HEALTH SCIENCE DEPARTMENT’S

PHYSICIAN ASSISTANT

APPLICATION INFORMATION PACKET
Dear Applicant:

Thank you for inquiring about the Salus University Physician Assistant Program. Salus University is offering BYU-Idaho students a unique placement opportunity in their Physician Assistant Program. BYU-Idaho’s Health Science Department will be recommending names for placement in the Fall program.

If you are interested in obtaining placement with Salus University, you will need to fill out the following pre-placement application and submit no later than August 1st to:

John Lewis  
BYU-Idaho, Clarke145 M  
Rexburg, ID 83460-0695

Greg Klingler  
BYU-Idaho, Clarke 145B  
Rexburg, ID 83460-0695

Included in the pre-placement application should be:

- Cover letter stating why you would like to be chosen.
- Application including current picture.
- Unofficial transcript highlighting total credit hours, expected graduation date, and Salus University’s prerequisite requirements as found [here](#).
- Detailed listing of all clinical hours received.
- Completed employer evaluation as found in this packet.

If you have questions or need assistance in applying, please contact us.

Sincerely,

John Lewis  
BYU-Idaho, Clarke 145 M  
Rexburg, ID 83460-0695  
208-496-4669

Greg Klingler  
BYU-Idaho, Clarke 145B  
Rexburg, ID 83460-0695  
208-496-4658

Enclosures
Health Science Department’s
PHYSICIAN ASSISTANT PROGRAM
PRE-PLACEMENT APPLICATION

INSTRUCTIONS:
1. Complete application and return by June 15th to either:
   John Lewis
   BYU-Idaho, Clarke 145 M
   Rexburg, ID 83460-0695
   Greg Klingler
   BYU-Idaho, Clarke 145 B
   Rexburg, ID 83460-0695

Date ____________________
Application for Fall ______

1. NAME - LAST FIRST MIDDLE 2. U.S. SOC. SEC. NO.

3. MAILING ADDRESS CITY STATE ZIP CODE

4. TELEPHONE-HOME I-NUMBER EMAIL ADDRESS 5. BIRTHDAY

6. PLEASE CHECK ALL THAT APPLY
   □ Male □ Single □ Mission
   □ Female □ Married Area ________________
   □ Military □ Divorced □ Widow(er)
   □ Fire Training

7. HIGH SCHOOL GRADUATION DATE

8. COLLEGE(S) ATTENDED DEGREE NO. OF CREDITS EARNED

Please attach an unofficial transcript, a photograph and a one page personal essay discussing yourself and reasons for
becoming a physician assistant and a detailed description of all clinical hours received.
# Health Science Department

## PHYSICIAN ASSISTANT PROGRAM

### PRE-PLACEMENT APPLICANT REFERENCE FORM

**DIRECTIONS TO THE EVALUATOR:**
Please complete all parts of this form and mail within one week to either:

- John Lewis  
  BYU-Idaho, Clarke 145-M  
  Rexburg, ID 83460-0695

- Greg Klingler  
  BYU-Idaho, Clarke 145 B  
  Rexburg, ID 83460-0695

**DIRECTIONS TO THE APPLICANT:**
Please fill in your name, and mailing address. While it is not required, you may wish to execute the waiver of your right to review this evaluation. Whether you do or do not, this evaluation of you will remain confidential and will be restricted to only members of the program's Admissions Committee.

**RECORDS ACCESS WAIVER**
Unless this section is signed and dated by the candidate, the candidate has the right to review this letter of recommendation.

**APPLICANT’S NAME**  
Last  First  Middle

**APPLICANT’S MAILING ADDRESS**  
Number  Street

City  State  Zip Code

**REFERENCE INFORMATION:** How many years have you known the applicant?

Your relationship to the applicant is that of:  
- Employer  
- Supervisor  
- Teacher  
- Clergy  
- Commanding Officer  
- Co-Worker  
- Personal Acquaintance  
- Other

Your occupation is:  
- Physician  
- Nurse  
- Other Health Professional  
- Physician’s Assistant  
- Administrator  
- Clergy  
- Other (Specify)

**EVALUATION OF APPLICANT:** Please evaluate the applicant by checking after each trait, the box that most nearly represents your opinion of him/her. Compare the applicant on each item with a representative group of peers whom you have known during your professional career who have similar experience and training to the applicant. If you feel that you lack sufficient knowledge to give a definite rating of any item, give your best estimate of his/her ability on that scale and also check the box for “inadequate opportunity to observe.”

**NOTE:** Even though a person may be low in some areas, you may highly recommend them. Sometimes this form will help us be aware of areas where we can help students improve.
<table>
<thead>
<tr>
<th><strong>PLEASE EVALUATE THE APPLICANT IN THE FOLLOWING AREAS</strong></th>
<th>Circle the Numbers That Describe the Applicant Best</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MOTIVATION/DRIVE:</strong> to become a physician assistant; enthusiasm toward a health career; extent to which the individual applies self.</td>
<td>Uninspired systematically</td>
</tr>
<tr>
<td>MOTIVATION/DRIVE: to become a physician assistant; enthusiasm toward a health career; extent to which the individual applies self.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>INTELLIGENCE:</strong> learning capacity, comprehension, keenness, mental quickness.</td>
<td>Doesn’t Understand</td>
</tr>
<tr>
<td>INTELLIGENCE: learning capacity, comprehension, keenness, mental quickness.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>RELIABILITY:</strong> capacity to finish tasks &amp; duties on time &amp; of good quality. Honors commitments.</td>
<td>Doesn’t complete, avoids responsibility</td>
</tr>
<tr>
<td>RELIABILITY: capacity to finish tasks &amp; duties on time &amp; of good quality. Honors commitments.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>INDUSTRY:</strong> capacity to work initiative, self-reliant, decisive</td>
<td>Not a self-starter</td>
</tr>
<tr>
<td>INDUSTRY: capacity to work initiative, self-reliant, decisive</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>APPEARANCE:</strong> neatness in person &amp; dress, maintains a standard of</td>
<td>Untidy, poorly groomed</td>
</tr>
<tr>
<td>APPEARANCE: neatness in person &amp; dress, maintains a standard of</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>COOPERATION/ATTITUDE:</strong> ability to work with other persons--good manners, attitude toward life, school, job, etc.</td>
<td>Negative attitude</td>
</tr>
<tr>
<td>COOPERATION/ATTITUDE: ability to work with other persons--good manners, attitude toward life, school, job, etc.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>PATIENT RAPPORT:</strong> congenial, considerate, likeable, understanding, sympathetic, kind toward those with problems.</td>
<td>Harsh, has little patience</td>
</tr>
<tr>
<td>PATIENT RAPPORT: congenial, considerate, likeable, understanding, sympathetic, kind toward those with problems.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>ADAPTABILITY/CREATIVITY:</strong> to varying situation &amp; persons, open-mindedness, progressive.</td>
<td>Very little</td>
</tr>
<tr>
<td>ADAPTABILITY/CREATIVITY: to varying situation &amp; persons, open-mindedness, progressive.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>INTERPERSONAL RELATIONSHIPS:</strong> concern for, gets along with others, sincerity, interested in peers, coworkers, teachers, employers.</td>
<td>Inappropriate behavior</td>
</tr>
<tr>
<td>INTERPERSONAL RELATIONSHIPS: concern for, gets along with others, sincerity, interested in peers, coworkers, teachers, employers.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>ORAL:</strong> communication skills, grammatical, good diction</td>
<td>Expresses self poorly</td>
</tr>
<tr>
<td>ORAL: communication skills, grammatical, good diction</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>WRITTEN:</strong> communication skills, grammatical, concise, clear.</td>
<td>Expresses self poorly</td>
</tr>
<tr>
<td>WRITTEN: communication skills, grammatical, concise, clear.</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td><strong>ACCEPTANCE OF PERSONAL FEEDBACK:</strong> reaction to feedback.</td>
<td>Resents + Positive, eager to know, utilizes responses effective</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td><strong>PROBLEM SOLVING:</strong> Ability to identify &amp; solve problems.</td>
<td>Poor + Solves problems easily</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td><strong>STRESS/ANXIETY RESPONSE:</strong> deals with stressful, anxiety-producing situations.</td>
<td>Very poorly: ineffective, comes unglued + Excellent: handles calmly &amp; effectively</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td><strong>HEALTH:</strong> extent to which health or physical disability problems affect performance.</td>
<td>Health problems interfere frequently + Health almost never interferes</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
<tr>
<td><strong>INTEGRITY:</strong> extent to which the candidate displays an ethical code.</td>
<td>Cheats, bluffs, untruthful, blames others for mistakes trustworthy + Always honest, admits errors, truthful,</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7 8 9</td>
<td></td>
</tr>
</tbody>
</table>
ADDITIONAL COMMENTS AND INFORMATION: Please comment further on any of the above items and give any additional information that you feel may be helpful in evaluating this applicant.

__________________________________________________________________________
__________________________________________________________________________

What do you consider to be the candidate’s major weakness: ____________________________
__________________________________________________________________________
__________________________________________________________________________

What do you consider to be the candidate’s major strengths: ____________________________
__________________________________________________________________________
__________________________________________________________________________

POTENTIAL DIFFICULTIES: Are you aware of any personal family problems which may interfere with the applicant’s ability to complete this training program satisfactorily? Yes ☐ No ☐
(if yes, please explain)
__________________________________________________________________________
__________________________________________________________________________

SUMMARY RECOMMENDATION: ☐ I highly recommend this applicant for admission to the Physician Assistant Program.
☐ I feel that this candidate is qualified and competent for admission.
☐ I do not recommend this applicant for admission.

This reference form was completed by me personally, and it is my understanding that the information provided will be used only by the BYU-Idaho Health Science Department and will be held in confidence.

Date __________ Signature __________________________________________

Name and Title (please print) ____________________________________________

Address ______________________________________________________________

Telephone Number (_____) __________________________ Extension ____________

If you have questions concerning this form, you may call John Lewis at: (208) 496-4669.
Greg Klingler (208) 496-4658

Mail completed form to either: John Lewis BYU-Idaho Clarke 145 M
Greg Klingler BYU-Idaho Clarke 145 B
Rexburg, ID 83460-0695 Rexburg, ID 83460-0695