

REQUEST FOR DEAN LETTER

TO APPLICANT: Complete this section and submit this form to the PA program you graduated from.
THIS FORM WILL NOT BE ACCEPTED IF RETURNED BY THE APPLICANT.

TO:

ATTN:

Name of PA School

Program Director/Dean of PA School

Mailing Address

City/State or Province/Zip or Postal Code

I am applying for registration as a physician assistant in the Province of Manitoba. Please provide the following information, with my permission, to The College of Physicians and Surgeons of Manitoba. This information needs to be sent directly to the College at the address listed at the top of this form.

Student Name

Former Name, if different at time of attendance

Social Security/Insurance Number

Date of Birth

Signature

Date

TO DEAN OR PROGRAM DIRECTOR: To avoid delay to applicant, please complete all sections below and send this form directly to the College at the above address as soon as possible. If it is more convenient to write a letter, please do so on school letterhead and be sure to include all the information requested below. Thank you.

1. Beginning and ending dates of attendance in this program (month, day, year)

2. Issue date of diploma (month, day, year) _____

3. Provide an outline of the clinical training completed during the program (duration, content and length of rotations)
Enclose separate sheet.

4. Provide a performance statement regarding the applicant's judgment, medical knowledge, emotional stability and any other information that you feel is pertinent:

5. Was the applicant ever restricted, suspended, terminated, or requested to resign from participation in the program?
No Yes (If YES, please provide details on a separate sheet)

Signature of School Official Completing This Form

Date

Title

Phone Number