**UCSF Fresno Emergency Medicine**
**Physician Assistant Residency Program**
**Application Form**

**Last Name:**_____ **M.I.**_____ **First Name:**_____
**Address:**_____
**City:**_____ **State:** _____ **Zip:**_____
**Phone:**_____ **Email:**_____
**PA School:**_____ **Graduation Date:**_____

*Please list three Professional/Academic references. If you are a new graduate, 1 letter should be from a faculty member and another letter should be from a preceptor. If employed, 1 letter should be from a supervisor.* **References should return the form directly to UCSF Fresno Emergency Medicine.**

1. **Name:**_____ **Title:**_____
   **Institution/Company:** _____
   **Address & Zip:** _____
   **Phone:**_____ **Email:**_____

2. **Name:**_____ **Title:**_____
   **Institution/Company:**_____
   **Address & Zip:**_____
   **Phone:**_____ **Email:**_____

3. **Name:**_____ **Title:**_____
   **Institution/Company:**_____
   **Address & Zip:**_____
   **Phone:**_____ **Email:**_____

**Send/Email application form along with the other required documents to:**

**UCSF Fresno Emergency Medicine**
Attn: PA Residency Program
155 N. Fresno St.
Fresno, CA 93701
***em.pa.residency@fresno.ucsf.edu***

**Required Documents**

- ☐ Completed Application / Copies of Licenses
- ☐ Curriculum Vitae
- ☐ Personal Statement

**Sent by School/References**

- ☐ PA School Transcripts
- ☐ 3 Letters of Recommendation