**North Central College Direct Patient Care Attestation Form**

A minimum of 750 hours of direct, hands on patient care is required for admission. Physician Assistant shadowing hours *cannot* be used for this admission criteria. The minimum number of hours must be attained prior to the application submission. The application will not be considered complete, and as such will not proceed to admissions committee review, without the NCC MSPAS Direct Patient Health Care Hours Verification Form upload to CASPA. No additional forms will be accepted after October 1st CASPA deadline

**PA Candidate Direct Patient 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 MSPAS candidate has accurately described their direct patient contact hours.

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

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

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