



PHYSICIAN ASSISTANT RESIDENCY PROGRAM APPLICATION

Post-Graduate Physician Assistant Orthopaedic Residency at Lutheran General Hospital, Park Ridge, IL.

Program Co-Directors: Ritesh Shah, MD  
9000 Waukegan Road, Ste 200  
Morton Grove, IL 60053  
(847) 375-3000

Patrick Knott, PhD, PA-C  
3333 Green Bay Road  
North Chicago, IL 60064-3095  
(847) 578-8689

New Application  Re-application  For year: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Maiden name (if applicable): \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City State Zip  
Phone at Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City State Zip  
Phone at Address: \_\_\_\_\_

PA Program Attended (Attending): \_\_\_\_\_

Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_  
Month/Year

Undergraduate College: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Undergraduate College: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Undergraduate College: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Graduate Collage: \_\_\_\_\_

Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Are you currently NCCPA Certified? Yes No If not, when do you plan to take the test? \_\_\_\_\_

Do you currently hold a PA license in any state? No Yes \_\_\_\_\_ State(s)

Were you ever required to leave any college, graduate or professional school or ever denied readmission because of deficiencies in either conduct or scholarship? No Yes (Explain below)

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony in any state, or had a professional license revoked?

No Yes \_\_\_\_\_

**Letters of Recommendation:**

Please list at least two persons who will be sending letters of recommendation on your behalf. (Note, one must be from your PA Program Director.)

_____	PA Program Director	_____
Name	Title	Daytime Phone #
_____	_____	_____
Name	Title	Daytime Phone #
_____	_____	_____
Name	Title	Daytime Phone #

**Resume:**

Please attach your resume to this application.

**Personal Statement:**

Please attach a one-page essay explaining why you are applying, what you expect from a post-graduate residency program, and how your PA Program prepared you for this challenge.

I certify that the information in this application is complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IBJI is an equal opportunity employer and we hire without regard to race, color, religion, sex, national origin, ancestry, citizenship, age, marital status, disability, military or veteran status, sexual orientation or for any other protected reason, as specified by various federal and state laws.

Email application materials directly to: [Patrick.Knott@RosalindFranklin.edu](mailto:Patrick.Knott@RosalindFranklin.edu)