

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. Is your current supervising physician agreeable to serve as your onsite academic supervisor during the clinical practicum? Yes No N/A

8. My supervising physician (check all that apply):

- Is Board Eligible in _____.
- Is Board Certified in _____.
- Has _____ years of experience in clinical practice.
- N/A. Will be pursuing the education track.

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

Supervising Physician Signature

Date