



Duke Orthopaedic Physician Assistant Surgical Residency

Application Form

Personal

Name: _____ Date of Birth: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email address: _____

Education and Training

College(s)/Year(s) of Graduation/Degree: _____

Physician Assistant Program/Year of Graduation: _____

NCCPA Certification Number: _____ Date Certified: _____

NC Medical Board License Number: _____ Date Certified: _____

If not certified at time of application, date planned for PANCE: _____

References

Reference #1

Name: _____ Relationship: _____

Reference #2

Name: _____ Relationship: _____

Reference #3

Name: _____ Relationship: _____

Please include a completed application form along with the following in a sealed envelope addressed to

Duke Orthopaedic Physician Assistant Residency Program

3643 North Roxboro Road, Box #29

Durham, NC 27704

Attn: Ryan D. Clement PA-C

- Sealed official transcripts from any college/university attended
- Sealed official transcripts from Physician Assistant program
- NCCPA exam scores
- Copy of NC Medical Board License
- Copies of BLS and ACLS cards
- DEA certification (if available)
- 2 passport sized photos
- One page personal narrative stating interest and experience in Orthopaedics
- Three evaluation forms. One peer recommendation, one recommendation from Orthopaedic Surgeon/PA, and one recommendation from clinical preceptor or professor from PA program
- \$50 application fee, made payable to Duke PDC