**Thank you for your interest in the University of North Carolina At Pembroke/**

**Methodist University Physician Assistant Program Admissions Preference Program!**

**Please ensure that you meet the following program-specific prerequisites prior to packet submission:**

**☐ A current full-time student at UNCP**

**☐ A current NC resident from Hoke, Robeson, or Scotland Counties**

**☐ Have a 3.0 GPA, preferably 3.2 or higher**

**☐ Any prerequisite courses taken at time of application must be completed with a “C” or higher. (Admission criteria can be found at** [**https://www.methodist.edu/academics/program/paprogram/admissions/requirements/**](https://www.methodist.edu/academics/program/paprogram/admissions/requirements/)**.)**

**Prerequisite courses include:**

* + **Microbiology with lab - 4 Credits**
  + **Anatomy and Physiology with lab- 8 Credits**
  + **1 additional animal/human Biology course - 3 Credits**
  + **Organic Chemistry I with lab - 4 Credits**
  + **Biochemistry - 3 Credits**
  + **Statistics - 3 Credits**
  + **1 semester of Psychology - 3 Credits**
  + **Medical Terminology - 1 Semester**

**☐ Have accumulated 1000 hours of clinical experience or more at time of application**

**☐ Complete 2 instructor appraisal forms**

**☐ Complete 1 Letter of Recommendation from Practicing Physician Assistant, Research Faculty, or Math/Science Faculty**

**☐ Complete 1 Student Letter of Interest**

**APPLICATION FORM 2025**

**NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM**

Jacobs Hall, Suite F

Post Office Box 1510, Pembroke, NC 28372

Phone: (910) 521-6673 | Fax: (910) 775-4751

Email: [hcap@uncp.edu](mailto:hcap@uncp.edu)

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| **PERSONAL AND RESIDENTIAL INFORMATION** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| First Name: | |  | | | | | Last Name: | | |  | |
|  | | | | | | | | | | | |
| Address: |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| State of Legal Residence: | | | | |  | | | County: | | |  |
|  | | | | | | | | | | | |
| Phone Number: | | |  | | | Banner ID: | | |  | | |
|  | | | | | | | | | | | |
| University Email: | | | |  | | | | | | | |
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**INSTRUCTIONS:** Please complete all sections of this application.

**NON-TYPED APPLICATIONS WILL BE ELIMINATED FROM CONSIDERATION.**

**Note: Application Will Be Reviewed Only After Receipt of All Requested Materials.**

1. DUE DATE: Application must be postmarked by February 28, 2025. You may email your completed application to hcap@uncp.edu or hand deliver it to the NC-HCAP Office, Jacobs Hall-Suite F, as well.
2. CANDIDATE SELECTION: Candidates selected for a preliminary interview with UNCP will be notified by March 7, 2025.
3. Candidates selected from the UNCP preliminary interviews will need to submit an application to the Central Application System for Physician Assistants (CASPA) and have it verified by August 1 before their senior year.
4. TRANSCRIPT(S): Contact all schools (high school and college) you have attended to send official transcript(s) to the Early Assurance Scholars Program at the above address.
5. LETTER OF RECOMMENDATION: Request a letter of recommendation (1) to be submitted by your Science/Math Instructor, Research Faculty, or Preceptor. Multiple letters of recommendations are acceptable.
6. INSTRUCTOR APPRAISAL FORM: Request Instructor Appraisal Forms (2) to be completed by Science/Math Faculty, pages 5-6 and 7-8 of this application.

This publication is also available in alternative forms upon request.

Please contact Accessibility Resource Center.

DF Lowry Building | 910.521.6695

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| **EDUCATION/ACHIEVEMENTS** | | | | |
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| HIGH SCHOOL ATTENDED | | | DEGREE/GED | DATES ATTENDED |
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| COLLEGE(S) ATTENDED | | | DEGREE | DATES ATTENDED |
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| HONORS/SCHOLARSHIPS RECEIVED | | | | |
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| EXTRACURRICULAR AND COMMUNITY ACTIVITIES | | | | |
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| PRE-HEALTH RELATED INVOLVEMENT/OPPORTUNITIES | | | | |
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| CERTIFICATIONS (CNA, CPR, EMT, ETC.) | | | | |
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| GPA | | | | |
| Overall: |  | | | |
| Math/Science Courses: | |  | | |
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| **STUDENT LETTER OF INTEREST** | | | | | | | | | | |
| In the space provided, give a detailed description of your background, health career aspirations, relevant health experiences that have shaped your interest in this healthcare career, and the driving force behind your goals. Your response should be a minimum of 500 words. Additionally, explain why you believe you would be a strong candidate for this program and outline the benefits you anticipate gaining from participation. | | | | | | | | | | |
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|  | **LETTER(S) OF RECOMMENDATION** | | | | | | | | |  |
|  | Give the name and title, address, and telephone number of the person submitting a letter of recommendation for you. Only 1 letter of recommendation is required. | | | | | | | | |  |
|  | **Name:** |  | | | | | | | |  |
|  | **Title:** |  | | | | | | | |  |
|  | Department: | | | | | |  | | |  |
|  | Address: | | | |  | | | | |  |
|  | Telephone Number: | | | | | | | |  |  |
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|  | **Name:** | |  | | | | | | |  |
|  | **Title:** | |  | | | | | | |  |
|  | Department: | | | | |  | | | |  |
|  | Address: | | |  | | | | | |  |
|  | Telephone Number: | | | | | | |  | |  |
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| **PARENT/GUARDIAN** | | |
| Name: |  | |
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| Relationship: | |  |
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| **IN CASE OF EMERGENCY, CONTACT** | | |
| Name: |  | |
| Phone: |  | |
| Relationship: | |  |
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| HOW DID YOU LEARN ABOUT THIS EARLY ASSURANCE SCHOLARS PROGRAM? | | | | | | |  |  |
| ☐ Admissions Counselor | | ☐ Preprofessional Health Advisor | ☐ Past Early Assurance Scholar | | | |  | Click or tap here to enter text. |
| ☐ Instructor/Science Faculty | | ☐ High School Counselor | ☐ Other (Specify) Click or tap here to enter text. | | | |  |  |
|  | | | | | |  |  |  |
| ☐ I CONFIRM MY UNDERSTANDING THAT SELECTED APPLICANTS WILL NEED TO SUBMIT AND HAVE VERIFIED AN APPLICATION THROUGH THE CENTRALIZED APPLICATION SYSTEM FOR PHYSICIAN ASSISTANTS (CASPA) BEFORE THEIR SENIOR YEAR, BY AUGUST 1. | | | | | |  |  |  |
|  | | | | | |  |  |  |
| ☐ I CERTIFY THAT THE INFORMATION SUBMITTED IN THIS APPLICATION IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | | | | |  |  |  |
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| Signature of Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: | Thursday, January 16, 2025 |  |  |  |

## **INSTRUCTOR APPRAISAL FORM 1**

**Directions:** Please complete this form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who hasapplied for admission to the UNCP/ Methodist University Physician Assistant Program Admissions Preference Program.

Please return completed form to:

**NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**

Post Office Box 1510 Pembroke, NC 28372

Phone: (910) 521-6673, Fax: (910) 775-4751, Email: hcap@uncp.edu

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| 1. I have known this student for \_\_\_\_\_\_\_\_\_\_\_\_\_ in the following capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| 1. The applicant ranks academically with other students taught in recent years as follows: | | | | | | | | | | | | | | | | | | | | | |
|  | ☐ Top 5% | | | ☐ Top 10% | | | | | ☐ Top 25% | | | | | | ☐ Average | | | | ☐ Below Average | | |
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| 1. Please rank the applicant on the following traits, relative to other students you have taught. | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | **Excellent** | | | **Good** | | | **Average** | | **Fair** | | | **Poor** | | **No Opportunity to Observe** | | | **Comments** |
| **Intellectual Ability** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Communication Skills** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Emotional Stability** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Study Habits/Skills** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Attendance/Punctuality** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Comprehension** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Accuracy/Attention to Detail** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Maturity/Judgment** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Motivation/Perseverance** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Dependability** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Initiative/Industriousness** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Cooperative Attitude** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Ingenuity** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Leadership/Leadership potential** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
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| 1. Major strengths of this student as a prospective participant in admissions preference program are: | | | | | | | | | | | | | | | | | | | | | |
|  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
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| 1. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows: | | | | | | | | | | | | | | | | | | | | | |
|  | | ☐ Excellent | | | | ☐ Good | | | ☐ Average | | | | | ☐ Fair | | | ☐ Poor | | | ☐ Unsatisfactory  ☐ Unsatisfactory | |
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| 1. The applicant is: | | | | | | | | | | | | | | | | | | | | | |
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| ☐ Recommended | | | | | | | | | | | | | | | | | | | | | |
|  | | | ☐ with Confidence | | | | | | | ☐ with Reservations | | | | | | | | | | | |
| ☐ Not Recommended | | | | | | | | | | | | | | | | | | | | | |

PERSON COMPLETING THIS FORM (Print or Type)

|  |  |
| --- | --- |
| Name: | |
| Title: | Department: |
| Employer: | Telephone: |
| Work Address: | |
| Signature: | Date: |

**PLEASE ADD ANY ADDITIONAL RELEVANT INFORMATION:**

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| Signature of Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | Thursday, January 16, 2025 |  |  |  |

## **INSTRUCTOR APPRAISAL FORM 2**

**Directions:** Please complete this form for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who hasapplied for admission to the Methodist University Physician Assistant Program Admissions Preference Program.

Please return completed form to:

**NORTH CAROLINA HEALTH CAREERS ACCESS PROGRAM UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**

Post Office Box 1510 Pembroke, NC 28372

Phone: (910) 521-6673, Fax: (910) 775-4751, Email: hcap@uncp.edu

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| 1. I have known this student for \_\_\_\_\_\_\_\_\_\_\_\_\_ in the following capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| 1. The applicant ranks academically with other students taught in recent years as follows: | | | | | | | | | | | | | | | | | | | | | |
|  | ☐ Top 5% | | | ☐ Top 10% | | | | | ☐ Top 25% | | | | | | ☐ Average | | | | ☐ Below Average | | |
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| 1. Please rank the applicant on the following traits, relative to other students you have taught. | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | **Excellent** | | | **Good** | | | **Average** | | **Fair** | | | **Poor** | | **No Opportunity to Observe** | | | **Comments** |
| **Intellectual Ability** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Communication Skills** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Emotional Stability** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Study Habits/Skills** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Attendance/Punctuality** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Comprehension** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Accuracy/Attention to Detail** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Maturity/Judgment** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Motivation/Perseverance** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Dependability** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Initiative/Industriousness** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Cooperative Attitude** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Ingenuity** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
| **Leadership/Leadership potential** | | | | | ☐ | | | ☐ | | | ☐ | | ☐ | | | ☐ | | ☐ | | |  |
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| 1. Major strengths of this student as a prospective participant in admissions preference program are: | | | | | | | | | | | | | | | | | | | | | |
|  | * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
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| 1. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows: | | | | | | | | | | | | | | | | | | | | | |
|  | | ☐ Excellent | | | | ☐ Good | | | ☐ Average | | | | | ☐ Fair | | | ☐ Poor | | | ☐ Unsatisfactory  ☐ Unsatisfactory | |
|  | | | | | | | | | | | | | | | | | | | | | |
| 1. The applicant is: | | | | | | | | | | | | | | | | | | | | | |
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| ☐ Recommended | | | | | | | | | | | | | | | | | | | | | |
|  | | | ☐ with Confidence | | | | | | | ☐ with Reservations | | | | | | | | | | | |
| ☐ Not Recommended | | | | | | | | | | | | | | | | | | | | | |

PERSON COMPLETING THIS FORM (Print or Type)

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| --- | --- |
| Name: | |
| Title: | Department: |
| Employer: | Telephone: |
| Work Address: | |
| Signature: | Date: |

**PLEASE ADD ANY ADDITIONAL RELEVANT INFORMATION:**

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| Signature of Applicant: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | Thursday, January 16, 2025 |  |  |  |