

TOURO COLLEGE

SCHOOL OF HEALTH SCIENCES

BROOKLYN • LONG ISLAND • MANHATTAN

MANHATTAN CAMPUS PHYSICIAN ASSISTANT PROGRAM

27-33 West 23rd Street • New York, NY 10010

APPLICATION INSTRUCTIONS

The application for admission to the School of Health Sciences at Touro College must be completed by all prospective students. The PA Program has a rolling admissions policy until the deadline date of mid-March, so early submission of the application is advisable. Entry into the PA Program is in the Fall semester only. Completed applications and all supporting documents should be sent to:

Touro College, School of Health Sciences
Office of Admissions
1700 Union Boulevard
Bayshore, NY 11706
866 Touro4u
enrollhealth@touro.edu

The application should be filled out in its entirety, signed and dated. The \$50 application fee in the form of a check or money order should be made payable to Touro College. Your Social Security number and “PA Program” must be written on the face of the check. This fee is not refundable or credited towards tuition.

Under separate cover, submit official copies of transcripts from all undergraduate institutions you have attended. Requirements for admission include 90 transferable credits, 60 of which must be in liberal arts and sciences. Grades of “C” or better are transferable; grades of “C-“ are not. High school Advanced Placement (AP) courses will be considered only upon submission of official scores, which must be 4 or 5.

Foreign transcripts must be evaluated by an evaluation service such as World Education Services (WES) (www.wes.org) or International Education Research Foundation, Inc. (IERF) (www.ierf.org).

You must submit **three** letters of recommendation. Letters should be on letterhead, and should indicate your relationship with the person giving the recommendation. The letters may be submitted with the application in sealed envelopes, or mailed under separate cover.

Along with the application, you must submit a typed personal statement.

Students whose native language is not English, or who did not receive their secondary education in an English-speaking country, must demonstrate proficiency in English through satisfactory performance on either the TOEFL examination or an English Placement Exam. The College’s score report number is 2902. Please note that the TOEFL exam does not replace the 6-credit English requirement.

You must provide documentation of a minimum of 100 hours of direct patient contact healthcare experience. You must also provide documentation of a minimum of 20 hours of “shadowing” a physician assistant.

Selected applicants who have completed their application file will be invited for a personal interview.

Student selection for the Physician Assistant Program is based upon the completed application, personal statement, letters of recommendation, cumulative GPA, science GPA, healthcare experience, and personal interview.

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OFFICE OF CENTRAL ADMISSIONS
1700 Union Boulevard • Bay Shore, New York 11706
866-Touro4U extension 6505 • enrollhealth@touro.edu

APPLICATION FOR ADMISSION

NAME: _____ DATE: _____

SEMESTER: *Fall 20*____ *Spring 20*____ *Summer 20*____

APPLICATION: *Rolling Admissions*

LOCATION/PROGRAM: *Please check*

BAY SHORE PROGRAMS

1700 Union Boulevard
Bay Shore, NY 11706

- BS Health Sciences/DPT Physical Therapy
- BS Health Sciences/MS Physician Assistant Studies
- BS Health Sciences/MS Occupational Therapy
- BS Healthcare Administration
- Undergraduate Studies

MANHATTAN PROGRAMS

27 West 23rd Street, 6th Floor
New York, NY 10010

- BS Health Sciences/DPT Physical Therapy
- BS Health Sciences/MS Physician Assistant Studies
- BS Health Sciences/MS Occupational Therapy
- AAS Occupational Therapy Assistant
- Undergraduate Studies

MINEOLA PROGRAM

Extension Center at Winthrop University Hospital
288 Old Country Road
Mineola, NY 11501

- BS Health Sciences/MS Physician Assistant Studies

Revised 9/08

Touro College admits students of any race, color, sex, national and ethnic origin, and handicap status to the rights, privileges, programs, and activities generally accorded or made available to students at the school.

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Please answer all questions.

1. Student Name: _____
(Please Print) Title: Mr. Mrs. Ms., etc. Family Name First Name Middle Name

Note: Your application will be processed under the name given above. If you were registered at any of the institutions listed below under a maiden name and/or any variations of your name as given above, please write the name here:

Email Address: _____ @ _____

2. Current Address: _____

Number and Street

City, State, Zip

Telephone

Cell Phone

Business Phone

3. Mailing Address: _____

If different
than above

Number and Street

City, State, Zip

Telephone

4. Date of Birth: _____

5. Social Security # : _____

(Optional)

6. Sex: Male Female

7. I have been a resident of New York State since: _____

Date

8. Citizenship: United States Other please specify: _____

9. Visa Type: F1 J1 If Permanent Resident please provide Alien Registration # : _____

10. Ethnic background:

African-American American Indian Asian American Hispanic Caucasian

Other: _____

11. Are you a U.S. Veteran? Yes No

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12. Name of a relative who is a *Touro College* student or alum and relationship to you:

Name: _____ Relationship: _____

13. Have you ever been convicted of a felony? (New York State Professional Licensure may be denied)

Yes No if yes, please explain: _____

14. Secondary School: _____
Name *City* *State*

Year of Graduation: _____ (YOU MUST HAVE OFFICIAL HIGH SCHOOL TRANSCRIPTS SENT)

15. List all undergraduates Colleges, Graduate and Professional Schools attended
(Please list in chronological order)

(YOU MUST HAVE OFFICIAL TRANSCRIPTS SENT)

Institution and Campus/Location/State	TYPE OF COLLEGE Prof/Grad/4yr/2yr	NUMBER OF CREDITS	DATES FROM/TO	GPA	MAJOR	DEGREE GRANTED	DATE EXPECTED
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____	____/____	_____	_____	_____	_____

16. Are you currently in school? _____ Where? _____

17. If you attended a foreign school, did you apply for evaluation of your credentials? Yes No

18. Have you, since admission to college, been on probation, suspended or dismissed? Yes No

If yes, please explain: _____

19. SAT score: M: _____ V: _____ W: _____ Date: _____ GRE score: _____ Date: _____

20. If some time elapsed since you last attended school, explain why and indicate how you spent the interval:

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21. Do you feel that your college grades are a true index of your ability? _____

If not, what were the factors that prevented your doing better? _____

22. Have you previously applied to this College? If yes: (year) _____ (program) _____

23. List honors, scholarships or awards received both in and out of school: _____

24. List the significant activities and organizations in which you have participated both in and out of school and offices held, if any: _____

25. LETTERS OF RECOMMENDATION ON LETTERHEAD

A. _____
Name Address Telephone

B. _____
Name Address Telephone

C. _____
Name Address Telephone

26. FINANCIAL AID INFORMATION

If you plan on requesting Financial Aid, you must file the Financial Aid Form as required by *Touro College*. Federal and, where appropriate, New York State forms, will be sent to all candidates upon request.

FINANCIAL AID CONTACT INFORMATION: See directives for your specific program.

27. How did you learn about Touro College School of Health Science's programs?

Alumni/Friend Program Literature Newspaper/Radio Touro College Website Other Website

SEE INSERT FOR PROGRAM DIRECTIVES FOR FURTHER APPLICATION PROCEDURES

I certify that the information above is true to the best of my knowledge.

Applicant's Signature

Date

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RECORD OF COURSES TAKEN TO FULFILL PREREQUISITES

REQUIREMENT	COLLEGE	Semester/ Year	Course Name	Course #	Credits	Grade
General Biology I, for majors, lab 4 credits						
General Biology II, for majors, lab 4 credits						
General Chemistry I, for majors, lab 4 credits						
General Chemistry II, for majors, lab 4 credits						
Organic Chemistry or Biochemistry 4 credits						
Natural Sciences – course 1 4 credits						
Natural Sciences – course 2 4 credits						
English Composition I 3 credits						
English Composition II 3 credits						
Behavioral Sciences – course 1 3 credits						
Behavioral Sciences – course 2 3 credits						
Pre-Calculus or Calculus 3 credits						
Statistics 3 credits						
Humanities – course 1 3 credits						
Humanities – course 2 3 credits						

FINANCIAL AID CONTACT INFORMATION

Brenda Jones
 (212)463-0400 ext. 5628
bjones@touro.edu

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HEALTHCARE EXPERIENCE

(Minimum of 100 hours)

Where (hospital/clinic/office)	When (dates)	# of hours	In what capacity?	Paid or Volunteer
	to			
	to			
	to			

Physician Assistant Shadowing (minimum of 20 hours)

Name of PA	Where (hospital/clinic/office)	When (dates)

LETTERS OF RECOMMENDATION

List the names of three people who will be submitting letters of recommendation on your behalf. These individuals should include someone who can evaluate your personal background and academic experience, and someone who can evaluate your knowledge of and potential for the physician assistant profession. They may include, but are not limited to, instructors, supervisors, and PA's who you shadowed. They should not include personal friends. Letters of recommendation should be on letterhead, and should indicate your relationship with the individual giving the recommendation. (Please be aware that two of the three names were previously requested in item #27 of the application.)

Name: _____

Name: _____

Name: _____

PERSONAL STATEMENT

On a separate sheet of paper, type a 2-page essay discussing your aims in seeking admission to the Physician Assistant Program. Include such items as your personal and academic background, your career goals, experiences which nurtured your interest in the health field and in the PA profession specifically, the impact of your "shadowing" experience, and any other factors which you feel are relevant to admission.

SIGNATURE

I certify that the information above is true to the best of my knowledge.

Applicant's signature

Date