



# Physician Assistant Program Patient Care Experience Verification Form

Applicant Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ CASPA ID Number \_\_\_\_\_

Admission to the University of North Carolina at Chapel Hill Physician Assistant Program requires a minimum of 1,000 hours of paid, hands-on, direct patient care experience. Hours must be completed by August 1, 2026. Hours obtained after August 1, 2026 will not be considered in admissions decisions. Please use the following information below to record your hours. All information below is required. This form is not valid without a supervisor's signature. Please use a separate form for each supervisor or facility, if applicable.

### EXPERIENCE REQUIREMENTS

A total of 1,000 hours of hands-on, direct patient care experience (examples: administering medication, performing procedures, directing a course of treatment, providing care for patients as an active nurse, EMT, etc.)

**Experiences involving clerical, dictation, laboratory or retail work in a medical setting are not accepted. In addition, observation experiences, such as shadowing and experiences awarding academic credit are also not accepted towards the 1,000 hours.**

Facility Name \_\_\_\_\_ Facility Phone Number \_\_\_\_\_

Facility Address \_\_\_\_\_

Dates of Clinical Experience \_\_\_\_\_ Total Hours \_\_\_\_\_  
(MM/DD/YY)

Description of health care experience \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY SUPERVISOR or HR REPRESENTATIVE

I hereby verify that the above information is true and accurate.

Supervisor Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for making a contribution to the application process for future Physician Assistants. Comments, questions, or concerns regarding this applicant's potential as a PA can be directed to (919) 962-8008 or paprogram@unc.edu.