

**UCSF Fresno Emergency Medicine
Physician Assistant Residency Program
Application Form**

Last Name: _____ M.I. _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
PA School: _____ Graduation Date: _____

Please list three Professional/Academic references. If you are a new graduate, 1 letter should be from a faculty member and another letter should be from a preceptor. If employed, 1 letter should be from a supervisor. References should return the form directly to UCSF Fresno Emergency Medicine.

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/Email application form along with the other required documents to:

UCSF Fresno Emergency Medicine
Attn: PA Residency Program
155 N. Fresno St.
Fresno, CA 93701
em.pa.residency@fresno.ucsf.edu

Required Documents

- Completed Application / Copies of Licenses
- Curriculum Vitae
- Personal Statement

Sent by School/References

- PA School Transcripts
- 3 Letters of Recommendation