



## Supplemental Application-2018

### Section A: Personal Information

**OUAC Number:** A 10-digit number

- Created for you upon completion of the OUAC application (**Step 1** of the admissions process)
- Starts with 2018 (2018XXXXXX)

If you have not completed the OUAC Application, you are not ready to begin the Supplemental Application and cannot continue. [Please click here to be re-directed to the OUAC Application website.](#)

**Please provide your OUAC number:** \_\_\_\_\_

**UofT Applicant Number:** Likely 9- or 10- digit number starting with 99 or 100.

- Provided to you in the acknowledgment e-mail from Enrolment Services approximately 5 business days after completing the OUAC application.
- If you have completed the OUAC application but have not yet received the e-mail from Enrolment Services, you are not ready to complete this part of the application process.
- If your UofT Applicant number has **fewer than 9** digits, add leading zeros to make a total of 9 digits (e.g. 001234567)

**Please provide your UofT Applicant Number:** \_\_\_\_\_

**Please provide your name:**

Surname

Former Surname

Given Name

Common Name (name you prefer, if different from your given name)

**Mailing Address:**

Street Address (Number and Name)

Apartment Number

City/Town

Province

Country

Postal Code

**Current Home Address (if different from mailing address):**

Street Address (Number and Name)

Apartment Number

City/Town

Province

Country

Postal Code

**Phone numbers (include area code. Also include country code if outside of North America):**

Home phone number (XXX-XXX-XXXX)

Business phone number (XXX-XXX-XXXX)

Mobile phone number (XXX-XXX-XXXX)

**Gender:**

- Male
- Female
- Transgender
- Non-binary
- Prefer not to answer
- Other (please specify): \_\_\_\_\_

**Date of birth:**

(YYYY/MM/DD)

**Are you currently an Ontario Resident?**

- Yes
- No

**As an adult**, have you ever lived in Northern Ontario (southern boundary approximately Parry Sound/Gravenhurst), or in a rural area? (For Ontario, "rural" = [Rurality index](#) of 40 or more; outside of Ontario, "rural" = population of <15,000)

- Yes
- No

**Do you currently** live in Northern Ontario (southern boundary approximately Parry Sound/Gravenhurst), or in a rural area?

- Yes
- No

**How long** have you lived/been living in Northern Ontario or in a rural area as an adult? (answer in total number of years) \_\_\_\_\_

**Please list** the Northern Ontario or rural areas that you are living in or have lived in as an adult. For each location, include a postal code and period of your residence (e.g. from yyyy/mm to yyyy/mm).

**List up to 5.** \_\_\_\_\_

## Section B: Healthcare Experience

Please enter **all** of your healthcare experiences in the sections below, up to the maximum space allowance. All forms of health care experiences are considered toward the minimum requirement. Healthcare experience can be obtained through employment, clinical placements as part of healthcare educational programs, or as a volunteer. Please provide information on **all** healthcare experiences, not only the minimum 910 hours required for admission. Please provide as much information as possible. Information provided by the applicant is subject to verification by the Program.

### Are you a graduate of Medical School?

- Yes
- No

### How much healthcare experience do you have altogether (as of February 1, 2018)?

Note: You must have at least 910 hours of healthcare experience to be eligible for admission to the BScPA Program.

- 910 - 1819 hours (6 - 12 months full time equivalent)
- 13 months to 5 years (full time equivalent)
- more than 5 years (full time equivalent)

## Tell us about your most recent healthcare position (Position #1):

Total number of hours spent in this position (as of February 1, 2018): \_\_\_\_\_

From **yyyy/mm/dd to yyyy/mm/dd** (if current through to application deadline, enter 2018/02/01)

- Start Date (yyyy/mm/dd)
- End Date (yyyy/mm/dd)

### Please provide the location details for this position:

Name of Institution  
Address  
Address 2  
City  
Province/State  
Postal Code  
Country

### My status in this position is/was:

- Paid
- Clinical Placement (requirement of my educational program)
- Volunteer

**Please choose the most appropriate title for this position from the list below:**

- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropodist/Podiatrist
- Chiropractor
- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- Dietitian
- Homeopath
- Kinesiologist
- Massage Therapist
- Medic/Military Medic
- Medical Doctor/ Physician /Surgeon
- Midwife
- MRI Technologist
- Naturopathic Physician/Naturopath
- Nuclear Medicine Technologist
- Nurse - Nurse Practitioner (NP)
- Nurse - Registered Nurse (RN)
- Nurse - Registered Practical Nurses (RPN)
- Occupational Therapist
- Optician
- Optometrist
- Osteopathic Physician/Osteopath
- Paramedic
- Paramedic - Advanced Care
- Podiatrist
- Pharmacist
- Physiotherapist
- Physiotherapy Assistant
- Psychologist
- Psychotherapist
- Radiation Therapist
- Radiological Technologist
- Recreation Therapist
- Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Traditional Chinese Medicine Practitioner
- Other - Please specify \_\_\_\_\_

**Please select the choice below that best defines the level of involvement in direct patient care that you have/had in this position.**

- I have/had no involvement with patient care in this position (e.g. health promotion agent; pharmaceutical rep)
- I am/was a member of the healthcare team, and I provided indirect patient care (e.g. roles that support patient care such as: research, health records clerk, med lab tech - lab role only, managerial role in healthcare setting)
- I provide(d) secondary patient care under the direction of others (e.g. roles that include patient contact under supervision - volunteering, student in clinical placements, ward clerk, medical receptionist)
- I provide(d) direct patient care in my professional role (e.g. nurse, paramedic, dental hygienist, physio assistant)

**Please select the choice below that best describes the specific clinical duties that you perform(ed) in this position.**

- I do/did not perform any clinical duties in this position
- I have/had unstructured interactions with patients, providing a supportive role (e.g. volunteer)
- I provide(d) essential services that directly affects patients (e.g. research, ward clerk, medical receptionist, med lab tech, student in clinical placement)
- I perform(ed) clinical duties related to my professional role (e.g. taking medical histories, performing physical exams, ordering/providing diagnostic test/procedures, providing counselling, ordering/implementing therapeutic plans)

**Letter of Verification for position 1:** A letter of verification is required as part of your submitted documentation. This is a letter of verification from the Human Resources department (or similar) confirming the employment/volunteerism and hours you have listed as position 1. This must be submitted to us directly by the department/verifier.

- There will be a Letter of Verification submitted for me as part of my documentation.
- I am self-employed as an independent healthcare provider and will not be submitting a Letter of Verification\*.
- My clinical experience was part of my education program and is verified by my transcripts. There will not be a Letter of Verification\*.
- There will not be a Letter of Verification for me for the following reason\* (maximum 150 words):\_\_\_\_\_

**\*Please note** that declaring this issue on your supplemental application will not automatically grant you a waiver. If you will not be submitting a Letter of Verification you must declare it on your Supplemental Application and also email the BScPA Program at **admissions.pa@utoronto.ca** by **February 1, 2018** to inform the Program why there will be no Letter of Verification for you. Include your name and UofT Applicant Number in the email.

**Do you have other healthcare experience?**

- Yes (*this will take you to the next Health Care Experience question*)\*\*
- No (*this will take you to section C: Personal Statements*)

*\*\* Additional health care experience will include the same questions as above. There will not be a requirement for a Letter of Verification, but you will be required to enter a Guarantor for each successive health care position. You will need to enter their name, the name of the institution, the institutional address, along with phone number and email address of the guarantor. The individual you list as guarantor should be notified that the BScPA Program may communicate with them directly to verify the information you have entered about this position.*

## Section C: Personal Statements

**Describe your experience in healthcare.** Please comment on the patient population you served and the nature of the healthcare setting you were in. (250 words maximum)

**Why do you want to be a Physician Assistant?** (250 words maximum)

**How do you envision yourself providing care as a Physician Assistant?** (250 words maximum)

**Please describe your understanding of (or experience in) providing healthcare services to patients in rural, northern or underserved communities?** (250 words maximum)

**How do you envision the distance and distributed delivery method of the BScPA Program will impact your life?** (250 words maximum)

## Section D: Information Technology

Information technology will be used in the delivery of the distance education model of the program curriculum. This will ensure maximum access to the program by all students regardless of their geographic location. Please confirm your understanding of distance learning and your access to required computer hardware and software below.

**Distance Learning:** Please choose either "yes" or "no" in response to the following statements:

	Yes	No
I understand that distance learning means that most of the time I am not in a traditional face-to-face classroom setting.	<input type="radio"/>	<input type="radio"/>
I understand that distance learning requires me to set my own schedule in order to cover the course materials and participate in group activities, although the schedule for tests and exams will be set by the BScPA Program.	<input type="radio"/>	<input type="radio"/>
I understand that the BScPA Program is an intense, full-time program, requiring my attention 30+ hours per week, and that much of the time I will be learning on my own, or in a study group with peers.	<input type="radio"/>	<input type="radio"/>

**Computer Requirements:** Please choose either "yes" or "no" in response to the following statements. For more information [click here](#) for Computer Operating System and Bandwidth Requirements for students in the BScPA Program.

	Yes	No
I have used and have access to a computer with a minimum operating system of Windows XP or Mac 10.6, as well as Office 2007.	<input type="radio"/>	<input type="radio"/>
I have used and have access to a minimum bandwidth of 28.8 kbps	<input type="radio"/>	<input type="radio"/>

**Computer Skills:** Please choose either "yes" or "no" in response to the following statements. I am able to do the following:

	Yes	No
Send and receive emails.	<input type="radio"/>	<input type="radio"/>
Open e-mail attachments.	<input type="radio"/>	<input type="radio"/>
Open and operate programs on my computer (such as Word, Power Point, Adobe Acrobat, etc.).	<input type="radio"/>	<input type="radio"/>
Upload and download documents and pictures.	<input type="radio"/>	<input type="radio"/>
Scroll through pages on a website.	<input type="radio"/>	<input type="radio"/>
Find the information I am looking for on a website.	<input type="radio"/>	<input type="radio"/>
Print a webpage.	<input type="radio"/>	<input type="radio"/>
Use a search engine like Google to find general information.	<input type="radio"/>	<input type="radio"/>
Locate addresses and get directions using mapping programs on the internet.	<input type="radio"/>	<input type="radio"/>

**Other:** Please choose either "yes" or "no" in response to the following statements:

	Yes	No
I understand that some online exams will require me to type responses within a limited time-frame.	<input type="radio"/>	<input type="radio"/>
I understand and have basic knowledge of computer-related terms, such as: Copy and Paste, Cutting, Click and Drag, Insert, Browser, Monitor, etc.	<input type="radio"/>	<input type="radio"/>

## Section E: Declaration of Professional Misconduct

Are you currently a member of a regulated health care profession (under the [Regulated Health Professions Act](#)) in Ontario? (Please choose only one of the following):

- Yes
- No



**If yes, which regulated health care profession are you a member of?** (Please choose only one of the following):

- |   |  |
|---|--|
| <input type="radio"/> Acupuncturist                           | <input type="radio"/> Medical Doctor/ Physician/ Surgeon/Osteopathic Physician |
| <input type="radio"/> Audiologist/Speech Language Pathologist | <input type="radio"/> Midwife  |
| <input type="radio"/> Chiropodist/Podiatrist                  | <input type="radio"/> Naturopathic Physician/Naturopath                        |
| <input type="radio"/> Chiropractor                            | <input type="radio"/> Nurse  |
| <input type="radio"/> Dental hygienist                        | <input type="radio"/> Occupational Therapist                                   |
| <input type="radio"/> Dentist/Dental Surgeon                  | <input type="radio"/> Optician   |
| <input type="radio"/> Dental Technician                       | <input type="radio"/> Optometrist  |
| <input type="radio"/> Denturist                               | <input type="radio"/> Pharmacist   |
| <input type="radio"/> Dietician                               | <input type="radio"/> Physiotherapist  |
| <input type="radio"/> Homeopath                               | <input type="radio"/> Psychologist   |
| <input type="radio"/> Kinesiologist                           | <input type="radio"/> Psychotherapist  |
| <input type="radio"/> Massage therapist                       | <input type="radio"/> Respiratory Therapist                                    |
| <input type="radio"/> Medical Laboratory Technologist         | <input type="radio"/> Traditional Chinese Medicine Practitioner                |
| <input type="radio"/> Medical Radiation Technologist          |  |

**Are you under investigation OR have you ever been dismissed from a position as a healthcare provider or had hospital/healthcare privileges revoked?** (Please choose only one of the following):

- Yes
- No

If "Yes", please provide details\_\_\_\_\_

**Have you ever had your registration as a health professional revoked, surrendered, restricted, subjected to individual terms and conditions by a registration or licensing authority or another health profession in Ontario or in another province, territory or country?** (Please choose one of the following):

- Yes
- No

If "Yes", please provide details\_\_\_\_\_

**Are you currently under investigation, or involved in any proceedings that could result in the encumbrance of your registration or license, by a registration or licensing authority for a health profession in Ontario or in another province, territory, state or country?** (Please choose only one of the following):

- Yes
- No

If "Yes", please provide details\_\_\_\_\_

## Section F: Travel/Accommodations Terms and Conditions

The Physician Assistant Professional Degree Program is designed so that students may remain in their home community for much of the Program. Although clinical placements occur during Year 2 of the program, students will take a Longitudinal Clinical Experience course throughout Year 1.

Please choose either "yes" or "no" in response to the following statements:

	Yes	No
I understand that the BScPA Program will only be scheduling Year 2 clinical rotations within the province of Ontario. I agree to participate in all required clinical experiences for the duration of the Program.	<input type="radio"/>	<input type="radio"/>
I understand that arrangement and cost of transportation within the clinical rotations are my responsibility.	<input type="radio"/>	<input type="radio"/>

The Physician Assistant Professional Degree Program is rooted in e-learning in which most of the Year 1 curriculum is taught on-line via distance education. The focus of Year 2 of the program is clinical experience, with some academic curriculum. However, in both Year 1 and Year 2, students will be required to travel to the Academic Centre (Toronto) to participate in the Residential blocks. Four Residential blocks are scheduled during Year 1, and two Residential blocks are scheduled during Year 2. Students are responsible for the cost of their travel and accommodation for all Residential/Evaluation blocks. **I understand and agree to cover the cost of travel and accommodation to Toronto for all of the Residential blocks in Year 1 and Year 2 of the Program.** Please choose only one of the following:

- Yes
- No

The second year of the program is centered on clinical education, with experiences in both Northern and Southern Ontario. It is expected that, as much as possible, the student's Home Training Location will be in the same community as their primary residence. However, if the community in which they usually reside is not suitable for PA student training, the student will be expected to relocate to a suitable community within their geographic region. **I understand that I may be required to move to another community during my "Home" training time for up to six months in order to obtain required clinical experience; that only within Ontario a subsidy will be available to help defray costs of this displacement; and that any costs above the pre-determined maximum allowable by my subsidy are my responsibility.** Please choose only one of the following:

- Yes
- No

The second year of the BScPA program is when students will split the year between Northern Ontario communities and Southern Ontario communities. Students will be assigned to a "Home Training Location" and a "North-South Swap Training Location". For additional information on training locations, see ["Program Information"](#) **I consider my home training location to be** (please choose only one of the following):

- North
- South

**Please identify the city or town you consider to be your home training location** (Please note that this does not guarantee that appropriate clinical training can be found for you as a PA student in this community)\_\_\_\_\_

I understand that in Year 2 of the program, I will participate in a "North/South Swap" clinical placement (swapped from my Home training location) for up to six months. **I understand that a subsidy will be available to help defray costs of travel/accommodation for the "North-South Swap Training Location" to which I am assigned and that any costs above the predetermined maximum allowable by my subsidy are my responsibility.** Please choose only one of the following:

- Yes
- No

**I understand that the Program is not responsible for arranging local transportation during my clinical placements in Year 2.** Please choose only one of the following:

- Yes
- No

## Section G: Self-Declarations

**Declaration of Understanding by the Applicant:** Application to the University of Toronto Physician Assistant Professional Degree Program implies the applicant's acceptance of the admission requirements, policies, procedures and methods by which applicants are chosen for the Program. The decision of the Admissions and Selection Committee, including eligibility and selection decisions, will be final. By selecting 'I AGREE', I indicate that I have read and understood the Declaration of Understanding. Please choose only one of the following:

- I Agree
- I Disagree

**I understand that it is my responsibility** to keep the University of Toronto and the Physician Assistant Professional Degree Program to which I have applied or at which I register, informed of any changes to the information in my application materials. Please choose only one of the following:

- Yes
- No

**I agree to inform the University and program (as stated above) in writing immediately after any such change occurs.** Please choose only one of the following:

- Yes
- No

**I certify that the personal information and documents submitted in this application, or to be submitted (all of which constitutes the application), are true, complete and correct** in all respects, including my declarations as to citizenship and immigration status in Canada, that my personal statements were authored solely and entirely by me, and that all information requested in this application has been disclosed.

Please choose only one of the following:

- Yes
- No

---

### **End of Supplemental Application**

**REMINDER:** The following documents are required in order for your application to the BScPA Program to be complete and considered by the Admissions and Selection Committee:

1. Completed online OUAC Application (includes payment of fee)
2. Completed online Supplemental Application and payment of the \$200 fee
3. One Letter of Reference that includes a completed Applicant Assessment form
4. One Letter of Verification
5. Proof of membership in a regulated healthcare profession (if applicable)
6. Official or notarized copies of Transcripts - sent to Enrolment Services
7. Proof of English Language Facility (if applicable) - submitted to Enrolment Services.

For information on the above documents [click here to be re-directed to the BScPA Program website](#)

**ORIGINALTY:** Your supplemental application must be an original piece of work. The Program will perform random checks of applicants' supplemental application through [www.Turnitin.com](http://www.Turnitin.com) for detection of possible plagiarism. Applicants will not be informed that their application has been submitted for comparison. Applications submitted to [Turnitin.com](http://Turnitin.com) will be included as source documents in the [Turnitin.com](http://Turnitin.com) reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the [Turnitin.com](http://Turnitin.com) service are described on the [Turnitin.com](http://Turnitin.com) website. If you do not consent to your application being submitted to [Turnitin.com](http://Turnitin.com), you must contact the Admissions Coordinator, by email at <mailto:admissions.pa@utoronto.ca> by February 1, 2018 to inform us of this fact.

**A copy of your Supplemental Application answers will be emailed to you upon submitting this application.**