



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

Physician Assistant Shadowing Hours Form

(Not a requirement but encouraged.)

This completed form MUST be signed by the physician assistant whom you shadowed 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) are encouraged to complete a minimum of 40 hours shadowing a practicing physician assistant 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

Physician Assistant's Name

Title

Physician Assistant's Email

Dates: From: _____ To: _____

Total number of hours shadowed: _____

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 Physician Assistant

Date