



# MIAMI UNIVERSITY

Master of Medical Science  
Physician Associate Studies  
**PA Shadowing Verification Form**

*Please complete this form to verify you have participated in a shadowing experience with a practicing physician assistant/associate. The program requires **40 hours** of shadowing in a clinical setting.*

Applicant Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Shadowing Experience**

PA Name: \_\_\_\_\_

Employer/Facility Name: \_\_\_\_\_

Type of Practice (specialty): \_\_\_\_\_

Date(s) of shadowing: \_\_\_\_\_

Total Number of Shadowing Hours: \_\_\_\_\_ (minimum of 40 hours required in person)

Please check if this experience was: \_\_\_\_\_ in person \_\_\_\_\_ virtual

Please describe your PA shadowing experience below:

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Physician Assistant/Associate:**

I verify that \_\_\_\_\_ (student) has shadowed me as indicated above.

Print Name: \_\_\_\_\_ NCCPA ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you interested in becoming a preceptor for Miami University's PA Program? Yes or No: \_\_\_\_\_

**Thank you for contributing to the application process for future PAs.**

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