Trinity Health Muskegon
Medical Education Department

Trinity Health
Internal Medicine PA Post-Graduate Fellowship Application

General Information

Date of Application: _____

Full Name: _____

Previous Last Name (if applicable): _____

Preferred Name: _____

Current Address: _____

_____

**Please note Present Mailing Address if different than above.

Email Address: _____

Birth Date: _____

Birthplace: _____

Citizenship: _____

Cell Phone Number: _____

Alternate Phone Number: _____

Military Service: Yes Branch: _____ No

Misdemeanor or Felony Conviction: Yes No

Physical Limitations: Yes No
If yes, please explain: _____

Trinity Health

Trinity Health Muskegon
Medical Education Department

Medical Licensure/Education

Undergraduate School/Degree/Dates: _____
GPA: _____

PA School/Degree/Dates: _____
GPA: _____

PA School Honors and Awards: _____

Memberships in Professional Societies: _____

_____

BLS: Yes No Expires: _____

ACLS: Yes No Expires: _____

PALS: Yes No Expires: _____

NCCPA Certification: Yes No Number: _____

Michigan PA License: Yes No Number: _____

Michigan PA Controlled Substance License: Yes No Number: _____

Have you ever been named in malpractice suit? Yes No
If yes, please explain: _____

PA Employment Experience

Organization/Location/Dates/Position/Supervisor (please provide address and phone):

_____
_____
_____

May we contact the above: Yes No

Trinity Health Muskegon
Medical Education Department

Volunteer PA Employment Experience

Organization/Location/Dates/Position/Supervisor (please provide address and phone):

_____
_____
_____
_____

May we contact the above: Yes No

Publications

Please List (if any):

_____
_____
_____
_____

Other Awards/Accomplishments

Please List (if any):

_____
_____
_____
_____

Please Attach the Following Documents to this Application

- This Application
- Copy of Diploma from ARC-PA Accredited University/Program
- Transcript from ARC-PA Accredited University/Program
- Copy of proof of NCCPA Board Certification
- Copy of VALID Michigan PA License
- Copy of VALID Michigan PA Controlled Substance License
- Copy of AHA BLS/ACLS Certification
- 3 Letters of Recommendation with Contact Information for Authors
- Color Photo

Certification

I certify that the above information contained within this application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration of a position and may result in further investigation. It may additionally disqualify me from further employment and result in termination from the program.

Signature: _____

Date: _____

Please Return All Information To:

Trinity Health Internal Medicine PA Post-Graduate Fellowship
c/o Timothy Gawronski PA-C, SFHM-Program Director
Medical Education Department
Trinity Health Muskegon
1675 Leahy St
Suite 315A
Muskegon, MI 49442
(231) 672-8282
gawronst@trinity-health,org

For Office Use Only

Date Received: _____
Complete: Yes No
Missing Information: _____