



Montefiore Medical Center

Critical Care Medicine Department

Postgraduate Critical Care Residency Program for Physician Assistants

APPLICATION

Instructions:

1. Complete the entire application even though a resume is included. Please include a recent photograph, your curriculum vitae and a personal narrative. A signature is required.
2. Arrange for your three letters of reference to be sent directly to this office.*
3. Have your college and PA program transcripts forwarded to this office.

Personal Information

Full Name: _____
Last *First* *M.I.*

Social Security Number: _____

Permanent Address: _____

E-mail Address: _____

Mailing Address (if different from above): _____

Birth Date: _____ Marital Status: _____

Citizen of (list country): _____

*If a current student or recent graduate (<5 years), please include a letter of reference from your Program Director.

Education & Certification

1. Physician Assistant Program: _____

Name of Program and/or School

_____ **From** _____
City *State* *Month/Year*

_____ **To** _____
Credentials/Degree awarded *Month/Year*

2. NCCPA Certification

_____ *Number* _____ *Year*

3. List all Undergraduate and Graduate Education (use separate sheet if necessary)

Name of Program/School

City *State* **From** *Monty/Year*

Credentials/Degree awarded **To** *Monty/Year*

Name of Program/School

City *State* **From** *Monty/Year*

Credentials/Degree awarded **To** *Monty/Year*

4. Technical/Professional:

Name of Program and/or School

City *State* **From** *Monty/Year*

Credentials/Degree awarded **To** *Monty/Year*

5. Additional Training/Certifications:

Program / Location / Date taken / Date expires

i.e. ACLS, ATLS, PALS

Professional Experience – Medical (Employee/Volunteer)

List all employment in chronological order. Include physicians, group practices, clinics, hospitals, corporations, military or government agencies where you served in a professional health care capacity. Attach additional sheets if needed.

Employer	Address	Department	Position	Date (From/To)
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Other Experience – Non medical (Employee/Volunteer)

List in chronological order and identify whether paid or volunteer. Attach additional sheets if needed.

In an essay no longer than one page, answer the following (you may send this along the application.)

1. Why would you like to be a part of the Montefiore Postgraduate Residency for Physician Assistants?
2. Describe an instance in your medical experience that has shaped you as a professional clinician.
3. Describe an instance in which you have encountered failure and how you overcome it.

Submit completed application to:

Revathi Nair, MPAS, PA-C
Program Director
Postgraduate Critical Care Residency for Physician Assistants
Einstein-Montefiore Division of Critical Care
Medicine
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