Howard University
Department of Physician Assistant
College of Nursing and Allied Health Sciences

Physician Assistant Direct Patient Care Hours Form

This completed form MUST be completed and signed by the health care professional who supervised and observed the direct patient care and uploaded and submitted to your CASPA application.

_____
Last Name   First Name   Middle Name

_____
CASPA ID #

- Students applying to the Howard University Physician Assistant Program (HUPA) MUST complete and document a minimum of **800 hours of direct patient care experience (paid and/or volunteer)** hours by the CASPA application deadline.
- All hours must be completed within seven (7) years of applying to HUPA.

_____
Practice or Facility Name

_____
Street Address

_____
City   State   Zip Code

_____
Supervisor's Name   Title   Supervisor's Email

Dates: From: _____ To: _____   Total number of hours worked: _____

Please evaluate the student from 1 to 5, with 1 being the lowest and 5 the highest score, on the following:

Professionalism: _____   Promptness: _____   Follows Instructions: _____   Attitude/Willingness to Learn: _____

_____
Signature of Supervisor   Date