

**UCSF Fresno Orthopaedic Surgery
Physician Assistant Residency Program
Application Form**

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

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PA School: _____ Graduation Date: _____

How did you hear about our program? _____

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 Orthopaedic Surgery.

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 Orthopaedic Surgery PA Residency Program

Attn: Jenny McHenry

2823 Fresno St

Fresno, CA 93721

PHONE: (559) 459-4004

FAX: (559) 459-5029

fresno-ortho.pa.residency@ucsf.edu

Required Documents

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

Sent by School/References

- PA School Transcripts
- 3 Letters of Recommendation