

**Iowa Emergency Medicine
Physician Assistant Residency Program
Application Form**

Fill out form online, then print completed form.

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

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

PA School: _____ **Graduation Date:** _____

Please list three Professional/Academic references. Select references that are best qualified to vouch for your character and professional qualifications.

1. **Name:** _____ **Title:** _____

Institution/Company: _____

Address & Zip: _____

Phone: _____ **email:** _____

2. **Name:** _____ **Title:** _____

Institution/Company: _____

Address & Zip: _____

Phone: _____ **email:** _____

3. **Name:** _____ **Title:** _____

Institution/Company: _____

Address & Zip: _____

Phone: _____ **email:** _____

Send application form along with the other required documents to:

Iowa Emergency Medicine PA Residency Program
Attn: Admissions Committee University
of Iowa Hospitals & Clinics 200 Hawkins
Dr., SE-203 GH
Iowa City, IA 52242

Or

email to kelby-kiefer@uiowa.edu

REQUIRED DOCUMENTS	
Send with Application Form:	Sent by Institute/References:
<ul style="list-style-type: none"> Curriculum Vitae 	<ul style="list-style-type: none"> PA School Transcripts
<ul style="list-style-type: none"> One-page Personal Statement 	<ul style="list-style-type: none"> 3 Letters of Recommendations
<ul style="list-style-type: none"> Photo 	
<ul style="list-style-type: none"> \$50 application fee Make checks payable to UIHC Dept. of Emergency Medicine 	