

**THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE AND
METHODIST UNIVERSITY PHYSICIAN ASSISTANT PROGRAM
ADMISSIONS PREFERENCE PROGRAM**

**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/>.)**

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**

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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: hcp@uncp.edu

PERSONAL AND RESIDENTIAL INFORMATION			
First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Address:	<input type="text"/>		
State of Legal Residence:	<input type="text"/>	County:	<input type="text"/>
Phone Number:	<input type="text"/>	Banner ID:	<input type="text"/>
University Email:	<input type="text"/>		

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.

- DUE DATE:** Application must be postmarked by February 28, 2025. You may email your completed application to hcp@uncp.edu or hand deliver it to the NC-HCAP Office, Jacobs Hall-Suite F, as well.
- CANDIDATE SELECTION:** Candidates selected for a preliminary interview with UNCP will be notified by March 7, 2025.
- 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.
- 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.
- 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.
- 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		
HIGH SCHOOL ATTENDED	DEGREE/GED	DATES ATTENDED
COLLEGE(S) ATTENDED	DEGREE	DATES ATTENDED
HONORS/SCHOLARSHIPS RECEIVED		
EXTRACURRICULAR AND COMMUNITY ACTIVITIES		
PRE-HEALTH RELATED INVOLVEMENT/OPPORTUNITIES		
CERTIFICATIONS (CNA, CPR, EMT, ETC.)		
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.

LETTER(S) OF RECOMMENDATION

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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:	

Name:	
Title:	
Department:	
Address:	
Telephone Number:	

PARENT/GUARDIAN

Name:	
Phone:	
Relationship:	

IN CASE OF EMERGENCY, CONTACT

Name:	
Phone:	
Relationship:	

HOW DID YOU LEARN ABOUT THIS EARLY ASSURANCE SCHOLARS PROGRAM?

- Admissions Counselor
 Preprofessional Health Advisor
 Past Early Assurance Scholar
 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.

Signature of Applicant: _____ Date: **Thursday, January 16, 2025**

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INSTRUCTOR APPRAISAL FORM 1

Directions: Please complete this form for _____ who has applied 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: hcp@uncp.edu

1. I have known this student for _____ in the following capacity: _____

2. The applicant ranks academically with other students taught in recent years as follows:
 Top 5% Top 10% Top 25% Average Below Average
3. Please rank the applicant on the following traits, relative to other students you have taught.

	Excellent	Good	Average	Fair	Poor	No Opportunity to Observe	Comments
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy/Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative/Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership/Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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4. Major strengths of this student as a prospective participant in admissions preference program are:

- _____
- _____
- _____

5. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows:

- Excellent Good Average Fair Poor Unsatisfactory

6. The applicant is:

- 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:

Signature of Applicant: _____

Thursday, January 16, 2025

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INSTRUCTOR APPRAISAL FORM 2

Directions: Please complete this form for _____ who has applied for admission to the Methodist University Physician Assistant Program Admissions Preference Program.

Please return completed form to:

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UNIVERSITY OF NORTH CAROLINA AT PEMBROKE**
Post Office Box 1510 Pembroke, NC 28372
Phone: (910) 521-6673, Fax: (910) 775-4751, Email: hcp@uncp.edu

8. I have known this student for _____ in the following capacity: _____
-
9. The applicant ranks academically with other students taught in recent years as follows:
 Top 5% Top 10% Top 25% Average Below Average
10. Please rank the applicant on the following traits, relative to other students you have taught.

	Excellent	Good	Average	Fair	Poor	No Opportunity to Observe	Comments
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Study Habits/Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy/Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maturity/Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Motivation/Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative/Industriousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ingenuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership/Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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11. Major strengths of this student as a prospective participant in admissions preference program are:

- _____
- _____
- _____

12. The ability of the applicant to successfully pursue a graduate or professional health program is perceived as follows:

- Excellent Good Average Fair Poor Unsatisfactory

13. The applicant is:

- 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:

Signature of Applicant: _____

Thursday, January 16, 2025