



**PHYSICIAN ASSISTANT RESIDENCY PROGRAM
APPLICATION**

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

Program Co-Directors: Charles Lieder, DO
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

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To Fax Application Materials: (847) 578-8690