**North Central College PA Shadowing Form**

The North Central College Master of Physician Assistant Studies (MSPAS) program candidates are required to have a minimum of 15 hours of direct observation of a certified physician assistant, and maximum of 45 hours. This form is to be used to describe your experience with *each* Physician Assistant you have directly observed. Upload one form for each PA-C you have shadowed to your CASPA application.

**PA Candidate Shadowing information (To be completed by the Candidate)**

|  |  |
| --- | --- |
| CASPA ID number |  |
| Candidate Name |  |
| Facility Name |  |
| Facility Address |  |
| Facility Phone Number |  |
| Type of Facility |  |
| Total # Hours |  |
| Dates of Observation |  |
| Description of Shadowing Experience |  |

In the spirit of professionalism and veracity, I attest that I have shadowed the certified PA named below.

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

**Physician Assistant Preceptor Attestation (To be completed by the PA preceptor)**

In the spirit of professionalism and veracity, I attest that the MSPAS candidate has accurately described their professional shadowing.

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

Physician Assistant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_