



Regions Hospital Emergency Medicine  
Physician Assistant Fellowship Program  
Application Form

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
PA School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Please list three Professional/Academic references. Please inform your references that we will contact them directly and send them a Letter of Recommendation Form.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Address & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Address & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Institution/Company: \_\_\_\_\_  
Address & Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

Send application form along with the other required documents to:

Regions Hospital Emergency Department  
EM PA Fellowship Program  
640 Jackson Street  
Mailstop 11102F  
St. Paul, MN 55101  
Fax: 651-254-5216

**Required Documents:**

Send with application form:

1. Curriculum Vitae
2. One-page personal statement
3. \$50 application fee (Make checks payable to Regions Hospital)

Sent by Institution/References:

1. PA School Transcripts
2. 3 Letters of Reference