



## **North Central College MSPAS Program Direct Patient Health Care Hours Form**

A minimum of 750 hours of direct, hands-on patient care is required for admission consideration. Physician Assistant shadowing hours *cannot* be used for this admission criteria. The minimum number of hours must be attained no later than 12/31/2022. The application will not be considered complete, and will not proceed to admissions committee review, without either hand-written signatures or verified electronic signatures\* from both the PA Candidate and Preceptor. The North Central College MSPAS Program Direct Patient Health Care Hours Form is the only form that may be used to document direct patient care hours, and must be submitted by the PA Candidate prior to the deadline of 12/31/2022 via e-mail attachment to [Grad@noctrl.edu](mailto:Grad@noctrl.edu). No additional hour updates will be accepted after 12/31/2022. This form is to be used to describe your experience for *each* direct patient care experience that you have completed. Upload one form for each direct patient care experience to your CASPA application, or e-mail to [Grad@noctrl.edu](mailto:Grad@noctrl.edu) if CASPA has closed.

### **PA Candidate Direct Patient Health Care Hours (To be completed by the Candidate)**

CASPA ID number	
Candidate Name	
Facility Name	
Facility Address	
Facility Phone Number	
Type of Facility	
Position	
Total # Hours	
Dates of Direct Patient Care	
Description of Direct Patient Care Experience	

*In the spirit of professionalism and veracity, I attest that I have completed the above number of patient care hours in the described position role.*

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Preceptor Attestation (To be completed by the manager)**

In the spirit of professionalism and veracity, I attest that the North Central College MSPAS candidate has accurately described their direct patient contact hours.

Print Name \_\_\_\_\_

Managerial Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

(\* - Acceptable types of verified electronic signatures for this form include an electronic signature, made by the intended signee with an established date, time, and verification icon. Forms containing typed names in the signature field will be considered unverified and incomplete.)