

2012 Supplemental Application for Physician Assistant Program

There are 112 questions in this survey

Section A

Section A: Personal Information

1 [0001]OUAC Reference Number: This is the reference number that was automatically given to you upon completion of the OUAC Internal Application - Your number will be 10 digits long, starting with 2012: please enter the remaining 6 numbers. (An IT number, or any other number, is not acceptable).

If you have not completed the OUAC Internal Application, you are not yet ready to begin the Supplemental Application and cannot continue. Please return to the program website www.PAconsortium.ca to access and complete the OUAC application.

*

Please write your answer here:

**2 [0002]
Last Name**

*

Please write your answer here:

3 [0003]First Name *

Please write your answer here:

4 [0004]Current Address (This is the address where you can be reached through the application cycle from January 2012 to September 30, 2012)

Street Address (Number and name)

*

Please write your answer here:

5 [0005]Apt. No.

Please write your answer here:

6 [0006]City/Town *

Please write your answer here:

7 [0007]Province *

Please write your answer here:

8 [0008]Country *

Please write your answer here:

9 [0009]Postal Code *

Please write your answer here:

10 [0010]Home Telephone (your primary telephone number) *

Please write your answer here:

11 [0011]Business Telephone (if desired)

Please write your answer here:

12 [0012]Mobile Telephone

Please write your answer here:

13 [0013]Email Address *

Please write your answer here:

14 [0014]Date of Birth**Year ***

Please write your answer here:

15 [0015]Month *

Please write your answer here:

16 [0016]Day *

Please write your answer here:

17 [0017]Gender *Please choose **only one** of the following:

- Male
 Female

18 [0018](Only current Ontario residents may take advantage of the Ontario Student Assistance Program (OSAP) which can be viewed at:

https://osap.gov.on.ca/eng/not_secure/App_elig_req_123.htm)

Are you currently an Ontario Resident?

*

Please choose **only one** of the following:

*For your reference only.
This application must be completed online.*

<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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For your reference only.
This application must be completed online.

Section B

Section B: Preferred Courses

19 [0001]

This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts.

Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter.

The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars.

I have at least 1 of the preferred courses

Please choose **only one** of the following:

- Yes
 No

20 [0002] Preferred Course 1:

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please choose **only one** of the following:

- Physiology (or equivalent)
 Human Anatomy (or equivalent)
 Chemistry (or equivalent)

21 [0003]Name of Institution

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

22 [0004]Location of Institution (Province/State and Country)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

23 [0005]Course Name and Number

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

24 [0006]Course Description

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

25 [0007]Completion Date (MM/YY)**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

26 [0008]

Final Grade (Indicate the grade you received for this course, as corresponding to your transcript. Grades may be reported as letters, numbers or percentages, e.g. A, 82% or 3.2)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

27 [0009] Preferred Course 2:**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please choose **only one** of the following:

- Physiology (or equivalent)
- Human Anatomy (or equivalent)
- Chemistry (or equivalent)

28 [0010] Name of Institution**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

29 [0011] Location of Institution (Province/State and Country)**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

30 [0012] Course Name and Number

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

31 [0013]Course Description**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

*For your reference only.
This application must be completed online.*

32 [0014]Completion Date (MM/YY)**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

**33 [0015]
Final Grade****Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

34 [0016] Preferred Course 3:**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please choose **only one** of the following:

- Physiology (or equivalent)
- Human Anatomy (or equivalent)
- Chemistry (or equivalent)

35 [0017] Name of Institution**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

36 [0018] Location of Institution (Province/State and Country)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

37 [0019]Course Name and Number**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

38 [0020]Course Description**Only answer this question if the following conditions are met:**

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

39 [0021]Completion Date (MM/YY)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

**40 [0022]
Final Grade**

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '19 [0001]' (This section asks applicants to identify the specific courses that are preferred for entry into the PA Program. One credit or an equivalent in each of Human Anatomy, Chemistry, and Physiology is preferred, and should correspond to the applicant's transcripts. Using the drop down menu, select one of the 3 categories of Preferred courses and complete the corresponding information for that course. Repeat the same actions for the second and third courses (or however many apply). The order in which the preferred courses are completed does not matter. The course description should be the official course description as described by the institution, and not in the applicant's own words. Course descriptions are usually published by the institution in the Course or Program Calendars. I have at least 1 of the preferred courses)

Please write your answer here:

For your reference only: This application must be completed online.

Section C

Section C: Healthcare Experience

41 [0001]

For the purposes of this application, what do you consider to be your primary healthcare professional occupation for each of the following periods?

For the last 5 years

Please choose **only one** of the following:

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropodist/Podiatrist
- Chiropractor
- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic
- Medical Doctor/ Physician /Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist
- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic

*For your reference only.
This application must be completed online.*

- Paramedic - Advanced Care
- Podiatrist
- Pharmacist
- Physiotherapist
- Physiotherapy Assistant
- Psychologist
- Psychotherapist
- Radiation Therapist
- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner
- Other – Please Specify
- N/A

42 [0002] If you answered "Other - Please Specify" as your primary healthcare occupation for the last 5 years, indicate the title here

Only answer this question if the following conditions are met:

° Answer was 'Other – Please Specify' at question '41 [0001]' (For the purposes of this application, what do you consider to be your primary healthcare professional occupation for each of the following periods? For the last 5 years)

Please write your answer here:

43 [0003] Between 6-10 years

Please choose **only one** of the following:

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropodist/Podiatrist
- Chiropractor

- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic
- Medical Doctor/ Physician /Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist
- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic
- Paramedic - Advanced Care
- Podiatrist
- Pharmacist
- Physiotherapist
- Physiotherapy Assistant
- Psychologist
- Psychotherapist
- Radiation Therapist
- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner

For your reference only.
This application must be completed online.

- Other – Please Specify
- N/A

44 [0004] If you answered "Other - Please Specify" as your primary healthcare occupation for the last 6-10 years, indicate the title here

Only answer this question if the following conditions are met:

° Answer was 'Other – Please Specify' at question '43 [0003]' (Between 6-10 years)

Please write your answer here:

45 [0005] More than 10 years ago - Check all that apply

Please choose **all** that apply:

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropracist/Podiatrist
- Chiropractor
- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic
- Medical Doctor/Physician/Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist
- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)

- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic
- Paramedic - Advanced Care
- Podiatrist
- Pharmacist
- Physiotherapist
- Physiotherapy Assistant
- Psychologist
- Psychotherapist
- Radiation Therapist
- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner
- Other – Please Specify
- N/A

46 [0006] If you answered "Other - Please Specify" as your primary healthcare occupation previous to 10 years ago, indicate the title here

Only answer this question if the following conditions are met:

° Answer was at question '45 [0005]' (More than 10 years ago - Check all that apply)

Please write your answer here:

47 [0007] List the three most recent positions that you have held as a healthcare provider in a professional setting. Include the name and contact information of your employer for each position listed. List your most recent position as position #1.

A letter of employment from the Human Resources department (or similar) confirming the employment you have listed as position #1 is required and needs to be part of your submitted documentation.

(Please select one of the following)

Please choose **only one** of the following:

1. I will be submitting a letter with my documentation
- 2a. I am not submitting a letter for the following reason: I am self-employed as an independent healthcare provider
- 2b. I am not submitting a letter for the following other reason:

48 [0008] Reason for not submitting a letter:

Only answer this question if the following conditions are met:

° Answer was '2b. I am not submitting a letter for the following other reason:' at question '47 [0007]' (List the three most recent positions that you have held as a healthcare provider in a professional setting. Include the name and contact information of your employer for each position listed. List your most recent position as position #1. A letter of employment from the Human Resources department (or similar) confirming the employment you have listed as position #1 is required and needs to be part of your submitted documentation. (Please select one of the following))

Please write your answer here:

For your reference only. This application must be completed online.

49 [0009] Position #1

Indicate the title of the position held in this professional setting.

Please write your answer here:

50 [0010] Indicate the title of the position held in this professional setting.

Please choose **only one** of the following:

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropodist/Podiatrist
- Chiropractor
- Dental Hygienist
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic
- Medical Doctor/ Physician /Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist
- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic
- Paramedic - Advanced Care
- Pedorthist
- Pharmacist
- Physician Assistant
- Physiotherapist
- Physiotherapy Assistant
- Psychologist
- Psychotherapist
- Radiation Therapist

- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner
- Other – Please Specify
- N/A

51 [0011] If you answered "Other - Please Specify" as the title for position #1, indicate the title here

Only answer this question if the following conditions are met:

° Answer was 'Other – Please Specify' at question '50 [0010]' (Indicate the title of the position held in this professional setting.)

Please write your answer here:

**52 [0012] Duration in position #1 (MM/YY to MM/YY)
(if currently still employed, indicate by typing "to current")**

Please write your answer here:

53 [0013] Total number of hours in position #1. (The program requirement includes a minimum total of 1680 hours of direct patient contact)

Please write your answer here:

54 [0014] Employer Contact Information for position #1. Include:

- Name and Title
- Institution Name
- Institution Address
- Telephone Number (include country code, if applicable)
- Email

(The individuals who are being listed as Employer Contacts should be notified that the PA

Program may communicate with them directly to verify the information submitted in this section of the application. The individual listed here can be the same person as the one who provides you with the Letter of Reference, or you may choose a referee who is not listed in this section.)

Please write your answer here:

55 [0015] Did position #1 involve direct patient care?

Please choose **only one** of the following:

- Yes
 No

56 [0016] What specific clinical duties involving direct patient care did you perform in position #1?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '55 [0015]' (Did position #1 involve direct patient care?)

Please choose **all** that apply:

- Performed physical examinations
 Performed medical history
 Prescribed diagnostic tests and/or lab services
 Conducted diagnostic tests and/or lab services
 Applied casts and splints
 Sutured wounds
 Counselling patients in preventative care
 Therapy - Physical
 Therapy - Radiation

- Therapy - Occupational
- Therapy - Respiratory
- Therapy - Massage
- Therapy - Sports
- Therapy - Chiropractic
- Emergency/critical care
- Other - Please Specify

57 [0017] If you answered "Other - Please Specify" as the clinical duties involving direct patient care for position #1, indicate them here

Only answer this question if the following conditions are met:

° Answer was at question '56 [0016]' (What specific clinical duties involving direct patient care did you perform in position #1?)

Please write your answer here:

58 [0018] Do you have experience in a healthcare position other than position #1?

Please choose **only one** of the following:

- Yes
- No

**59 [0019]
Position #2 (if applicable)**

Indicate the title of the position held in this professional setting.

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please write your answer here:

60 [0020] Please identify the healthcare occupation associated with position #2

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please choose **only one** of the following:

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropodist/Podiatrist
- Chiropractor
- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic
- Medical Doctor/ Physician /Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist
- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic
- Paramedic - Advanced Care
- Podiatrist
- Pharmacist
- Physician Assistant
- Physiotherapist
- Physiotherapy Assistant

- Psychologist
- Psychotherapist
- Radiation Therapist
- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner
- Other – Please Specify
- N/A

61 [0021] If you answered "Other - Please Specify" as the title for position #2, indicate the title here

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?) and Answer was 'Other – Please Specify' at question '60 [0020]' (Please identify the healthcare occupation associated with position #2)

Please write your answer here:

62 [0022] Duration in position #2 (MM/YY to MM/YY)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please write your answer here:

63 [0023] Total number of hours in position #2. (The program requirement includes a minimum total of 1680 hours of direct patient contact)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please write your answer here:

64 [0024] Employer Contact Information for position #2. Include:

- Name and Title
- Institution Name
- Institution Address
- Telephone Number (include country code, if applicable)
- Email

(The individuals who are being listed as Employer Contacts should be notified that the PA

Program may communicate with them directly to verify the information submitted in this

section of the application. The individual listed here can be the same person as the one who

provides you with the Letter of Reference, or you may choose a referee who is not listed in

this section.)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please write your answer here:

For your reference only.
This application must be completed online.

65 [0025] Did position #2 involve direct patient care?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please choose **only one** of the following:

- Yes
- No

66 [0026] What specific clinical duties involving direct patient care did you perform in position #2?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?) and Answer was 'Yes' at question '65 [0025]' (Did position #2 involve direct patient care?)

Please choose **all** that apply:

- Performed physical examinations
- Performed medical history
- Prescribed diagnostic tests and/or lab services
- Conducted diagnostic tests and/or lab services
- Applied casts and splints
- Sutured wounds
- Counselling patients in preventative care
- Therapy - Physical
- Therapy - Radiation
- Therapy - Occupational
- Therapy - Respiratory
- Therapy - Massage
- Therapy - Sports
- Therapy - Chiropractic
- Emergency/critical care
- Other - Please Specify

67 [0027] If you answered "Other - Please Specify" as the clinical duties involving direct patient care for position #2, indicate them here

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?) and Answer was at question '66 [0026]' (What specific clinical duties involving direct patient care did you perform in position #2?)

Please write your answer here:

68 [0028] Do you have experience in a healthcare position other than positions #1 and #2?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '58 [0018]' (Do you have experience in a healthcare position other than position #1?)

Please choose **only one** of the following:

- Yes

No

69 [0029]**Position #3 (if applicable)**

Indicate the title of the position held in this professional setting.

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please write your answer here:

70 [0030] Please identify the healthcare occupation associated with position #2

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please choose **only one** of the following:

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropracist/Podiatrist
- Chiropractor
- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic
- Medical Doctor/ Physician /Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist

- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic
- Paramedic - Advanced Care
- Podiatrist
- Pharmacist
- Physician Assistant
- Physiotherapist
- Physiotherapy Assistant
- Psychologist
- Psychotherapist
- Radiation Therapist
- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner
- Other – Please Specify
- N/A

71 [0031] If you answered "Other - Please Specify" as the title for position #3, indicate the title here

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?) and Answer was 'Other – Please Specify' at question '70 [0030]' (Please identify the healthcare occupation associated with position #2)

Please write your answer here:

72 [0032] Duration in position #3 (MM/YY to MM/YY)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please write your answer here:

73 [0033] Total number of hours in position #3. (The program requirement includes a minimum total of 1680 hours of direct patient contact)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please write your answer here:

74 [0034] Employer Contact Information for position #3. Include:

- Name and Title
- Institution Name
- Institution Address
- Telephone Number (include country code, if applicable)
- Email

(The individuals who are being listed as Employer Contacts should be notified that the PA Program may communicate with them directly to verify the information submitted in this section of the application. The individual listed here can be the same person as the one who provides you with the Letter of Reference, or you may choose a referee who is not listed in this section.)

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please write your answer here:

75 [0035] Did position #3 involve direct patient care?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please choose **only one** of the following:

- Yes
 No

76 [0036] What specific clinical duties involving direct patient care did you perform in position #2?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?) *and* Answer was 'Yes' at question '75 [0035]' (Did position #3 involve direct patient care?)

Please choose **all** that apply:

- Performed physical examinations
 Performed medical history
 Prescribed diagnostic tests and/or lab services
 Conducted diagnostic tests and/or lab services
 Applied casts and splints
 Sutured wounds
 Counsellled patients in preventative care
 Therapy - Physical
 Therapy - Radiation
 Therapy - Occupational
 Therapy - Respiratory
 Therapy - Massage
 Therapy - Sports
 Therapy - Chiropractic
 Emergency/critical care
 Other - Please Specify

77 [0037] If you answered "Other - Please Specify" as the clinical duties involving direct patient care for position #3, indicate them here

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?) *and* Answer was at question '76 [0036]' (What specific clinical duties involving direct patient care did you perform in position #2?)

Please write your answer here:

78 [0038] Do you have experience in a healthcare position other than position #3?

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '68 [0028]' (Do you have experience in a healthcare position other than positions #1 and #2?)

Please choose **only one** of the following:

- Yes
 No

*For your reference only.
This application must be completed online.*

Section D

Section D: Experience as a Healthcare Provider and Interest in Physician Assistant Role

For your reference only.
This application must be completed online.

79 [0001] Describe your experience as a healthcare provider. Please comment on the patient population you served and the nature of the healthcare setting you were in. (250 words maximum)

*

Please write your answer here:

80 [0002] Why are you interested in moving from your current or previous healthcare provider role to a Physician Assistant? (150 words maximum) *

Please write your answer here:

81 [0003] How do you envision yourself providing care as a Physician Assistant? (150 words maximum)

*

Please write your answer here:



For your reference only.
This application must be completed online.

Section E

Section E: Commitment to Northern, Rural and/or Underserved Communities

82 [0001]

This is a distance and distributed learning program. The focus of this unique program is to educate and train Physician Assistants with an interest and commitment to providing needed healthcare services in northern, rural and/or underserved areas of Ontario. See

www.PAconsortium.ca for additional information on the Northern, Rural and/or

Underserved commitment of the program. For additional information on the Rurality Index

of Ontario (RIO) see Frequently Asked Questions and the RIO Index Scores documents at

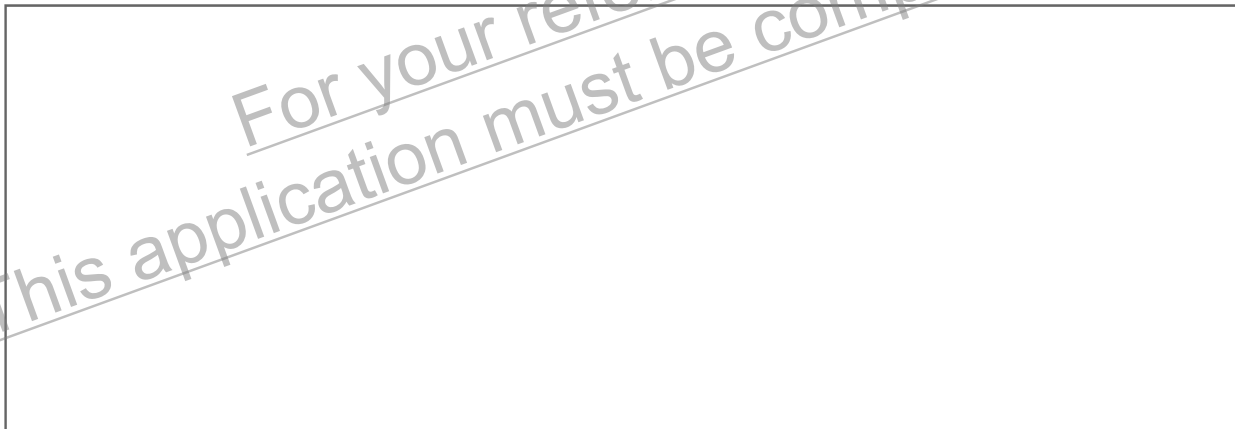
the bottom of the following webpage.

http://www.health.gov.on.ca/english/providers/program/uap/uap_rio.html

Please describe your understanding of providing or planning healthcare services to patients in rural, northern or underserved communities? (150 word maximum) *

Please write your answer here:

For your reference only:
This application must be completed online.



83 [0002] The second year of the BScPA program is a clinical year where students will split the year between a Northern Ontario community and a Southern Ontario community. Students will be assigned to a "Home Training Location" and a "North-South Swap Training Location". For additional information on training locations, see the "About the Program" section of www.PAconsortium.ca

I consider my home training location to be:

*

Please choose **only one** of the following:

- North
 South

84 [0003]Please identify your preferred home training location community. (Please note that this does not guarantee that appropriate clinical training, for you as a PA student, can be found in this community.)

*

Please write your answer here:

*For your reference only.
This application must be completed online.*

Section F

Section F: Information Technology

85 [0001]

Information technology will be used in the delivery of the distance education model of the program curriculum. This will ensure maximum access to the program by all students regardless of their geographic location in Ontario. Please confirm your understanding of distance learning and your access to required computer hardware and software below.

Distance Learning

I understand that distance learning means that at least most of the time I am not in a traditional face-to face classroom setting.

*

Please choose **only one** of the following:

- Yes
 No
 Unsure

86 [0002] I understand that distance learning requires me to set my own schedule in order to cover the course materials and participate in assignments and evaluations.

*

Please choose **only one** of the following:

- Yes
 No
 Unsure

87 [0003]

I expect that the PA program curriculum will be intense and require my attention even though, most of the time, it is expected that I will be learning on my own or in a study group with peers.

*

Please choose **only one** of the following:

- Yes
 No
 Unsure

88 [0004]Computer Hardware Requirements

I have used and have access to a computer with at least 256 MB of RAM, a 24-bit sound card, a 64MB video card and a processing speed of 400 MHz.

For more information click here for Computer/Hardware Requirements for students in the PA Program

*

Please choose **only one** of the following:

- Yes
 No

89 [0005]I have regular access to high speed internet. *

Please choose **only one** of the following:

- Yes
 No

**90 [0006]
Computer Skills**

I am able to do the following:

Send and receive emails

*

Please choose **only one** of the following:

- Yes
 No

**91 [0007]
Open e-mail attachments**

*

Please choose **only one** of the following:

- Yes
- No

92 [0008]**Open programs on my computer (such as Word)**

*

Please choose **only one** of the following:

- Yes
- No

93 [0009]**Scroll through pages on a website**

*

Please choose **only one** of the following:

- Yes
- No

94 [0010]**Find the information I am looking for on a website**

*

Please choose **only one** of the following:

- Yes
- No

95 [0011]**Print a webpage**

*

Please choose **only one** of the following:

- Yes
- No

*For your reference only.
This application must be completed online.*

96 [0012]

Use a search engine like Google to find general information

*

Please choose **only one** of the following:

Yes

No

97 [0013]

Locate an address in my home community using the internet (map)

*

Please choose **only one** of the following:

Yes

No

*For your reference only.
This application must be completed online.*

Section G

Section G: Declaration

98 [0001]Are you under investigation OR have you ever been dismissed from a position as a healthcare provider or had hospital/healthcare privileges revoked?

*

Please choose **only one** of the following:

- Yes
- No

99 [0002]If you answered "yes" to "Are you under investigation OR have you ever been dismissed from a position as a healthcare provider or had hospital/healthcare privileges revoked?" - please provide details.

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '98 [0001]' (Are you under investigation OR have you ever been dismissed from a position as a healthcare provider or had hospital/healthcare privileges revoked?)

Please write your answer here:

For your reference only.
This application must be completed online.

100 [0003]Are you currently a member of a regulated health care profession (under the Regulated Health Professions Act) in Ontario?

*

Please choose **only one** of the following:

- Yes (If yes, proof of licensure and/or professional membership must be included in submitted documentation)
- No

101 [0004]Of which regulated health care profession are you a member?

Only answer this question if the following conditions are met:

° Answer was 'Yes (If yes, proof of licensure and/or professional membership must be included in submitted documentation)' at question '100 [0003]' (Are you currently a member of a regulated health care profession (under the Regulated Health Professions Act) in Ontario?)

Please choose **only one** of the following:

- Acupuncturist
- Audiologist/Speech Language Pathologist
- Chiropodist/Podiatrist
- Chiropractor
- Dental hygienist
- Dentist/Dental Surgeon
- Dental Technician
- Denturist
- Dietician
- Homeopath
- Kinesiologist
- Massage therapist
- Medical Laboratory Technologist
- Medical Radiation Technologist
- Medical Doctor/Physician/Surgeon/Osteopathic Physician
- Midwife
- Naturopathic Physician/Naturopath
- Nurse
- Occupational Therapist
- Optician
- Optometrist
- Pharmacist
- Physiotherapist
- Psychologist
- Psychotherapist
- Respiratory Therapist

*For your reference only.
This application must be completed online.*

Traditional Chinese Medicine Practitioner

102 [0005] Have you ever had your registration as a health professional revoked, surrendered, restricted, subjected to individual terms and conditions by a registration or licensing authority or another health profession in Ontario or in another province, territory or country?

*

Please choose **only one** of the following:

- Yes
 No

103 [0006] If you answered "yes" to the question "Have you ever had your registration as a health professional revoked, surrendered, restricted, subjected to individual terms and conditions by a registration or licensing authority or another health profession in Ontario or in another province, territory or country?" -- please provide details.

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '102 [0005]' (Have you ever had your registration as a health professional revoked, surrendered, restricted, subjected to individual terms and conditions by a registration or licensing authority or another health profession in Ontario or in another province, territory or country?)

Please write your answer here:

This application must be completed online.

your reference only

completed online.

104 [0007] Are you currently under investigation, or involved in any proceedings that could result in the encumbrance of your registration or license, by a registration or licensing authority for a

health profession in Ontario or in another province, territory, state or country?

*

Please choose **only one** of the following:

Yes

No

105 [0008] If you answered "yes" to the question "Are you currently under investigation, or involved in any proceedings that could result in the encumbrance of your registration or license, by a registration or licensing authority for a health profession in Ontario or in another province, territory, state or country? -- please provide details.

Only answer this question if the following conditions are met:

° Answer was 'Yes' at question '104 [0007]' (Are you currently under investigation, or involved in any proceedings that could result in the encumbrance of your registration or license, by a registration or licensing authority for a health profession in Ontario or in another province, territory, state or country?)

Please write your answer here:

*For your reference only.
This application must be completed online.*

Section H

Section H: Acceptance of Travel/Accommodations Terms and Conditions

106 [0001]

The Physician Assistant Professional Degree Program is designed so that students may remain in their home community for much of the Program. Although clinical placements occur during Year 2 of the program, students will take a Longitudinal Clinical Experience course throughout Year 1. All clinical involvement must occur in Ontario.

I understand and agree to participate in all clinical experiences in Ontario, for the duration of the Program. *

Please choose **only one** of the following:

- Yes
 No

107 [0002]

The Physician Assistant Professional Degree Program is rooted in e-learning in which most of the Year 1 curriculum is taught on-line via distance education. However, students will be required to travel to the Academic Centre (Toronto) on four separate occasions over the course of 12 months to participate in the Residential block (which includes an Evaluation week). Students are responsible for the cost of their travel and accommodation during the four Residential/Evaluation blocks.

In Year 2 of the program, students may be required to move (at the student's own expense) to a Home Training Location in order to obtain required clinical experience for up to six months. In addition to the Home Training Location, there is also a Swap location for which students will be required to move for up to 6 months. However, the cost of travel/accommodations for the Swap locations will be covered up to a pre-determined maximum to assist in defraying the cost to students.

I understand and agree to cover the cost of travel and accommodation to Toronto for all of the residential/evaluation blocks in Year 1 of the Program. *

Please choose **only one** of the following:

- Yes
 No

108 [0003]

I understand that in Year 2 of the program, I will participate in a "North/South Swap" clinical placement (swapped from my Home training location) for up to six months. I understand that a subsidy will be available to help defray costs of travel/accomodation for the "North-South Swap Training Location" to which I am assigned. Any costs above the pre-determined maximum allowable by my subsidy are my responsibility.

*

Please choose **only one** of the following:

- Yes
 No

109 [0004]

I understand that the Program is not responsible for arranging local transportation during my clinical placements in Year 2.

*

Please choose **only one** of the following:

- Yes
 No

110 [0005]Declaration of Authenticity by the Applicant:

I certify that the personal information and documents submitted in this application, or to be submitted (all of which constitutes the application), are true, complete and correct in all respects, including my declarations as to citizenship and immigration status in Canada, that my personal statements were authored solely and entirely by me, and that all information requested in this application has been disclosed. I understand that it is my responsibility to keep the University of Toronto and the Physician Assistant Professional Degree Program to

which I have applied or at which I register, informed of any changes to the information in my application materials and I agree to do so in writing immediately after any such change occurs.

*

Please choose **only one** of the following:

- I Agree
 I Disagree

111 [0006]

Declaration of Understanding by the Applicant:

Application to the University of Toronto Physician Assistant Professional Degree Program implies the applicant's acceptance of the admission requirements, policies, procedures and methods by which applicants are chosen for the Program. The decision of the Admissions and Selection Committee, including eligibility and selection decisions, will be final. By selecting 'I AGREE', I indicate that I have read and understood both the Declaration of Authenticity and the Declaration of Understanding.

*

Please choose **only one** of the following:

- I Agree
 I Disagree

112 [0007]REMINDER: The following documents are required in order for your application to the BScPA Program to be complete and considered by the Admissions and Selection Committee:

- 1. Online OUAC Application and \$90 fee**
- 2. Online Supplemental Application and \$50 Fee**
- 3. Official or notarized copies of Transcripts**
- 4. Proof of English Language Facility (if applicable)**
- 5. 1 Reference Letter from Clinical Supervisor**
- 6. 1 Letter of Employment (if applicable)**
- 7. Proof of membership of a regulated healthcare profession (if applicable)**

Your supplemental application must be an original piece of work. The Program will perform random checks of applicants' supplemental application through www.Turnitin.com for detection of possible plagiarism. Applicants will not be informed that their application has been submitted for comparison. Application submitted to Turnitin.com will be included as source documents in the Turnitin.com reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the Turnitin.com service are described on the Turnitin.com website.

If you do not consent to your application being submitted to Turnitin.com, you must contact the Admissions Coordinator, by email, admissions.pa@utoronto.ca to inform us of this fact.

You have completed the application. You have the option of submitting the application in final or choose not to submit at this point and resume later by clicking the button to your left.

*For your reference only.
This application must be completed online.*

Thank you, your submission is complete.

Now that you have completed and submitted your online Supplemental Application, please submit the \$50 Supplemental Application fee by Paypal below.

Please note: the Supplemental Application fee can ONLY be paid online via Paypal.

Your application will not be considered until all application fees and documents have been received.

In order to proceed with the payment, enter your OUAC application number (2012XXXXXX) and lastname.

OUAC Application Number:

Lastname:



Please submit by 30.04.2012 – 23:59

Submit your survey.

Thank you for completing this survey.

*For your reference only.
This application must be completed online.*