position.

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

Verifier for this position:

The individual you list as a verifier should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.

Verifier Last Name

Verifier First Name

Name of Organization

Institutional Address

Verifier Phone Number with area code
(include country code if outside North
America)

Verifier email address

Comments

Section C

Section C: Personal Statements

Describe your experience in healthcare. Please comment on the patient population you served and the nature of the healthcare setting you were in. (250 words maximum)

Why do you want to be a Physician Assistant? (250 words maximum)


How do you envision yourself providing care as a Physician Assistant? (250 words maximum)



Please describe your understanding of (or experience in) providing healthcare services to patients in rural, northern or underserved communities. (250 words maximum)



How do you envision the distance and distributed delivery method of the BScPA Program will impact your life? (250 words maximum)



Section D

Section D: Information Technology

Information technology will be used in the delivery of the distance education model of the program curriculum. This will ensure maximum access to the program by all students regardless of their geographic location. Please confirm your understanding of distance learning and your access to required computer hardware and software below.

Distance Learning:

Please choose either "yes" or "no" in response to the following statements:

Yes No

I understand that distance learning means that most of the time I am not in a traditional face-to-face classroom setting.

I understand that distance learning requires me to set my own schedule in order to cover the course materials and participate in group activities, although the schedule for tests and exams will be set by the BScPA Program.

I understand that the BScPA Program is an intense, full-time program, requiring my attention 30+ hours per week, and that much of the time I will be learning on my own, or in a study group with peers.

Computer Requirements:

Please choose either "yes" or "no" in response to the following statements. For more information [click here](#) for Computer Operating System and Bandwidth Requirements for students in the BScPA Program.

Yes No

I have used and have access to a computer with a minimum operating system of Windows XP or Mac 10.6, as well as Office 2007.

I have used and have access to a minimum bandwidth of 28.8 kbps

Computer Skills:

Please choose either "yes" or "no" in response to the following statements. I am able to do the following:

Yes No

Send and receive emails.

Open e-mail attachments.

	Yes	No
--	-----	----

Open and operate programs on my computer (such as Word, Power Point, Adobe Acrobat, etc.).	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

Upload and download documents and pictures.	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------

Scroll through pages on a website.	<input type="radio"/>	<input type="radio"/>
------------------------------------	-----------------------	-----------------------

Find the information I am looking for on a website.	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------

Print a webpage.	<input type="radio"/>	<input type="radio"/>
------------------	-----------------------	-----------------------

Use a search engine like Google to find general information.	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

Locate addresses and get directions using mapping programs on the internet.	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------

Other:

Please choose either "yes" or "no" in response to the following statements:

	Yes	No
--	-----	----

I understand that some online exams will require me to type responses within a limited time-frame.	<input type="radio"/>	<input type="radio"/>
--	-----------------------	-----------------------

I understand and have basic knowledge of computer-related terms, such as: Copy and Paste, Cutting, Click and Drag, Insert, Browser, Monitor, etc.	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------

Section E

Section E: Declaration of Professional Misconduct

Are you currently a member of a [regulated health profession](#) (under the [Regulated Health Professions Act](#)) in Ontario? (Please choose only one of the following):

Yes

No

Which regulated health profession are you a member of? (Please choose only one of the following):

- | | |
|---|---|
| <input type="radio"/> Acupuncturist | <input type="radio"/> Medical Doctor/Physician/Surgeon |
| <input type="radio"/> Audiologist/Speech Language Pathologist | <input type="radio"/> Midwife |
| <input type="radio"/> Chiropracist/Podiatrist | <input type="radio"/> Naturopathic Physician/Naturopath |
| <input type="radio"/> Chiropractor | <input type="radio"/> Nurse |
| <input type="radio"/> Dental Hygienist | <input type="radio"/> Occupational Therapist |
| <input type="radio"/> Dentist/Dental Surgeon | <input type="radio"/> Optician |
| <input type="radio"/> Dental Technologist | <input type="radio"/> Optometrist |
| <input type="radio"/> Denturist | <input type="radio"/> Pharmacist |
| <input type="radio"/> Dietician | <input type="radio"/> Pharmacy Technician |
| <input type="radio"/> Homeopath | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Kinesiologist | <input type="radio"/> Psychologist |
| <input type="radio"/> Massage Therapist | <input type="radio"/> Psychotherapist |
| <input type="radio"/> Medical Laboratory Technologist | <input type="radio"/> Respiratory Therapist |
| <input type="radio"/> Medical Radiation Technologist | <input type="radio"/> Traditional Chinese Medicine Practitioner |

Are you under investigation OR have you ever been dismissed from a position as a healthcare provider or had hospital/healthcare privileges revoked? (Please choose only one of the following):

- Yes
- No

If "Yes", please provide details:

Have you ever had your registration as a health professional revoked, surrendered, restricted, subjected to individual terms and conditions by a registration or licensing authority or another health profession in Ontario or in another province, territory or country? (Please choose only one of the following):

- Yes
- No

If "Yes", please provide details:

Are you currently under investigation, or involved in any proceedings that could result in the encumbrance of your registration or license, by a registration or licensing authority for a health profession in Ontario or in another province, territory, state or country? (Please choose only one of the following):

- Yes
- No

If "Yes", please provide details:

Section F1

Section F: Travel/Accommodations Terms and Conditions

The Physician Assistant Professional Degree Program is designed so that students may remain in their home community for much of the program. Although clinical placements occur during Year 2 of the program, students will take a Longitudinal Clinical Experience course throughout Year 1.

Please choose either "yes" or "no" in response to the following statements:

Yes No

I understand that the BScPA Program will only be scheduling Year 2 clinical rotations within the province of Ontario. I agree to participate in all required clinical experiences for the duration of the program.

I understand that arrangement and cost of transportation within the clinical rotations are my responsibility.

The Physician Assistant Professional Degree Program is rooted in e-learning, such that most of the Year 1 curriculum is taught on-line via distance education. The focus of Year 2 of the program is clinical experience, with some academic curriculum.

However, in both Year 1 and Year 2, students will be required to travel to the Academic Centre (Toronto) to participate in the Residential blocks. Four Residential blocks are scheduled during Year 1, and two Residential blocks are scheduled during Year 2. Students are responsible for the cost of their travel and housing for all Residential/Evaluation blocks.

I understand and agree to cover the cost of travel to Toronto and housing for all of the Residential blocks in Year 1 and Year 2 of the Program.

Please choose only one of the following:

Yes

No

The second year of the program is centred on clinical education, with experiences in both Northern and Southern Ontario. It is expected that, as much as possible, the student's Home Training Location will be in the same community as their primary residence. However, if the community in which they usually reside is not suitable for PA student training, the student will be expected to relocate to a suitable community within their geographic region.

I understand that I may be required to move to another community during my "Home" training time for up to five months in order to obtain required clinical experience; that only within Ontario a subsidy will be available to help defray costs of this displacement; and that any costs above the pre-determined maximum allowable by my subsidy are my responsibility.

Please choose only one of the following:

- Yes
- No

Section F2

The second year of the BScPA program is when students will split the year between Northern Ontario communities and Southern Ontario communities. Students will be assigned to a "Home Training Location" and a "North-South Swap Training Location". For additional information on training locations, see [Program Information](#).

I consider my home training location to be (please choose only one of the following):

- North
- South

Please identify the **city or town** you consider to be your home training location.

(Please note that this does not guarantee that appropriate clinical training can be found for you as a PA student in this community.)

I understand that in Year 2 of the program, I will participate in a "North/South Swap" clinical placement (swapped from my Home training location) for up to five months. I understand that a subsidy will be available to help defray costs of travel/housing for my "North-South Swap Training Location" assignment and that any costs above the predetermined maximum allowable by my subsidy are my responsibility.

Please choose only one of the following:

- Yes
- No

I understand that the Program is not responsible for arranging local transportation during my clinical placements in Year 2.

Please choose only one of the following:

- Yes
- No

Section G

Section G: Self-Declarations

Declaration of Understanding by the Applicant:

Application to the University of Toronto Physician Assistant Professional Degree Program implies the applicant's acceptance of the admission [requirements](#), [policies](#), procedures

and methods by which applicants are chosen for the Program. The decision of the Admissions and Selection Committee, including eligibility and selection decisions, will be final. By selecting 'I AGREE', I indicate that I have read and understood the Declaration of Understanding.

Please choose only one of the following:

- I Agree
- I Disagree

I understand that it is my responsibility to keep the University of Toronto and the Physician Assistant Professional Degree Program informed of any changes to the information in my application materials.

Please choose only one of the following:

- Yes
- No

I agree to inform the University and program (as stated above) in writing immediately after any such change occurs.

Please choose only one of the following:

- Yes
- No

I certify that the personal information and documents submitted in this application, or to be submitted (all of which constitute the application), are true, complete and correct in all respects, including my declarations as to citizenship and immigration status in Canada, that my personal statements were authored solely and entirely by me, and that all information requested in this application has been disclosed.

Please choose only one of the following:

Yes

No

Did you intend to select "No" to the previous question: "I certify that the personal information and documents submitted in this application, or to be submitted (all of which constitute the application), are true, complete and correct in all respects, including my declarations as to citizenship and immigration status in Canada, that my personal statements were authored solely and entirely by me, and that all information requested in this application has been disclosed."

Final Page

REMINDER: The following documents are required in order for your application to the BScPA Program to be complete and considered by the Admissions and Selection Committee:

1. Completed online OUAC Application (includes payment of fee)
2. Completed online Supplemental Application and payment of the \$200 Fee
3. One Letter of Reference that includes a completed Applicant Assessment form
4. Official copies of Transcripts: sent electronically to Central Enrolment Services directly via your OUAC application. Where official or notarized transcripts may not be submitted electronically, they must be mailed to – 172 St. George St, Toronto, ON, M5R 0A3. Unofficial copies of transcripts may be uploaded online directly via your JOIN account.
5. **(New for 2019-2020 admission cycle) Assessment of International Academic Credentials:** Undergraduate studies completed at a non-Canadian institution must be evaluated by World Education Services (WES), including a course-by-course evaluation of your courses and grades with an overall OMSAS GPA. WES evaluations must be submitted electronically, or mailed to Undergraduate Medical Education Enrolment Services – 1 King's College Circle, Room 2124,

Toronto, ON M5S 1A8, directly from WES as soon as possible and no later than the published document deadline.

6. Proof of English Language Proficiency (if applicable): submitted electronically to Central Enrolment Services.

For information on the above documents and deadlines [click here](#) to be re-directed to the BScPA Program website.

ORIGINALITY: Your supplemental application must be an original piece of work. The Program will perform random checks of applicants' supplemental application through www.Turnitin.com for detection of possible plagiarism. Applicants will not be informed that their application has been submitted for comparison. Applications submitted to Turnitin will be included as source documents in the Turnitin reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the Turnitin service are described on the Turnitin website.

If you do not consent to your application being submitted to Turnitin, you must contact the Admissions Coordinator in writing at admissions.pa@utoronto.ca to inform us by February 3, 2020.

A copy of your Supplemental Application answers will be emailed to you upon submitting this application.

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