

## Direct Patient Care and Shadowing Experience Form

This form contains the definitions used by the University of Southern Mississippi (USM) PA program, and is slightly different than the definitions provided by CASPA. Please review these categories carefully before entering your experience hours.

Please Note: Some jobs may entail a combination of the experiences below. If this is the case, we ask you to estimate the number of hours spent on each activity. For example, a pharmacy technician may spend a few hours a day in direct patient care when counseling patients about medications, but they should not include hours spent on clerical responsibilities in the Direct Patient Care chart.

## **Patient Care Experience**

The USM PA Program requires **500 hours** of patient care experience with direct responsibility for a patient's care. For example: Prescribing medication, performing procedures, directing a course of treatment, designing a treatment regimen, administering food or medication, taking vitals or other record-keeping information, or actively working on patients as a nurse, paramedic, EMT, CNA, medical assistant, phlebotomist, physical therapist, scribe, dental hygienist, etc.

## **Shadowing Experience**

Time spent officially following and observing a health care professional at work. The USM PA program requires a minimum of **16 hours** of shadowing or working with a PA, which can be completed in a clinic, hospital, or telehealth setting in approved cases. Shadowing of an MD or DO may be accepted on a case by case basis.

Please complete the following chart to indicate completed Direct Patient Care experience hours. (You may add rows to the chart below as needed):

Dates	Title	Name of Institution	Supervisor	Experience Description	Total Hours

Please complete the following chart to indicate completed Shadowing experience hours. (You may add rows to the chart below as needed):

Dates	Title of the PA You Shadowed	Name of Institution You Shadowed At	Experience Description	Total Hours

Applicant's Electronic Signature:

Date:

## Please submit your completed form via CASPA or email it to chris.tuey@usm.edu