Pre-Physician Assistant Club

Mentorship Application

*E-mail to* *prepaclubatucd@gmail.com*

Name:

Year:

Major:

E-mail:

Phone #:

When do you hope to attend a Physician Assistant program?

What type of direct patient care experience do you have/hope to have?

What specialties are you interested in pursuing as a PA?

What do you hope to gain from your mentor?

Where do you want to go for PA school? Would you like to go out of state?

How would you prefer to communicate with your mentor?

( ) Text

( ) E-mail

( ) In person

( ) Phone call

( ) Other:

Hobbies/Interests:

Other things the officers or your possible mentor should know about: