Miami Dade College
Physician Assistant Program

The MDC PA program trains students for employment as medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient's principal healthcare provider. Physician Assistants utilize a team approach in collaboration with physician partners to provide excellent healthcare to patients in primary care and across all medical specialties.

The MDC PA program provides high quality education and training opportunities in primary care for students from diverse cultural backgrounds interested in providing health care services to the medically under-served residents in urban and rural communities, especially in Florida. It promotes and maintains high academic and professional standards. Through their tenure in the program, students participate in professional activities and continuing education to promote life-long learning. Graduates from the program are prepared with a level of didactic and clinical competence that provides successful entry into the profession.

The PA program is fully accredited (status-continued) by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) until September 2025. Graduates from the MDC PA program are eligible to take the Physician Assistant National Certification Exam (PANCE).

PHYSICIAN ASSISTANT PROGRAM INSTRUCTIONS FOR

Follow these instructions to complete the PA Program application process:

Step 1. After you have submitted the Online application and paid the application fee you will need to upload several documents that are specific to the MDC PA Program. If you have not applied or paid the application fee follow step 2 on the MDC PA website

Step 2. Ensure you have sent your transcripts to the MDC Transcripts department no later than **September 1st.**

Miami Dade College
Attention: Transcript Department Processing Services
11011 S. W. 104 Street, Room 301
Miami, Florida 33176-3393

Visit the MDC Transcripts page for more information https://mdc.edu/transcripts/

Step 3. Please use the checklist below to ensure you complete and submit all required documents through the PA Candidate Documents Upload Portal on the MDC PA Program website no later than **October 15th.**

For questions related to documents submitted through the portal contact:
mdcpaprogram@mdc.edu.

PA Program Application Documents:
Portal Upload Checklist

1. Letter of Intent and Resume or Curriculum Vitae (CV)

2. Health Care Experience Form & Verification Letter from HR or Certifying Administrator (Pg 4-6)

3. Certification/Registration/Licensure Form
Each applicant must submit copies of certification/registration/licensure (Pg 7)

4. Reference List Form
Three recommendation letters are required, at least two from a healthcare provider (MD, DO, PA-C, ARNP). Letters must be on letterhead (Pg 8)

5. Shadowing Experience Form
50 hours of clinical and/or shadowing experience is highly recommended. This needs to be completed prior to October 15th of the year in which you are applying. (Pg 9)

_____

Sections 6-8 below are for information purposes only and do not require any submissions through the PA Candidate Documents upload portal.

6. *Foreign Medical Graduates - (Pg 10)*

7. *HSC Waivers - (Pg 11)*

8. *Veterans claiming preference (Pg 12)*

Submit all required documents to the PA Candidate Documents Upload Portal no later than October 15th.

HEALTH CARE EXPERIENCE FORM

_____
Student Name (Print)

List all health care experience, both paid and/or volunteer, beginning with your present position. (Please insert additional sheet(s) if needed.) **PLEASE NOTE**: Each applicant must also submit a resume or curriculum vitae (CV) listing, ALL employment and other work related history. Include information for at least the past ten years.

1. Position Title: _____ From: _____ To: _____

   Name & Address of Institution or Provider: _____
   _____

   Telephone _____ Supervisor/Title _____

   Type of Practice/Hospital Unit/Specialty _____

   Duties _____
   _____

   Full Time ☐☐☐☐   Part Time ☐☐☐☐☐☐☐   Volunteer ☐☐☐☐☐☐☐   Paid ☐☐☐☐

   - Number of hours worked/volunteered per week _____
   - Number of weeks worked per year _____
   - Total number of years (round to nearest quarter) in position _____
   - If less than one year, number of months in position _____
   - Reason for leaving (if applicable) _____
   _____

2. Position Title: _____ From: _____ To: _____

   Name & Address of Institution or Provider: _____
   _____

   Telephone _____ Supervisor/Title _____

   Type of Practice/Hospital Unit/Specialty _____

   Duties _____
   _____

   Full Time ☐   Part Time ☐   Volunteer ☐   Paid ☐

   - Number of hours worked/volunteered per week _____
   - Number of weeks worked per year _____
   - Total number of years (round to nearest quarter) in position _____
   - If less than one year, number of months in position _____
   - Reason for leaving (if applicable) _____
   _____

3. Position Title: _____ From: _____ To: _____

   Name & Address of Institution or Provider: _____
   _____

   Telephone _____ Supervisor/Title _____

   Type of Practice/Hospital Unit/Specialty _____

   Duties _____
   _____

   Full Time ☐☐☐☐   Part Time ☐☐☐☐☐☐☐   Volunteer ☐☐☐☐☐☐☐   Paid ☐☐☐☐

   - Number of hours worked/volunteered per week _____
   - Number of weeks worked per year _____
   - Total number of years (round to nearest quarter) in position _____
   - If less than one year, number of months in position _____
   - Reason for leaving (if applicable) _____
     _____

4. Position Title: _____ From: _____ To: _____

   Name & Address of Institution or Provider: _____
   _____

   Telephone _____ Supervisor/Title _____

   Type of Practice/Hospital Unit/Specialty _____

   Duties _____
   _____

   Full Time ☐☐☐☐   Part Time ☐☐☐☐☐☐☐   Volunteer ☐☐☐☐☐☐☐   Paid ☐☐☐☐

   - Number of hours worked/volunteered per week _____
   - Number of weeks worked per year _____
   - Total number of years (round to nearest quarter) in position _____
   - If less than one year, number of months in position _____
   - Reason for leaving (if applicable) _____
     _____

Health Care Experience Verification

If you are declaring health care experience you must follow these instructions. Absolutely no credit will be granted for any health care experience documented above without providing the following verification document(s).

All health Care experience documented must be verified by providing the following:

1.Letter from Human Resources department or certifying administrator, on company
   letterhead, certifying the following:

      a.   Employment dates
      b.   Position/Title
      c.   Hours worked per week.
      d.   Signature and contact information for Human Resources personnel providing
              certification.

2.Submit verification letter(s) through the PA Candidate Documents Upload Portal

CERTIFICATION/REGISTRATION/LICENSURE

_____
Student Name (Print)

- Do you have any professional Certifications?　　□No　□Yes
- Do you have any professional Registrations?　　□No　□Yes
- Do you have any professional Licensures?　　　□No　□Yes

Please list in the spaces provided any health related certifications, registrations or licensures. ***Attach copy of certifications, registrations and/or licensures to this form.***

Has your licensure/registration/certification ever been withdrawn or have been denied certification/registration/licensure?　□No □Yes

If yes, please explain reason here: _____
_____
_____
_____

1. Type of Cert./Lic./Reg.: _____State: _____No:_____
   Date Received: _____Expiration Date:_____

2. Type of Cert./Lic./Reg.: _____State: _____No:_____
   Date Received: _____Expiration Date:_____

3. Type of Cert./Lic./Reg.: _____State: _____No:_____
   Date Received: _____Expiration Date:_____

4. Type of Cert./Lic./Reg.: _____State: _____No:_____
   Date Received: _____Expiration Date:_____

A conviction may affect licensure. For additional information, please contact Department of Profession Regulation.

Licensure as a physician assistant may be affected by previous Licensure/registration/certification denials or withdrawals.

REFERENCE LIST
(Three letters of recommendation are required)

_____
Student Name (Print)

Please list the individuals you have asked to provide a reference. The Letters of Recommendation must be on letterhead. We reserve the right to contact your references to verify authenticity.

Letters are due with the application by October 15th. Two of the three must be from a healthcare provider such as a MD, DO, PA-C, or ARNP. (Use an additional page to list additional references if needed.)

1. Name: _____ Title: _____

    Relationship to applicant: _____

    Telephone Number: (_____) _____

2. Name: _____ Title: _____

    Relationship to applicant: _____

    Telephone Number: (_____) _____

3. Name: _____ Title: _____

    Relationship to applicant: _____

    Telephone Number: (_____) _____

THE LETTERS OF REFERENCE MUST BE PART OF THIS PACKAGE PRIOR TO SUBMISSION. Letters must be submitted through the PA Candidate Documents Upload Portal

SHADOWING EXPERIENCE FORM
To be completed by the Practitioner

As a Miami Dade College physician assistant applicant, I understand that **50 hours of clinical and/or shadowing experience is highly recommended for all applicants without any healthcare experience**. Each separate experience should be documented on separate forms, therefore please make copies of this form as necessary for additional experiences.

Applicant's Name: _____

Clinical Setting:
- o Hospital
- o Private Office
- o Clinic
- o Other _____

Specialty_____

_____   _____
Dates of Experience   Estimated Hours of Experience

Supervising Practitioner Information

Name: _____

Phone Number: _____

Address: _____

Signature: _____

Please provide a brief description of supervising Practitioner's duties and responsibilities witnessed by the applicant: _____

_____

_____

_____

_____

*Can be PA, MD, DO, or NP

Veterans Claiming Preference Instructions

The MDC PA Program honors our countries military hero's. Military Veterans and their dependents can file for Veteran's preference. The following process is required:

1. **Contact the Veterans Affair representative below and Submit DD214 and or other proof of qualified veteran status.**
   Marina Metler
   Military and Veterans Services
   Miami Dade College
   Medical Campus, Office 1201
   Homestead Campus
   (775)741-3225
   mmetler@mdc.edu

2. **Inform Mrs. Metler this is for the PA program**

3. **The Military and Veterans department will authenticate the applicants veteran's status and inform the MDC PA Program upon verification.**

4. **Up to 5 points may be awarded in the candidate admissions process.**

5. **Any questions regarding what constitutes veteran status should be submitted to the Military and Veterans Services department above.**

Foreign Medical Graduates

If you are a Foreign Medical Graduate (FMG) please ensure to submit your translated transcripts and TOEFL (if applicable) to the MDC Transcripts department at the address below for verification no later than September 1st.

Miami Dade College
Attention: Transcript Department Processing Services
11011 S. W. 104 Street, Room 301
Miami, Florida 33176-3393
https://mdc.edu/transcripts/

Waivers/Exemptions

Introduction to Healthcare (HSC 0003) Waiver Process

Generally, only students who are licensed health care workers may be eligible. Students who have taken a similar course and can prove through syllabus evaluation the course objectives and learning outcomes are equivalent and have been satisfied may also qualify.

Follow the steps to apply here https://www.mdc.edu/medical/healthc-are-exemption-process.aspx

Waiver will only be accepted once a student has completed the entire process above and the course has posted on their transcripts (Transcript will reflect course as HSC0995). Transcripts that do not reflect completion of HSC 0003 with a letter grade of C or better (for both lecture and lab) or the HSC 0995 by Oct 15 will not be eligible.