MetroPAP Application 2017

Metropolitan Physician Associate Program Application
I give permission for the faculty and staff in MetroPAP to access any information from my medical school record including AMCAS application, MCAT and Board scores, medical school transcript, and clerkship evaluations.  If accepted, I give permission to share this application with my host clinic.
If I am selected and accept my placement in MetroPAP, I agree to participate in all aspects and components of the program.  I understand that once I accept placement in MetroPAP, Curriculum Affairs will not allow me to change my schedule without prior discussion and approval from the MetroPAP Director.  I understand that I am not guaranteed a specific site.
I understand I must obtain a passing score for USMLE Step 1 on a timeline acceptable to MetroPAP, pass the MED 7500 clerkship, and not have any incomplete or fail courses on my transcript in order to participate in MetroPAP.
By applying, I certify that I am currently in good standing in the Medical School.

Full Name:

Current Campus:

Contact information:

* Student ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* UMN Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Preferred Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Advisor's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upload your CV

Birthplace:

High School Location:

High School Graduation Year:

* Undergraduate School (Name and location)
* Undergraduate GPA
* Undergraduate Major
* MCAT Score

Special Interests, Hobbies, Extracurricular Activities:

Scheduling:  Do you have any commitments that could impact your schedule between May 2018 and June 2019?  Include personal, military, educational, or professional commitments.

Have you had any academic difficulties in your first two years of medical school such as repeating exams, incompletes, or failure of course?  If yes, please explain.

Do you have any military commitments or scholarships (e.g. National Health Service Corps) that will impact your residency choices or practice after residency?

Spouse/SO Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your spouse/SO a current UMN medical student or resident?

What is your spouses occupation and work location?

Did you take part in the Rural Observation Experience (ROE) before your first year of medical school?  If so, where?

Did you take part in the Summer Internship in Medicine (SIM) between your first and second year of medical school?  If so, where?

Describe an experience that demonstrates your interest in population health and/or underserved populations.

Describe a time you successfully worked on a project as part of a team.   Describe how you overcame a challenge during this project.  How did you facilitate communication?

Describe yourself 10 years from now.  Include personal and professional components of your life in the description.

What specific medical experiences are very important for you to be involved with during MetroPAP? (e.g. obstetrics, geriatrics, rural surgery, pediatrics)

Do you have any particular skills we should consider when thinking of MetroPAP placement (e.g. foreign languages, medical experiences , work history)?

Placement:  Describe any circumstances that may limit your flexibility in site placement.  Include personal, military, educational, or professional commitments.

Are you willing to be considered for MetroPAP in St. Cloud, MN?

Are you planning to apply to any other Longitudinal Integrated Clerkships (LICs)?

* RPAP
* VALUE
* HeLIX
* EPAC
* Not interested in other LICs

Thank you for applying to the Metropolitan Physician Associate Program!

Interview dates on the Duluth campus will take place in December 2017.  Interview dates on the Minneapolis campus will take place in December 2017 and January 2018.