

Clarkson University
Supplemental Application
Class of 2025





There is no advanced placement in the Clarkson University PA program nor does the program accept transfer credit from a student previously enrolled in another PA program. Clarkson University does not accept experiential credit. Applicants previously enrolled in another PA program, nursing, or medical school will be considered on an individual basis. All non-US citizens or students who have English as a second language must submit their college transcripts to the World Education Service (WES) for translation and successfully complete the TOEFL (Test of English as a Foreign Language) or IELTS (International English Language Testing System). Applicants with a history of drug abuse or conviction of a felony will not be considered for admission to the program.

Checklist for Supplemental Application

- Biographical Data Page
- Signed Statement of Meeting Technical Standards
- Updated Health Care Experience (all experiences including those listed on your CASPA application) Print as many pages as necessary to list all experiences.
- Write a Personal Statement answering the following: Identify why you feel the Clarkson University Physician Assistant Program will enhance your PA education in pursuit of becoming a highly skilled Physician Assistant. This personal statement is in addition to the one you wrote for CASPA. Please type in a separate word document. There is no word limit.
- Official transcripts for grades not verified in CASPA must be sent from your university directly to the PA Studies Department at the address listed below
- Reference letters – a total of 3 is required, one of which must be from a clinician (MD, PA, NP, etc). If CASPA has 3 letters and one is from a clinician no letter is required with the supplemental application.
- Official GRE scores submitted to code 0285, if not previously submitted on CASPA
- \$50 application fee, check or money order made payable to Clarkson University (no cash accepted)
- Taken the CASPer assessment test and score submitted

***Please do not bend or staple the supplemental application. Please use a paper clip.

Please mail the **completed** supplemental application and fee to:

Clarkson University
Department of Physician Assistant Studies-Admissions
8 Clarkson Avenue
Potsdam, NY 13699-5882

For questions about completing the Clarkson University supplemental application, contact the Clarkson University Department of Physician Assistant Studies at pa@clarkson.edu or 315-268-2161.

Application Deadline

The complete supplemental application must be returned within 30 days of receipt. If not, the application will be considered as closed. Incomplete applications, applications received after the deadline, or applications received without the application fee will be returned to the sender without review.

Application Statement

I understand that withholding information requested in this application or giving false information gives the Admissions Committee the right to make me ineligible for admission to, or continuation at Clarkson University. With this in mind, I certify all the above statements in this application are accurate.

Applicant's Signature

Date



PERSONAL INFORMATION

First Name _____ Middle Name _____ Last Name _____

*Preferred Name _____ Former names (if applicable) _____

BIOGRAPHICAL HISTORY

Date of birth (mm/dd/yy) ____/____/____

Place of birth (city/state/country) _____/_____/_____

Gender Male Female

Optional: Marital Status: Single Married Divorced Separated Civil Partnership

NATIONAL ID

Social Security Number _____

ADDRESS/PHONE NUMBER

Permanent Mailing Address _____

Preferred Mailing Address _____

Email Address _____

Phone Number (mobile) _____ (home) _____

CITIZENSHIP (check only ONE)

- U.S. Citizen Social
- U.S. Permanent Resident (attach copy of both sides of Resident Alien card) Registration Number _____
- Non-U.S. Citizen Current Visa Status _____ (e.g. F-1, J-1, etc.) Country of Citizenship _____
- Refugee

PERSONAL DATA FOR U.S. CITIZENS — RACE/ETHNICITY

Are you Hispanic or Latino (that is, a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? ___ Yes ___ No

Select any other group or groups that apply to you. (Check all that apply):

- American Indian or Alaskan Native Black or African-American Asian
- White Native Hawaiian or other Pacific Islander Not Specified

MILITARY SERVICE

Branch of Service _____ Rank _____

Dates of Service (mm/dd/yy) ____/____/____ to ____/____/____

Disabled Disabled Veteran VA Benefit

Please check one:

- | | | |
|---|---------------------------------|-----------------------------------|
| ___ Active Duty/Campaign Badge Vet | ___ Currently Dependent | ___ No Military |
| ___ Not a Protected Vet | ___ Not a Veteran | ___ Not Indicated |
| ___ Recently Separated Vet | ___ Separated & Active Duty Vet | ___ Separated & Service Medal Vet |
| ___ Separated & Service Medal/Active Duty | ___ Service Medal Vet | ___ Vet (Non-Combat) |
| ___ Vietnam & Active Duty Vet | | |



Statement of Meeting Technical Standards

The abilities and skills which candidates and students *must* possess in order to complete the education and training associated with Physician Assistant education are referred to as "Technical Standards." These same abilities and skills are essential for clinical practice as a Physician Assistant. The Technical Standards listed below reflect five categorical areas: observation, communication, critical reasoning (intellectual), motor and sensory, and behavioral/social and represent minimum competence levels. Students must attest that they meet these Technical Standards prior to or at the time of matriculation to the Clarkson University Department of PA Studies. Students found to be in violation of Technical Standards are at risk for dismissal from the program. Each standard is defined below and is followed by examples of indicators of minimum competence in that area. Reasonable accommodation for persons with documented disabilities will be considered on an individual basis, but a candidate must be able to perform in an independent manner.

Observation. Candidates must have sufficient capacity to observe in the lecture hall, the laboratory, the outpatient setting and the patient's bedside. Sensory skills to perform a physical examination are required. Functional vision, hearing and tactile sensation are required to properly observe a patient's condition and to perform procedures regularly required during a physical examination such as inspection, auscultation and palpation.

Communication. Candidates must be able to communicate effectively in both academic and health care settings. Candidates must show evidence of effective written and verbal communication skills. Candidates must be able to communicate with patients in order to elicit information, describe changes in mood, activity and posture and perceive nonverbal communications. Candidates must be capable of completing, in a thorough and timely manner, appropriate medical records and documents and plans according to protocol.

Motor. The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g., palpation, auscultation) is required. Candidates must have sufficient motor function to execute movements reasonably required to properly care for all patients. Candidates must be able to move freely about patient care environments and must be able to move between settings such as clinics, classroom buildings, and hospitals. In addition, physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. Long periods of sitting, standing, or moving are required in classroom, laboratory and clinical experiences.

Intellectual. Candidates must be able to measure, calculate, reason, analyze and synthesize. Problem solving, one of the critical skills demanded of physician assistants, requires all of these intellectual abilities. Candidates must be able to read and understand medical literature. In order to complete the Physician Assistant Studies program, candidates must be able to demonstrate mastery of these skills and the ability to use them together in a timely fashion in medical problem-solving and patient care.

Behavioral and Social Attributes. Candidates must possess the emotional health and stability required for full utilization of their intellectual abilities, the exercise of good judgment and the prompt completion of all academic and patient care responsibilities. The development of mature, sensitive and effective relationships with patients and other members of the healthcare team is essential. The ability to function in the face of uncertainties inherent in clinical practice, flexibility, compassion, integrity, motivation, interpersonal skills and concern for others, are all required. Candidates must be able to function effectively under stress and have the ability to accept constructive criticism and handle difficult interpersonal relationships during training.

Please sign certifying you meet the technical standards.

Applicant's Signature

Date



Health Care Related Experience

Please list all health care related experiences, include those listed on your CASPA application. Health care related experiences may include patient care, volunteer/community enrichment, employment and/or shadowing. The experiences that include a high level of decision making and intensive hands on patient care responsibility will be considered high quality. We encourage our applicants to gain a variety of quality experiences, while meeting or exceeding the quantity of hours required for acceptance to our program. Please fill in and print as many pages as needed.

Employer	Title	Total Hours	Start Date	End Date
Supervisor	Email:		Phone Number:	
Duties:				
Compensated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certification/License Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Title	Total Hours	Start Date	End Date
Supervisor	Email:		Phone Number:	
Duties:				
Compensated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certification/License Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Title	Total Hours	Start Date	End Date
Supervisor	Email:		Phone Number:	
Duties:				
Compensated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certification/License Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		



DEPARTMENT OF PHYSICIAN ASSISTANT STUDIES

Employer	Title	Total Hours	Start Date	End Date
Supervisor	Email:		Phone Number:	
Duties:				
Compensated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certification/License Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Title	Total Hours	Start Date	End Date
Supervisor	Email:		Phone Number:	
Duties:				
Compensated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certification/License Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employer	Title	Total Hours	Start Date	End Date
Supervisor	Email:		Phone Number:	
Duties:				
Compensated: Yes <input type="checkbox"/> No <input type="checkbox"/>		Certification/License Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		

By signing this form, I _____, acknowledge that the information provided is true and accurate to the best of my knowledge. I understand that I may be required to provide documentation to Clarkson University acknowledging proof of my claimed health care experiences. If found that false information was provided to Clarkson University, I forfeit my application to the Physician Assistant Studies Program.

Signature

Date