

Application Completion Checklist

Candidates must furnish the following documentation before the applicant's file will be reviewed by the admission committee.

- Completed application.**
- Updated CV.**
- Two Applicant Rating Forms completed by a MD, DO, DMS, DPM and current Supervisor.** Rating Forms can be mailed directly to the DMS admission office from the person providing the recommendation. If submitted by the candidate, the recommendations must be in a sealed envelope with the signature of the person providing the recommendation across the seal.
- Letter of Recommendation from candidate's Current Supervisor.** Letter of recommendation can be mailed directly to the the DMS admission office from the person providing the letter. Of submitted by the candidate, the letter must be in a sealed envelope with the signature of the person providing the letter across the seal.
- Official transcripts from all degree-granting institutions.** Official electronic transcripts should be sent to dmsadmissions@lmunet.edu .
- An Official copy of evidence of licensure.**
- A written personal statement of interest and motivation for the DMS program and personal and professional goals.**
- Completed Doctor of Medical Science questionnaire.**
- If English is NOT the first language, included the TOEFL results.**

PLEASE SEND ALL REQUIRED MATERIALS TO:

**LMU-School of Medical Sciences
Doctor of Medical Science
Admission Office
C/o Shannon Ingram
6965 Cumberland Gap Parkway
Harrogate, Tennessee 37752**



**Lincoln Memorial University-
School of Medical Sciences
Doctor of Medical Science**

Application

Select start term: (please circle) **Fall** **Summer**

Cognate Selection (please circle): Primary Care Medicine * Emergency Medicine * Internal Medicine * Medical Education
(summer start only)

Date of Application: _____ **LMU ID # (if applicable):** _____

Name _____
Last First Middle Maiden Name

Social Security Number _____ - _____ - _____ Male Female

Date of Birth _____

Mailing Address _____
Street City State Zip

Telephone _____ Email _____
(Area Code)

Where is your permanent residence: _____
State County

What is your country of citizenship? United States
 Other: please specify _____
 Permanent Resident
 Temporary: please specify _____
 I currently do not have a valid U.S. visa.

PA school attended:

Dates attended

Degree Earned

Name City State

Higher Educational Institutions attended:

Dates attended

Degree earned

Name City State

Name City State

Name City State

Please list any honors or awards you have received:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any training certifications:

1. _____
2. _____
3. _____
4. _____
5. _____

Please describe your PA professional experiences.

Practice type: _____ Years employed? ____

Practice Name: _____

Practice type: _____ Years employed? ____

Practice Name: _____

Practice type: _____ Years employed? ____

Practice Name: _____

Practice type: _____ Years employed? ____

Practice Name: _____

Please describe any health care academic appointments.

Institution: _____ Program Type: _____

Academic appointment: ___ Instructor ___ Assistant Professor ___ Associate Professor ___ Professor

Years employed? ____

Institution: _____ Program Type: _____

Academic appointment: ___ Instructor ___ Assistant Professor ___ Associate Professor ___ Professor

Years employed? ____

Institution: _____ Program Type: _____

Academic appointment: ___ Instructor ___ Assistant Professor ___ Associate Professor ___ Professor

Years employed? ____

Please describe other significant clinical or educational experiences.

Organization: _____ Years involved? _____

Position: _____

Organization: _____ Years involved? _____

Position: _____

Organization: _____ Years involved? _____

Position: _____

Military experience: Yes No Active: Yes No

If, yes, was your discharge honorable? Yes No

Branch of service: _____

Were you ever disciplined for academic performance or conduct violations (e.g. academic probation, dismissal, suspension, disqualifications, etc.) by any school or college? Yes No
If yes, please explain.

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please list and date. _____

How did you hear about Lincoln Memorial University - School of Medical Sciences, DMS program?

- Pre-professional advisor D.O. / M.D. PA Osteopathic Medical College
- Media (TV, Radio, Print) AAPA TAPA Professional Organization
- Recruitment Mailing Internet
- Other _____

**Statement of Past or
Pending Disciplinary Action**

Name of Applicant: _____ Date: _____

Have you ever been subject to revocation of a professional license, or been censured, reprimanded or placed on probation for reasons relating to professional competence or conduct by a state licensing authority? If “Yes,” please explain.

Yes No

Have you ever had disciplinary action taken against you by any professional society or professional association? If “Yes,” please explain.

Yes No

Have you ever been treated for problems with alcohol or drug dependency? If “Yes,” please explain.

Yes No

Is there any information relevant to your ability to complete the Lincoln Memorial University, School of Medical Sciences, Doctor Medical Science program that LMU-DMS should consider? If “Yes,” please explain.

Yes No

CERTIFICATION

I certify that all information provided on this application is true and accurate, complete and correct to the best of my knowledge and belief, and is made in good faith. I know and understand that any and all items contained herein are subject to verification and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions and other agencies. I agree that providing inaccurate or false information or that failure to comply with University policy may result in disciplinary action, including dismissal. Throughout my enrollment, I agree to comply with the rules and regulations in the Lincoln Memorial University-School of Medical Sciences, Doctor of Medical Science student handbook and catalog.

Signature of Applicant _____ **Date** _____

Please return to: LMU-SMS, Doctor of Medical Science Program, Office of Admissions, 6965 Cumberland Gap Parkway, Harrogate, TN 37752

Doctor of Medical Science (DMS)
Questionnaire

1. How many years have you practiced medicine as Physician Assistant? Years: _____
2. How many years have you practiced primary care clinical medicine as PA? Years: _____
3. What is your current employment area (check all relevant)?

Full-time (36-40 hours per week) _____ Part-time (16-20 hrs. per week) _____

Clinical Practice Family Medicine Hospitalist Emergency Medicine
_____ Urgent Care Internal Medicine Other _____

Education PA Program Faculty PA Program Adjunct faculty
 PA Program Preceptor Other _____

4. Is your practice in a designated medically underserved region? Yes No

5. Name and Address of your clinical practice: _____

Street	City	State	Zip
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6. Briefly describe your current practice setting and activities.

7. Has your supervisor agreed to complete an evaluation of your clinical skills/knowledge periodically throughout the program? Yes No N/A

8. Please provide the following information. My supervising physician (check all that apply):

- Is Board Eligible in _____.
- Is Board Certified in _____.
- Has _____ years of experience in clinical practice.
- Has _____ years of experience in academia.

I hereby certify that the above information is true and correct to the best of my knowledge. I understand that failure to report complete and accurate information may result in denial of my Doctor of Medical Science application or dismissal from the program.

Candidate Name (Print)

Candidate Signature

**LINCOLN MEMORIAL UNIVERSITY
DOCTOR OF MEDICAL SCIENCE**

Applicant Rating Form

Section I (to be completed by Applicant): Complete this section before giving this form to the individual who will evaluate you. Be sure to indicate whether or not you wish to waive your right to access this reference. Give this form and a business-size envelope to the individual. Arrange to have the individual return the completed form to you in the sealed envelope. Place the completed and unopened recommendation forms and all other completed application documents in your application packet and mail to **Lincoln Memorial University, School of Medical Sciences, Doctor of Medical Science, 6965 Cumberland Gap Parkway, Harrogate, TN 37752.**

Name (Print): _____

Mailing Address: _____

Intended Track: _____

Expected Date of Admission: _____

Name of Evaluator to whom you gave this form: _____

How long and in what capacity has this evaluator known you?

The Family Education Rights Act of 1974 and its amendments guarantee students access to their educational records. Student can choose to waive their rights of access concerning recommendations. Please indicate your wish by checking the appropriate place below and signing.

_____ I waive my rights to inspect this recommendation now and in the future.

_____ I do not waive my right to inspect this recommendation.

Signature _____

Date _____

Section II (to be completed by Evaluator): This individual has applied for admission to the Doctor of Medical Science program, at Lincoln Memorial University, School of Medical Sciences.

If the applicant has not waived the right to review this rating form, you should consider it non-confidential and you may choose to return the form uncompleted. Please complete and sign this form, place it in the envelope, seal and sign the envelope across its seal, and return to the applicant. The applicant will mail the unopened recommendation, along with other application documents, to the Doctor of Medical Science Admission Office.

Dear Physician, Please take a moment to evaluate the Physician Assistant as you have observed and interacted with him or her. Physician Assistants are highly skilled medical providers who, after several years of practice, function at a high level within the scope of practice as supervised by the physician. Please rate the physician assistant as compared to other highly skilled, high functioning physician assistants.

How long and in what capacity have you known the applicant?

Please evaluate the applicant in the following areas:

MEDICAL KNOWLEDGE (A)				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate

INTERPERSONAL AND COMMUNICATION SKILLS (B)				
<i>Communication Skills</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate
<i>Cooperation</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate

PATIENT CARE (C)				
<i>Clinical Judgement</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate
<i>Quality of Work</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate

PROFESSIONALISM (D)				
<i>Integrity</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate
<i>Leadership Skills and Ability</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate
<i>Work Ethic</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate

SYSTEMS-BASED PRACTICE (F)				
<i>Ability to Adapt to New Situation</i>				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Above Average	<input type="checkbox"/> Average	<input type="checkbox"/> Below Average	<input type="checkbox"/> No basis to rate

How would you rate this applicant in overall ability, motivation, and promise compared with other physician assistance with similar training and experience?

(Please circle the appropriate number below.)

4	3	2	1	0	NA
Equal to the best in any program	Will perform at a superior level in doctoral program	Performance should be up to the average of most doctoral students	Qualifications are marginal, but warrants further consideration (explain below)	Questionable whether admission to program is warranted (explain below)	Unable to judge

Remarks:

(May attach another sheet)

Signature: _____

Date: _____

Title: _____

Highest Earned Degree: _____

Telephone: _____

E-mail address (optional) _____

Thank you for your assistance.

Please sign, date, and place in the envelope; then please seal and sign the envelope across its seal and return to the applicant.