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 \$150 Fee
- 3. One Letter of Reference
- 4. One Letter of Verification
- 5. Proof of membership of 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) sent to Enrolment Services

For information on the above documents click here to be re-directed to the BScPA Program website

Your supplemental application must be an original piece of work. The Program will perform random checks of applicants' supplemental application through 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 will be included as source documents in the 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 service are described on the Turnitin.com website.

If you do not consent to your application being submitted to Turnitin.com, you must contact the Admissions Coordinator, by email, admissions.pa@utoronto.ca to inform us of this fact.

	Page #2
Section A: Personal Information	
This is the 10-digit number created for you upon constarts with 2015 (only the number that starts with 2015)	mpletion of the OUAC application in Step 1 of the admissions process, and is acceptable).
If you have not completed the OUAC Application, you a Please click here to be re-directed to the OUAC Application.	are not ready to begin the Supplemental Application and cannot continue. ation website
Please provide your OUAC number:	
	in the acknowledgment e-mail from Enrolment Services roughly 5 buisness T Applicant Number will either begin with 99 or with 100.
complete this part of the application process. It can take	not yet recieved the e-mail from Enrolment Services you are not ready to se up to 5 business days for your UofT Applicant Number to be e-mailed to efore contacting Enrolment Services or the BScPA Program Office.
Please provide your UofT Applicant Number :	
Surname:	
Former Surname:	
✓ Given/First Name(s):	
A Common Name:	
Name you prefer, if different than 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

Apartment Number

City/Town

Street Address (Number and Name)

Province	
Country	
Postal Code	

🛂 Primary Phone Number:
Please enter your 10-digit phone number (XXX-XXX-XXXX):
Business Telephone Number:
Please enter your 10-digit business phone number (XXX-XXXX-XXXX):
Mobile Phone Number:
Please enter your 10-digit mobile phone number (XXX-XXXX):
Temail Address:
Gender:
Male
Female
Transgender
Prefer not to answer
Other
A Date of birth (YYYY/MM/DD):
 -
■ Are you currently an Ontario Resident?
(Yes
○ No

Section B: Healthcare Experience

Please enter your healthcare experiences 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. Applicants are expected to provide information on all of their previous healthcare experiences, not only the minimum 910 hours. Applicants are also expected to provide as much detail as possible in their supplemental application in order for their application to be assessed. Information provided by the applicant is subject to verification by the Program.

Please provide your most recent healthcare position first (position 1) and work backwards chronologically.

Are you a graduate of medical school?YesNo
My most recent healthcare position is/was: Paid Volunteering Clinical Placement (requirement of my educational program)
My Most Recent Healthcare Position Title Is/Was: Position 1:

- Volunteer
- Aboriginal Healthworker
- Acupuncturist
- Anaesthesia Assistant
- Audiologist
- Chiropodist/Podiatrist
- Chiropractor
- Dental Hygienist
- Dentist/Dental Surgeon
- Denturist
- ... 25 additional choices hidden ...
- Radiological Technologist
- Recreation Therapist
- · Respiratory Therapist
- Social Worker
- Sonographer
- Speech Language Pathologist
- Student in a Healthcare Provider Program Please Specify
- Traditional Chinese Medicine Practitioner
- Other Please Specify
- N/A

Note: If you have chosen 'Volunteer' - scroll to the bottom of the page and click 'next'

🏂 If you answered "Other - Please Specify" as your most recent healthcare position, please indicate your title here:

Example: Pharmacy Assistant

Without healthcare experience, you are not eligible to apply to the BScPA Program at this time.

For more information on the admission requirements for the BScPA Program, please visit the program website here: www.paconsortium.ca

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Rosition 1:	
Start Date (YYYY/MM/DD):	
Rosition 1:	
End Date (YYYY/MM/DD or Current Position)	
Total number of hours worked in position 1 (As of	Feb. 15, 2015):
■ What specific clinical duties involving direct patien	nt care did you perform in position 1?
Check all that apply:	, , ,
Performed physical examinations	
Performed medical history	
☐ Prescribed diagnostic tests and/or lab services ☐ Conducted diagnostic tests and/or lab services	
Applied casts and splints	
Sutured wounds	
Counselled patients in preventative care	
☐ Therapy - Physical☐ Therapy - Radiation	
Therapy - Occupational	
Therapy - Respiratory	
Therapy - Massage	
☐ Therapy - Sports☐ Therapy - Chiropractic	
Emergency/critical care	
Other - Please Specify	
If you answered "Other - Please Specify" as the counter them here:	clinical duties involving direct patient care for position 1, indicate up to 10 or
Duty 1	
Duty 2	
Duty 3	
Duty 4	
Duty 5	
Duty 6	
Duty 7	
Duty 8	
Duty 9	
Duty 10	

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 you have listed as position 1, and must be submitted to us directly by the department.

I will not be submitting a letter of verification because:	
(150 word maximum)	
	-
	_
Supervisor contact information for position 1:	
The individuals who are being listed as Supervisor should be notified verify the information submitted in this section of the application. The provides you with the Letter of Reference, or you may choose a refe	e individual listed here can be the same person as the one who
Name	
Institution Name	
Institution Address	
Telephone Number (include country code, if applicable)	
Email	

Nolunteer Position 1:	
Start Date (YYYY/MM/DD):	
Volunteer Position 1:	
End Date (YYYY/MM/DD or Current):	
Total number of hours completed in Volunteer position 1:	
Please provide a brief description of the healthcare setting where you volunteered Example: In a retirement home	for position 1
A Please Provide a Brief Description of your duties in above location	
Example: Aided residents with their meals	
Etter of Verification for position 1:	
A letter of verification is required as part of your submitted documentation. This is a let department (or similar) confirming the volunteer position and hours you have listed as directly by the department.	
Supervisor contact information for Volunteer position 1:	
The individuals who are being listed as supervisor should be notified that the PA Progressify the information submitted in this section of the application. The individual listed by provides you with the Letter of Reference, or you may choose a referee who is not listed.	nere can be the same person as the one who
Name	
Institution Name	
Institution Address	
Telephone Number (include country code, if applicable)	
Email	
My second position was:	
Volunteer	
Paid employmentClinical Placement (as a requirement of my educational program)	

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Section C: Personal Statements	
Describe your experience in healthcare. Please comment on the patient p setting you were in. (250 words maximum)	opulation you served and the nature of the healthcare
Why do you want to be a Physician Assistant? (250 words maximum)	
Mark How do you envision yourself providing care as a Physician Assistant? (250 words maximum)	
Please describe your understanding of providing healthcare services to pacommunities? (250 word maximum)	atients in rural, northern or underserviced
M How do you envision the distance and distributed delivery method of the E (250 word maximum)	3ScPA Program will impact your life?

rage #10
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:
I understand that distance learning means that most of the time I am not in a traditional face-to face classroom setting.
*Please choose only one of the following: O Yes No
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.
*Please choose only one of the following: (Yes (No
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.
*Please choose only one of the following: O Yes No
Computer Requirements:
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 For more information click here for Computer Operating System Requirements for students in the BScPA Program
*Please choose only one of the following: (Yes (No
■ I have regular access to high speed internet.
* Please choose only one of the following: (Yes (No
Computer Skills: I am able to do the following:
≅ Send and receive emails
*Please choose only one of the following: O Yes No
□ Open e-mail attachments

*Please choose only one of the following:
C Yes No
© Open and operate programs on my computer (such as Word, Power Point, Adobe Acrobat, etc.)
*Please choose only one of the following:
C Yes C No
□ Upload and download documents and pictures
*Please choose only one of the following:
C Yes C No
Scroll through pages on a website
*Please choose only one of the following:
C Yes C No
E Find the information I am looking for on a website
*Please choose only one of the following:
C Yes C No
Print a webpage
*Please choose only one of the following:
C Yes C No
■ Use a search engine like Google to find general information
*Please choose only one of the following:
C Yes C No
E Locate addresses and get directions using mapping programs on the internet.
*Please choose only one of the following:
C Yes C No
Other Other
■ I understand that some online exams will require me to type responses within a limited time-frame
C Yes
I understand and have basic knowledge of computer-related terms, such as: Copy and Paste, Cutting, Click and Drag, Insert, Browser, Monitor, etc.

*Please choose only one of the following:
(Yes
○ No

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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:
C Yes
O No
Which regulated health care profession are you a member of?
Please choose only one of the following:
C Acupuncturist
Audiologist/Speech Language Pathologist
Chiropodist/Podiatrist
Chiropractor
O Dental hygienist
O Dentist/Dental Surgeon
Oental Technician
O Denturist
O Dietician
C Homeopath
Kinesiologist
Massage therapist
Medical Laboratory Technologist
Medical Radiation Technologist
Medical Doctor/Physician/Surgeon/Osteopathic Physician
Midwife Naturopathic Physician/Naturopath
Nurse
Occupational Therapist
Optician
Optometrist
C Pharmacist
C Physiotherapist
C Psychologist
O Psychotherapist
Respiratory Therapist
Traditional Chinese Medicine Practitioner
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 only one of the following:
C Yes
O No
If you answered "yes" to "Are you under investigation OR have you ever been dismissed from a position as a healthcare provider or had hospital/healthcare privileges revoked?" - please provide details.
Please write your answer here:
<u></u>

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

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Section E: Declaration Continued
If you answered "yes" to the question "Have you ever had your registration as a health professional revoked, surrendered, restricted, subjected to individual terms and conditions by a registration or licensing aurthority or another health profession in Ontario or in another province, territory or country?" please provide details.
Please write your answer here:
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 you answered "yes" to the question "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 provide details.
Please write your answer here:

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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.
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. Please choose only one of the following: Yes No
■ I understand that arrangement and cost of transportation within the clinical rotations are my responsibility ✓ Yes ✓ No
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 three Resiential blocks are scheduled during Year 2.
Students are reponsible for the cost of their travel and accommodation for all Residential/Evaluation blocks.
I understand and agree to cover the cost of travel and accomodation 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 the "About the Program" section of www.PAconsortium.ca
I consider my home training location to be:
Please choose only one of the following: North South

(Please note that this does not guarantee that appropriate clinical training can be found in this community, for you as a PA student.)
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/accomodation 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

1 age #22
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. Yes No
I agree to inform the University and program (as stated above) in writing immediately after any such change occurs. 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

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- 3. One Letter of Reference see www.paconsortium.ca under 'Supplemental Documentation' for Referee criteria
- 4. One Letter of Verification
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Payment

Thank you, your submission is complete.

Now that you have completed and submitted your online Supplemental Application, please submit the \$150 Supplemental Application fee by Paypal below.

Please note: the Supplemental Application fee can ONLY be paid online via Paypal.

Your application will not be considered until all application fees and documents have been received.

In order to proceed with the payment, enter your OUAC application number (2015XXXXXXX) and lastname.

Last Name: