George Fox University

Master of Medical Science (PA)

Admissions Handbook
March 12, 2020
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PREFACE

Program policies, to include the Admissions Handbook, apply to all students, principal faculty and the program director regardless of location (A3.01). In some instances, a signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. This policy document clearly defines and accurately reflects admissions practices and is available for download at http://www.georgefox.edu/pa (A3.02; A3.13).

- In accordance with ARC-PA accreditations standards, this policy defines, to enrolled and prospective students, the following general principles:
  - ARC-PA accreditation status (A3.14a)
  - Success of the program in achieving its goals (A3.14b)
  - First time PANCE rates for the most recent graduating classes (A3.14c)
  - All required curricular components (A3.14d)
  - Academic credit offered by the program (A3.14e)
  - Estimates of all costs (tuition, fees, etc.) related to the program (A3.14f)
  - Policies and procedures for refunds of tuition and fees (A3.14g)
  - Policies about student employment while enrolled in the program (A3.14h)

- In accordance with ARC-PA accreditation standards, this policy defines, to prospective students, admission related information to include:
  - Admission and enrollment practices that favor specified individuals or groups (A3.15a)
  - Admission requirements regarding prior education or work experience (A3.15b)
  - Policies and procedures concerning awarding or granting advanced placement (A3.15c)
  - Any required academic standards for enrollment (A3.15d)
  - Any required technical standards (A3.15e)

- In accordance with ARC-PA accreditation standards, this policy will clearly define admission decision practices of the institution and program (A3.16)

- All GFU PA courses must be taken as part of the PA cohort and no advanced placement options are available (A3.15c; A3.18a). All students who matriculate into the PA program must complete all program requirements (A3.17c).

- This MMSc (PA) program consists of 112 semester hours (SH) divided into three phases that span 24 consecutive months. The Didactic Phase represents the preclinical year and spans 12 months. The Clinical Phase represents the clinical year and consists of 11 months of supervised clinical education and coursework. The Summative Phase is 1 month in duration and represents the final stage of training. (A3.14d; A3.14e)

- Upon successful completion of the program, students will be awarded a Master of Medical Science (MMSc.) degree.

- GFU’s Master of Medical Science (MMSc - PA) program will matriculate 20, 32, and 36 students in 2021, 2022, and 2023 (and beyond) respectively.

This Program Admissions Pamphlet provides a printable version of admissions related information that can also be found on the George Fox University Master of Medical Science (MMSc - PA) website. This handbook is updated on an annual basis.
ARTICLE 1.0  MISSION, VISION, VALUES, AND GOALS (B1.01)
The School of Medical Science and Master of Medical Science (MMSc) exists to support the mission of George Fox University, which promotes community awareness and service. Therefore, the mission of the School is to supports and augments the mission of the College.

Article 1.1  Master of Medical Science Mission Statement
The program seeks to develop well-informed and compassionate PAs who provide patient centered and service-oriented medical care in diverse environments.

Article 1.2  Master of Medical Science Vision Statement
The program vision aspires to transform healthcare through increased access, affordability, and equality for the benefit of people and communities.

Article 1.3  Master of Medical Science Core Values and Goals
1. Compassion: Foster a commitment to Christian values, ethics and integrity in personal and professional service as a PA
2. Service: Emphasize a servant-leadership lifestyle, which prepares graduates to serve in underserved communities, domestically and abroad
3. Leadership: Develop a solid professional value system, committed to life-long learning, professional development, and advocacy for the profession
4. Knowledge: Cultivate high-quality graduates committed to self-discovery and self-assessment and to the application of critical thinking and analysis of research.

Article 1.4  George Fox University Mission
George Fox University, a Christ-centered community, prepares students spiritually, academically, and professionally to think with clarity, act with integrity, and serve with passion.

ARTICLE 2.0  CASPA PARTICIPATION
The George Fox Master of Medical Science (PA) program’s application cycle will open at the end of April 2020, and run through October 31, 2020, via the Central Application Service for PA (CASPA). To be precise, GFU will accept COMPLETED applications through October 1, 2020; Interviews will end prior to October 31, 2020; all seats will be offered by October 31, 2020. The first cohort will matriculate in January 2021. CASPA is an online application clearing house located at https://portal.caspaonline.org/. As of March 2019, the cost for a CASPA application was $179 for the first program you apply to. If you submit to other programs before the first e-delivery of your application, each additional program is $45. If you submit to other programs after the first e-delivery of your application, each additional program is $52. As a general rule, CASPA does not refund application fees. Information related to CASPA fees can be found at https://help.liaisonedu.com/CASPA_Applicant_Help_Center. The link between the George Fox MMSc program, CASPA, and student candidates will be managed by the MMSc program’s Admissions Coordinator.

ARTICLE 3.0  ARC-PA ACCREDITATION STATUS (A3.14a)
Accreditation for George Fox University and the MMSc-PA program comes from two sources. (1) professional accreditation is provided by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and (2) regional accreditation is provided by the Northwest Commission of Colleges and Universities (NWCCU).
Article 3.1  Accreditation Review Commission on Education for the PA

George Fox University has applied for Accreditation-Provisional from the Accreditation Review Commission on Education for the PA (ARC-PA). George Fox anticipates matriculating its first class in January 2021, pending achieving Accreditation-Provisional status at the September 2020 ARC-PA meeting. Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students. In the event the program does not earn provisional-accreditation, students will not matriculate and admission deposits will be refunded.

Article 3.2  National and Regional Accreditation

The MMSc-PA program has applied for regional accreditation by the Northwest Commission on Colleges and Universities. All existing programs at George Fox University are accredited by the Northwest Commission on Colleges and Universities (NWCCU). In addition, they are approved by the U.S. government and the states of Oregon and Idaho for the education of veterans, and by the U.S. attorney general for the admission of international students.

ARTICLE 4.0  PROGRAM SUCCESS IN ACHIEVING ITS GOALS (A3.14B)

In addition to its mission, values, and goals, the George Fox Master of Medical Science (PA) program has established graduate goals/benchmarks. Following graduation of the inaugural cohort (and annually thereafter), alumni will be surveyed to determine the Program’s goal attainment. George Fox will start gathering benchmark goal data in mid 2023. The following benchmarks will be measured.

<table>
<thead>
<tr>
<th>PANCE PASS RATES (Knowledge)</th>
<th>When Assessed</th>
<th>Desired Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>PANCE: First Time Pass Rate</td>
<td>First Year</td>
<td>National Average</td>
</tr>
<tr>
<td>PANCE: Cumulative Pass rate</td>
<td>Yearly</td>
<td>National Average</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PA Employment (Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Fox Graduate PAs Employed in Oregon</td>
</tr>
<tr>
<td>George Fox Graduate PAs Employed in Primary Care Practice (Family Medicine, Internal Medicine, Pediatrics)</td>
</tr>
<tr>
<td>George Fox Graduate PAs Employed in Underserved Population or Area</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Leadership/Volunteerism (Compassion; Leadership)</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Fox Graduate PAs Involved in the Community (Search and rescue, community emergency response team, volunteer fire department, free clinic volunteer, health center volunteer, etc.)</td>
</tr>
<tr>
<td>George Fox Graduate PAs Serving in Areas Outside Local Community (One developing country medical mission a year)</td>
</tr>
<tr>
<td>George Fox Graduate PAs in a Leadership Role in the PA Profession (Leadership role in AAPA, NCCPA, State Medical Board, etc.)</td>
</tr>
</tbody>
</table>
ARTICLE 5.0  NCCPA PANCE PASS RATE (A3.14C)
The Physician Assistant National Certifying Examination (PANCE) is a computer-based, multiple-choice test that assesses basic medical and surgical knowledge. This examination must be successfully passed in order for graduates to become eligible for PA licensure. The table below is designed to present PANCE performance data for graduates of the George Fox University MMSc (PA) Program. The inaugural cohort will graduate in December 2022. Therefore, performance scores will first become available to publish in mid 2023.  https://www.georgefox.edu/pa/admissions/index.html#pance

<table>
<thead>
<tr>
<th>Class</th>
<th>First Time Takers</th>
<th>Program Aggregate</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>Published mid 2023</td>
<td>Published Mid 2023</td>
<td>Published Mid 2023</td>
</tr>
<tr>
<td>2023</td>
<td>Published Mid 2024</td>
<td>Published Mid 2024</td>
<td>Published Mid 2024</td>
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<td>2024</td>
<td>Published Mid 2025</td>
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<tr>
<td>2025</td>
<td>Published Mid 2026</td>
<td>Published Mid 2026</td>
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<tr>
<td>2026</td>
<td>Published Mid 2027</td>
<td>Published Mid 2027</td>
<td>Published Mid 2027</td>
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</tbody>
</table>

ARTICLE 6.0  COHORT ATTRITION RATE
At GFU the goal is to mentor and see each matriculated student through program completion, NCCPA certification, and into active practice as a PA. We recognize, however, that attrition may occur and if it does it will be reported here.

<table>
<thead>
<tr>
<th>Class</th>
<th>Enrolled</th>
<th>Program Completion</th>
<th>Attrition Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>Maximum of 20</td>
<td>Number of Graduates</td>
<td>1 student = 4%</td>
</tr>
<tr>
<td>2023</td>
<td>Maximum of 32</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
<tr>
<td>2024</td>
<td>Maximum of 36</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
<tr>
<td>2025</td>
<td>Maximum of 36</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
<tr>
<td>2026</td>
<td>Maximum of 36</td>
<td>Number of Graduates</td>
<td>1 student = 3%</td>
</tr>
</tbody>
</table>

ARTICLE 7.0  CURRICULAR COMPONENTS/ACADEMIC CREDIT (A3.14D; A3.14E)
The MMSc-PA Program at George Fox University is a professional degree program intended to prepare students academically and professionally for responsibilities and services as a PA. Due to the sequential nature of the didactic curriculum, students must successfully pass all didactic courses for a given semester before becoming eligible to take courses in the subsequent semester.

Advanced placement will not be granted under any circumstances (A3.15c). All students who are granted admission to the program must fulfill all program requirements. Clerkship rotations are designed to provide medical experience and patient exposure and are referred to as Supervised Clinical Practice Experiences (SCPE). These experiences form the basis of the clinical and socialization processes for adaptation to the roles and functions of a PA.

The overall design is based on three areas of input. These are (1) George Fox MMSc-PA Graduate Competencies and Outcomes, (2) ARC-PA Standards, and (3) NCCPA Blueprint guidelines. The University and program mission were also integral in the curriculum design. Next, (1) course learning goals, (2) course learning outcomes, and (3) course instructional objectives are linked to each other and the program foundation. Each course curriculum is built using this guide. Assessment of the curriculum is
both described (in the syllabus and in the Student Handbook) and applied based on clear parallels between what is expected, taught, and assessed.

Article 7.1 Graduate Competencies

The George Fox University Master of Medical Science program seeks specific graduate competencies, as well as valid and reliable assessment of performance based on six graduate competencies (and outcomes for each). Competency categories include:

1. Medical knowledge (MK)
2. Interpersonal and communication skills (ICS)
3. Patient care and clinical problem solving (PC)
4. Technical skills (TS)
5. Practice based learning and improvement (PBLI)
6. System based practice (SBP)
7. Professionalism (P)

Medical Knowledge (MK)

PAs must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, PAs are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Outcome expectations for this competency include:

MK1 Demonstrate the ability to effectively recognize, assess, diagnose, and treat patients with a variety of problems to include preventive, emergent, acute, and chronic clinical practice of medicine. Associated Standards include:
- Problem solving and medical decision-making skills (B1.07)
- Patient evaluation, diagnosis and management (B2.05)
- Preventive, emergent, acute, and chronic patient encounters (B3.02)

MK2 Demonstrate the medical, behavioral, and social science knowledge necessary to both promote health, evaluate, and manage care across the life span to include infants, children, adolescents, adults, and the elderly. Associated Standards include:
- Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)
- Medical care across the life span to include, infants, children, adolescents, adults, and the elderly (B2.06, B3.03-a)
- Women’s health (to include prenatal and gynecologic care) (B3.03-b)
- Care for conditions requiring surgical management to include pre-operative, intra-operative, and post-operative (B3.03-c)
- Care for behavioral and mental health conditions (B3.03-d)
- SCPE that occurs in an outpatient setting (B3.04-a)
- SCPE that occurs in an emergency department (B3.04-b)
- SCPE that occurs in an inpatient setting (B3.04-c)
- SCPE that occurs in an operating room (B3.04-d)
- SCPE occurs with preceptors in family medicine (B3.07-a)
- SCPE occurs with preceptors in internal medicine (B3.07-b)
- SCPE occurs with preceptors in general surgery (B3.07-c)
- SCPE occurs with preceptors in pediatric medicine (B3.07-d)
- SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)
- SCPE occurs with preceptors in behavior and mental health care (B3.07-f)

Interpersonal and Communication Skills (ICS)

PAs must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, professional associates, and the healthcare system. Outcome expectations for this competency include:

ICS1 Demonstrate knowledge and application of effective interpersonal, oral and written communication skills necessary to elicit and record a medical history, explain and document diagnostic studies, and present an appropriate treatment plan. Associated Standards include:
- Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)
- Medical care to patients from diverse populations (B1.06)
- Work collaboratively in interprofessional patient centered teams (B1.08)
- Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals (B2.04)
- Basic counseling and patient education skills (B2.09)
- Reimbursement, documentation of care, coding and billing (B2.15)

ICS2 Communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize information and implement a patient-centered management plan. Associated Standards include:
- Intellectual honesty and appropriate academic and professional conduct (B1.05)
- Patient evaluation, diagnosis and management (B2.05)
- Clinical medical care across the life span (B2.06)
- Social and behavioral sciences as well as normal and abnormal development across the life span (B2.08)
- Basic counseling and patient education skills (B2.09)
- Reimbursement, documentation of care, coding and billing (B2.15)
- Principles and practice of medical ethics (B2.16)

### Patient Care and Clinical Problem Solving (PC)

PAs must demonstrate care that is effective, safe, high quality, and equitable; includes patient- and discipline-specific assessment, evaluation, and management. Outcome expectations for this competency include:

<table>
<thead>
<tr>
<th>PC1</th>
<th>Demonstrate the ability to perform a new or routine follow up physical exam and make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment. Associated Standards include:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Sufficient breadth and depth to prepare the student for the clinical practice of medicine (B1.03)</td>
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<tr>
<td></td>
<td>• Problem solving and medical decision making (B1.07)</td>
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<tr>
<td></td>
<td>• Patient evaluation, diagnosis and management (B2.05)</td>
</tr>
<tr>
<td></td>
<td>• Clinical medical care across the life span (B2.06)</td>
</tr>
<tr>
<td></td>
<td>• Concepts of public health as they relate to the role of the practicing PA (B2.12)</td>
</tr>
<tr>
<td></td>
<td>• Medical care across the life span to include, infants, children, adolescents, adults, and the elderly (B3.03-a)</td>
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<td></td>
<td>• Women’s health (to include prenatal and gynecologic care) (B3.03-b)</td>
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<td>• Care for conditions requiring surgical management to include pre-operative, intra-operative, and post-operative (B3.03-c)</td>
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<td>• SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)</td>
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<tr>
<td></td>
<td>• SCPE occurs with preceptors in behavior and mental health care (B3.07-f)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>PC2</th>
<th>Demonstrate the ability to effectively work within a patient-care healthcare team. Associated Standards include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Intellectual honesty and appropriate academic and professional conduct (B1.05)</td>
</tr>
<tr>
<td></td>
<td>• Work collaboratively in interprofessional patient centered teams (B1.08)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an outpatient setting (B3.04-a)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an emergency department (B3.04-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an inpatient setting (B3.04-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE that occurs in an operating room (B3.04-d)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in family medicine (B3.07-a)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in internal medicine (B3.07-b)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in general surgery (B3.07-c)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in pediatric medicine (B3.07-d)</td>
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<tr>
<td></td>
<td>• SCPE occurs with preceptors in OB/GYN medicine (B3.07-e)</td>
</tr>
<tr>
<td></td>
<td>• SCPE occurs with preceptors in behavior and mental health care (B3.07-f)</td>
</tr>
</tbody>
</table>

### Technical Skills (TS)

Demonstrate the ability to obtain informed consent and perform clinical procedures common to primary care

**TS1.** Procedures include venipuncture, intravenous access, joint injections and aspirations, wound management, laceration repair, casting and splinting, strep screening, urinalysis, performing pelvic exams, and interpretation of radiographic images, pulmonary function tests and ECGs. Associated Standards include:

- Technical skills and procedures based on current professional practice (B2.07)
- Patient safety, quality improvement, prevention of medical errors, and risk management (B2.13)

### Practice-Based Learning and Improvement (PBLI)

PAs must be able to assess, evaluate, and improve their patient care practices. Outcome expectations for this competency include:

**PBLI1** Demonstrate the ability to critically evaluate research literature and develop educational evidenced-based practice-improvement research project. Associated Standards include:

- Advancing applied content (B2.01)
- Instruction in quality improvement (B2.13)
**Systems-Based Practice (SBP)**

PAs should work to improve the larger healthcare system of which their practices are a part. Outcome expectations for this competency include:

<table>
<thead>
<tr>
<th>SBP1</th>
<th>Demonstrate the ability to critically evaluate medical literature to ensure the appropriateness and cost effectiveness of patient resources. Associated Standards include:</th>
</tr>
</thead>
</table>
|      | • Advancing applied content (B2.01)  
|      | • Search, interpret and evaluate the medical literature, including its application to individualized patient care (B2.10) |

<table>
<thead>
<tr>
<th>SBP2</th>
<th>Demonstrate the ability to identify needed area(s) of change within a system-based practice and develop and present a plan for improvement. Associated Standards include:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Instruction in quality improvement (B2.13)</td>
</tr>
</tbody>
</table>

**Professionalism (P)**

PAs must express positive values and ideals as care is delivered. Foremost, professionalism involves prioritizing the interests of those being served above one’s own while acknowledging their professional and personal limitations. PAs must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Outcome expectations for this competency include:

<table>
<thead>
<tr>
<th>P1</th>
<th>Demonstrate professionalism in interactions with others including, but not limited to, patients, families, and colleagues. Associated Standards include:</th>
</tr>
</thead>
</table>
|    | • Medical care to patients from diverse populations (B1.06)  
|    | • Work collaboratively in interprofessional patient centered teams (B1.08)  
|    | • Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals (B2.04) |

<table>
<thead>
<tr>
<th>P2</th>
<th>Demonstrate knowledge and application of an understanding of the PA role including ethical and professional standards regarding the PA profession. Associated Standards include:</th>
</tr>
</thead>
</table>
|    | • Health care delivery systems and health policy (B2.11)  
|    | • Concepts of public health as they relate to the role of the practicing (B2.12)  
|    | • PA licensure, credentialing and laws and regulations regarding professional practice (B2.14)  
|    | • Principles and practice of medical ethics (B2.16)  
|    | • PA students must wear identification, in the clinical setting, to distinguish them from physicians, medical students and other health profession students and graduates (B3.01) |

**Article 7.2 Instructional Delivery Methods**

Instruction methods will focus on program and course competencies and include a didactic, experiential, and summative phases. The didactic phase of the Program will consist of lectures, laboratory sessions, workshops, team-based learning activities (TBL), and problem-based learning case studies (PBL). Lectures and laboratory sessions will be accomplished as a class. Laboratory and workshop course work will allow students hands on experience in skills such as physical exams, crisis intervention, ultrasound techniques, and radiograph and electrocardiograph interpretation. Team and problem-based learning activities will take place in small groups (six to nine students with one faculty) where teams discuss solutions to a presented problem.

The experiential (clinical) phase of the program will take students from the theoretical classroom to an active learning environment that prepares them for a lifetime of continued skill refinement and expanded knowledge as a practicing PA. During this phase, a board-certified physician or PA will oversee students while they gain experience as a medical provider in a myriad of settings such as family practice, internal medicine, emergency medicine, surgery, psychiatry, and others.

Finally, the summative phase will test graduate competency attainment via written tests, objective structured clinical examinations (OSCEs), and skills testing.

**Article 7.3 Curriculum**

The Master of Medical Science (MMSc) curriculum occurs over six consecutive semesters (24 months), covering 112 graduate semester hours. The program has three phases which include (1) pre-clinical also known as didactic, (2) experiential phase, and (3) the summative phase. The three semester pre-clinical phase is conducted on campus and prepares the student for the experiential hands on portion of training.
(clinical phase). The experiential phase is 11 months long (three semesters) and is conducted at hospitals and clinics where students are exposed to supervised clinical experiences. The 1-month summative phase evaluates student attainment of graduate competencies and occurs during the last month of the program.

Spring 1A Semester (Didactic)
- Introduction to the PA profession (0.5 SH)
- Research and evidence-based medicine (0.5 SH)
- Health care delivery systems and health policy (0.5 SH)
- Ethics and social and behavior science (0.5 SH)
- Communication and counseling techniques (0.5 SH)
- Introduction to anatomy and physiology (0.5 SH)
- Introduction to physical exams (0.5 SH)
- Introduction to Pharmacology (0.5 SH)

Spring IB Semester (Didactic)
- Clinical reasoning and problem-based learning I (7 SH)
- Clinical reasoning and problem-based learning lab I (1 SH)
- Human anatomy I (2 SH)
- Pathophysiology I (2.5 SH)
- Pharmacotherapy and patient management I (2.5 SH)
- Global Health and Special populations I (2 SH)
- Behavior medicine (2 SH)

Summer I Semester (Didactic)
- Clinical reasoning and problem-based learning II (9 SH)
- Clinical reasoning and problem-based learning lab II (1 SH)
- Human anatomy II (2 SH)
- Pathophysiology II (3 SH)
- Pharmacotherapy and patient management II (3 SH)
- Global Health and Special populations II (2 SH)

Fall I Semester (Didactic)
- Clinical reasoning and problem-based learning III (9 SH)
- Clinical reasoning and problem-based learning lab III (1 SH)
- Human anatomy III (2 SH)
- Pathophysiology III (3 SH)
- Pharmacotherapy and patient management III (3 SH)
- Global Health and Special populations III (2 SH)

Spring IIA Semester (Clinical Preparation)
- Principles of general surgery (3 SH)
- Principles of emergency medicine (3 SH)

Spring IIB Semester (Transition)
- Transition to clerkships (2 SH)
Experiential (clinical) Phase (Spring IIC, Summer II, Fall IIA)
- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
- Elective II (4 SH)

Summative (Fall IIB)
- Summative (5 SH)

Article 7.3.1 Spring IA (January 11, 2021 – January 29, 2021)

Introduction to the PA profession (0.5 SH)
This course covers the following topics:
- Intellectual Honesty and Appropriate Academic and Professional Conduct (B1.05)
- PA Licensure, Credentialing, and Laws and Regulations Regarding Professional Practice (B2.14)
- Reimbursement, Documentation of Care, Coding, and Billing (B2.15)
- Profession Issues, History, Trends to include (1) Physician-PA team relationship, (2) Political issues that affect PA practice, and (3) PA professional organizations (B2.17)

Research and evidence-based medicine (0.5 SH)
This course prepares students to interpret and evaluate the medical literature, including its application to individualized patient care (B2.10). This instruction assists students in maintaining a critical, current and operational knowledge of new medical findings required for the prevention and treatment of disease. Instruction includes:
- Framing of research questions
- Sampling methods
- Interpretation of basic biostatistical methods
- Limits of medical research.
- How to use of common medical databases to access medical literature is also included.

Health care delivery systems and health policy (0.5 SH)
This course covers the following topics:
- Health Care Delivery Systems and Health Policy (B2.11)
- Concepts of Public Health as they Relate to the Role of the Practicing PA to include (1) Appreciation of the Public Health System, (2) Role of Health Care Providers in Prevention of Disease and Maintenance of Population Health, (3) PA Provider Participation in Disease Surveillance, Disease, and (4) Reporting, and Disease Intervention (B2.12)
- Reimbursement, Documentation of Care, Coding, and Billing (B2.15)

Ethics and social and behavior science (0.5 SH)
This course covers intellectual Honesty and Appropriate Academic Professional Conduct (B1.05) and
Medical Ethics (B2.16).

Communication and counseling techniques (0.5 SH)
This course introduces students to communication and counseling techniques. It covers basics of:
- Interpersonal and Communication Skills that result in (1) effective exchange of information and (2) collaboration with patients, their families, and other health care professionals (B2.04)
- Interviewing and eliciting a medical history (B2.05)
- Counseling and Patient Education that is (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09)

Introduction to anatomy and physiology (0.5 SH)
This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease (B2.02a, B2.02b, B2.02e). In addition, the course will include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care (B1.02).

Introduction to physical exams (0.5 SH)
This course develops skills in patient evaluation, diagnosis, and management to include (B2.05):
- Caring for patients of all ages from initial presentation through follow up
  - Interviewing and eliciting a medical history
  - Performing complete and focused physical exam
  - Generating a differential diagnosis
  - Ordering and interpreting diagnostic tests.
- Patient management instruction is acute and longitudinal management that is:
  - Patient centered
  - Inclusive
  - Addresses medical issue
  - Provides patient education and referral
- Patient safety, quality improvement, prevention of medical errors, and risk management (B2.13)

Introduction to pharmacotherapy (0.5 SH)
This course provides an introduction to pharmacotherapy (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05)

Article 9.3.2  Spring IB (January 30, 2021 – April 30, 2021)
Topics and body systems covered include (1) hematology, oncology, and infectious diseases, (2) dermatology, (3) ears, eyes, nose, throat and (4) endocrine (hypothalamus, pituitary, pineal gland, thyroid, and parathyroid). Relevant topics and disease processes in each topic area will be developed.

Clinical reasoning and problem-based learning I (7 SH)
This course provides instruction related to the development of problem solving and medical decision-making skills (B1.07). It develops student knowledge in anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, and patient management of organ systems and topics covered during the term (B2.02a, B2.02b, B2.02c, B2.02d, B2.03). Using student led problem-based concepts, the course provides instruction in patient assessment (evaluation and diagnosis) and management includes
caring for patients of all ages from initial presentation through ongoing follow-up (B2.05). Students will develop skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09).

Clinical reasoning and problem-based learning lab I (1 SH)
This course is takes the PBL session into the laboratory and clinical skills unit where hands on training further develops patient assessment and management (B2.05). Students work in small groups, developing skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering, performing, and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09). Finally, students will learn about patient safety, quality improvement, prevention of medical errors, and risk management (B2.13).

Human anatomy I (2 SH)
This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease as they relate to body system diseases and topics covered this term (B2.02a, B2.02b, B2.02e).

Pathophysiology I (2.5 SH)
This course runs concurrently with and builds upon the clinical reasoning and problem-based learning course. Time will be spent reviewing relevant pathophysiology, discussed in PBL, and introducing any subject or body system topic not covered in PBL (B2.02c, B2.03).

Pharmacotherapy and patient management I (2.5 SH)
This course provides pharmacotherapeutic of body system diseases and topics covered this term (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management (relevant to body systems and diseases covered this term) that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05).

Global Health and special populations I (2 SH)
This class addresses social and behavior science as well as normal and abnormal development across the life span (B2.08). In addition, the course prepares students to provide medical care to patients from diverse populations to include (1) racial, (2) ethnic and (3) socioeconomic health disparities on health care
delivery (B1.06). Instruction related to medical care and diversity prepares students to (1) evaluate their own values and avoid stereotyping, (2) become aware of differing health beliefs, values and expectations of patients and other health care professionals and how it impacts (a) communication, (b) decision-making, (c) compliance and (d) health outcomes (B1.06).

Behavior Medicine (2 SH)
This course covers several mental health conditions to include the pathophysiology, evaluation, diagnosis, and treatment of each. Topics covered are abuse and neglect, anxiety disorders, bipolar, depression disorders, conduct disorders, dissociative disorders, eating disorders, obsessive compulsive disorders, attention deficit, autism, personality disorders, schizophrenia, sleep-wake disorders, somatic symptoms, and trauma related disorders. In addition, detection and treatment of (1) substance abuse, (2) human sexuality, (3) issues of death, dying and loss, (4) response to illness, injury and stress, (5) principles of violence identification and prevention, and (6) a few additional key psychiatric/behavioral conditions will be covered (B2.08).

Article 9.3.3  Summer I (May 10, 2021 – August 20, 2021)
Topics and body systems covered include (1) pulmonary, (2) cardiac, (3) gastroenterology/nutrition, and (4) endocrine (pancreas). Relevant topics and disease processes in each topic area will be developed.

Clinical reasoning and problem-based learning II (9 SH)
This course provides instruction related to the development of problem solving and medical decision-making skills (B1.07). It develops student knowledge in anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, and patient management of organ systems and topics covered during the term (B2.02a, B2.02b, B2.02c, B2.02d, B2.03). Using student led problem-based concepts, the course provides instruction in patient assessment (evaluation and diagnosis) and management includes caring for patients of all ages from initial presentation through ongoing follow-up (B2.05). Students will develop skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09).

Clinical reasoning and problem-based learning lab II (1 SH)
This course is takes the PBL session into the laboratory and clinical skills unit where hands on training further develops patient assessment and management (B2.05). Students work in small groups, developing skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering, performing, and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient
Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09). Finally, students will learn about patient safety, quality improvement, prevention of medical errors, and risk management (B2.13).

**Human anatomy II (2 SH)**
This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease as they relate to body system diseases and topics covered this term (B2.02a, B2.02b, B2.02e).

**Pathophysiology II (3 SH)**
This course runs concurrently with and builds upon the clinical reasoning and problem-based learning course. Time will be spent reviewing relevant pathophysiology, discussed in PBL, and introducing any subject or body system topic not covered in PBL (B2.02c, B2.03).

**Pharmacotheraphy and patient management II (3 SH)**
This course provides pharmacotherapeutic of body system diseases and topics covered this term (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management (relevant to body systems and diseases covered this term) that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05).

**Global Health and special populations II (2 SH)**
This course provides an introduction to important global health issues, including determinants of health, key areas of disease burden, and the role that PAs can play in solving these problems. The goal of the course is to expand the PAs understanding of the impact of infectious and chronic diseases on the world's population with particular attention paid to the health status of women, children and the poor. Students will examine case studies of successful global health interventions to understand features of successful programs.

**Article 9.3.4 Fall I (August 30, 2021 – December 17, 2021)**
Topics and body systems covered include (1) renal, genitourinary, and reproductive, (2) musculoskeletal, (3) neurologic, and (4) endocrine (adrenal glands, testicles, and ovaries). Relevant topics and disease processes in each topic area will be developed.

**Clinical reasoning and problem-based learning III (9 SH)**
This course provides instruction related to the development of problem solving and medical decision-making skills (B1.07). It develops student knowledge in anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, and patient management of organ systems and topics covered during the term (B2.02a, B2.02b, B2.02c, B2.02d, B2.03). Using student led problem-based concepts, the course provides instruction in patient assessment (evaluation and diagnosis) and management includes caring for patients of all ages from initial presentation through ongoing follow-up (B2.05). Students will develop skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly...
Clinical reasoning and problem-based learning lab III (1 SH)
This course is takes the PBL session into the laboratory and clinical skills unit where hands on training further develops patient assessment and management (B2.05). Students work in small groups, developing skills in (1) interviewing and eliciting a medical history; (2) performing complete and focused physical examinations; (3) generating differential diagnoses; and (4) ordering, performing, and interpreting diagnostic studies. Patient management instruction will address acute and longitudinal management that helps develop treatment plans that are (1) patient centered, (2) inclusive, (3) addressing medical issues, and (4) provides patient education and referral. (B2.05). The course covers medical care across the life span in prevention, emergent, acute, chronic, rehabilitative, palliative, and end of life care scenarios (B2.06). In most instances, all age groups are addressed (prenatal, infant, children, adolescents, adult, and elderly (B2.06). Basic Counseling and Patient Education in (1) Patient Centered, (2) Culturally Sensitive and Focused on Helping Patients Cope with Illness, Injury, and Stress, (3) Adhere to Prescribe Treatment Plans, and (4) Designed to Modify Patient Behaviors to More Healthful Patterns (B2.09). Finally, students will learn about patient safety, quality improvement, prevention of medical errors, and risk management (B2.13).

Human anatomy III (2 SH)
This course provides an overview of anatomy, physiology, and genetic and molecular mechanisms of health and disease as they relate to body system diseases and topics covered this term (B2.02a, B2.02b, B2.02e).

Pathophysiology III (3 SH)
This course runs concurrently with and builds upon the clinical reasoning and problem-based learning course. Time will be spent reviewing relevant pathophysiology, discussed in PBL, and introducing any subject or body system topic not covered in PBL (B2.02c, B2.03).

Pharmacotherapy and patient management III (3 SH)
This course provides pharmacotherapeutic of body system diseases and topics covered this term (B2.02d). In addition, the course will cover acute and longitudinal – non-pharmaceutical – patient management (relevant to body systems and diseases covered this term) that is patient centered and inclusive while addressing medical issues, patient education, and if needed a referral (B2.05)

Global Health and special populations III (2 SH)
This is the third course in the global health and special populations series and is focused on developing organization and leadership traits. Instruction will look at how individuals and groups think and interact and analyze what factors enhance these interactions to positively impact the success of the organization. The purpose of this course is to create a more effective service-oriented clinician. The course will examine some of the primary theories and principles of motivation, communication, leadership attributes, managing conflict, decision making, team building, and dealing with change at an organizational level. The course will explore many prominent organizational behavior theories and issues and discuss and analyze current examples from the healthcare arena. It will provide examples of how greater knowledge and understanding of effective leadership skills in an organization is vital to successful and sound decision-making, problem solving, conflict management, team building, and managing change.
**Article 9.3.5  Spring IIA (January 10, 2022 – January 28, 2022)**

**Principles of general surgery (3 SH)**
This course covers concepts of surgical assessment, basic surgical skills and procedures, surgical complications, and management of surgical patients. It builds on the foundation of the previous medicine courses and expands on etiology, pathophysiology, clinical manifestation, and diagnosis, and appropriate management of selected surgical conditions including care of acute and chronic patients. Emphasis is on students developing competency in the principles and practices involved in aseptic and basic surgical techniques, surgical risk assessment, wound management, anesthesia, and preoperative, perioperative and postoperative evaluation and management. (B1.07; B2.02d; B2.05; B2.06; B2.07)

**Principles of emergency medicine (3 SH)**
This course prepares students to recognize, rapidly assess, and effectively manage emergent situation, illness, or injury. Problem-based case studies and team-based activities are used to encourage the development of teamwork, collaboration, and interdisciplinary value. Basic Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support training is part of this course. (B1.07; B2.02d; B2.05; B2.06; B2.07).

**Article 9.3.6  Spring IIB (January 29, 2022 – February 4, 2022)**

**Transition to clerkships (2 SH)**
The purpose of this course is to: (1) provide the student with a time of self-assessment, (2) evaluate the students’ knowledge, skills, and attitude, (3) identify the student’s level of preparedness for clinical rotations, and (4) promote interprofessional relationships. The course will evaluate student preparedness for SCPE clerkships using Objective Structured Clinical Examination (OSCE) testing, clinical skills assessments, and a written examination. Students must pass each of the three testing areas prior to the start of SCPE rotations. Supervised Clinical Practice Experience (SCPE) expectations and behavior will be discussed.

**Article 9.3.7  Spring IIC (February 5, 2022 – April 29, 2022)**

**Supervised Clinical Practice Experience (4 SH each)**
Supervised clinical practice experiences address the fundamental principles of each discipline as they relate to the clinical care of patients. Three of the following supervised clinical practice experiences occur this term (B3.07).

- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
- Elective II (4 SH)

Supervised clinical practice experiences enable students to meet the program’s learning outcomes expected of students, to include (1) preventive, (2) emergent, (3) acute, and (4) chronic patient
encounters (B3.02). Additional outcomes met during the SCPE year include providing (1) medical care across the life span to include, infants, children, adolescents, adults, and the elderly, (2) women’s health (to include prenatal and gynecologic care), (3) surgical management to include pre-operative, intra-operative, and post-operative care, and (4) care for behavior and mental health conditions (B3.03). In addition, SCPE clerkships should expose students to various care settings to include, (1) outpatient, (2) emergent, (3) inpatient, and the (4) operating room (B3.04). SCPE clerkships occur with licensed physicians or PAs (B3.05). In rare instances, vetted non-physician or PA preceptors will be used (B3.06). PAEA ‘end of rotation’ exams will be administered for all SCPE clerkships with the exception of the two electives.

**Article 9.3.8 Summer II (May 9, 2022 – August 19, 2022)**

Supervised Clinical Practice Experience (4 SH each)
Supervised clinical practice experiences address the fundamental principles of each discipline as they relate to the clinical care of patients. Three of the following supervised clinical practice experiences occur this term (B3.07).

- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
- Elective II (4 SH)

Supervised clinical practice experiences enable students to meet the program’s learning outcomes expected of students, to include (1) preventive, (2) emergent, (3) acute, and (4) chronic patient encounters (B3.02). Additional outcomes met during the SCPE year include providing (1) medical care across the life span to include, infants, children, adolescents, adults, and the elderly, (2) women’s health (to include prenatal and gynecologic care), (3) surgical management to include pre-operative, intra-operative, and post-operative care, and (4) care for behavior and mental health conditions (B3.03). In addition, SCPE clerkships should expose students to various care settings to include, (1) outpatient, (2) emergent, (3) inpatient, and the (4) operating room (B3.04). SCPE clerkships occur with licensed physicians or PAs (B3.05). In rare instances, vetted non-physician or PA preceptors will be used (B3.06). PAEA ‘end of rotation’ exams will be administered for all SCPE clerkships with the exception of the two electives.

**Article 9.3.9 Fall IIA (August 29, 2022 – November 18, 2022)**

Supervised Clinical Practice Experience (4 SH each)
Supervised clinical practice experiences address the fundamental principles of each discipline as they relate to the clinical care of patients. Three of the following supervised clinical practice experiences occur this term (B3.07).

- Family Medicine (4 SH)
- Internal Medicine (4 SH)
- Emergency Medicine (4 SH)
- General Surgery (4 SH)
- Pediatric Medicine (4 SH)
- Prenatal and Gynecology Medicine (4 SH)
- Behavior and Mental Health (4 SH)
- Elective I (4 SH)
- Elective II (4 SH)

Supervised clinical practice experiences enable students to meet the program’s learning outcomes expected of students, to include (1) preventive, (2) emergent, (3) acute, and (4) chronic patient encounters (B3.02). Additional outcomes met during the SCPE year include providing (1) medical care across the life span to include, infants, children, adolescents, adults, and the elderly, (2) women’s health (to include prenatal and gynecologic care), (3) surgical management to include pre-operative, intra-operative, and post-operative care, and (4) care for behavior and mental health conditions (B3.03). In addition, SCPE clerkships should expose students to various care settings to include, (1) outpatient, (2) emergent, (3) inpatient, and the (4) operating room (B3.04). SCPE clerkships occur with licensed physicians or PAs (B3.05). In rare instances, vetted non-physician or PA preceptors will be used (B3.06). PAEA ‘end of rotation’ exams will be administered for all SCPE clerkships with the exception of the two electives.

Article 9.3.10 Fall II B (November 19, 2022 – December 16, 2022)

Summative Evaluation (5 SH)
The summative phase measures mastery in the GFU MMSc-PA graduate competencies and outcomes, associated ARC-PA Standards, and NCCPA Blueprint items. This phase is 1 month in duration and represents the final stage of the program and includes the following ‘summative’ evaluations:

- Written multiple question examination covering the knowledge base content associated with all the basic medical and clinical sciences and its application to the practice of medicine.
  Competency headings include:
  - Medical knowledge (MK)
  - Interpersonal and communication skills (ICS)
  - Patient care and clinical problem solving (PC)
  - Technical skills (TS)
  - Practice based learning and improvement (PBLI)
  - System based practice (SBP)
  - Professionalism (P)

- Objective Structured Clinical Examination (OSCE), which is used to evaluate direct patient care skills including obtaining the medical history, physical examination skills, communication, and professionalism (testing aptitude of competency and outcomes relevant to [1] Medical Knowledge, [2] Interpersonal and Communication Skills, [3] Patient Care, and [4] Professionalism).


Additional instruction will include (B2.13; B2.14, B2.17):
- A review of patient safety, quality improvement, prevention of medical errors, and risk management
• Instruction about PA licensure, credentialing, and laws and regulations of professional practice
• In addition, the program curriculum will include instruction in the PA profession and current trends to include:
  o Physician-PA team relationship
  o Political issues that affect PA practice
  o PA professional organizations

Finally, students will also engage in preparation for the PANCE exam, Curriculum Vitae creation, and preparation for job interviews.
# ARTICLE 10.0 CURRICULUM MAP

## 24 Month PA Curriculum Course Map

<table>
<thead>
<tr>
<th>MMSA (FA) is 112 SH</th>
<th>CURRICULUM MAP</th>
<th>January Start</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 26 Months (Total 48 SH)

#### Year 1

<table>
<thead>
<tr>
<th>Month</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Spring A (18 SH)</td>
</tr>
<tr>
<td>Feb</td>
<td>Spring B (18 SH)</td>
</tr>
<tr>
<td>Mar</td>
<td>Winter I (18 SH)</td>
</tr>
<tr>
<td>Apr</td>
<td>Winter II (18 SH)</td>
</tr>
<tr>
<td>May</td>
<td>Summer I (20 SH)</td>
</tr>
<tr>
<td>Jun</td>
<td>Summer II (20 SH)</td>
</tr>
<tr>
<td>Jul</td>
<td>Fall I (20 SH)</td>
</tr>
</tbody>
</table>

#### Year 2

<table>
<thead>
<tr>
<th>Month</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug</td>
<td>Fall II (20 SH)</td>
</tr>
</tbody>
</table>

---

### Second 26 Months (Total 48 SH)

#### Year 2

<table>
<thead>
<tr>
<th>Month</th>
<th>Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>Fall I (20 SH)</td>
</tr>
<tr>
<td>Feb</td>
<td>Spring A (18 SH)</td>
</tr>
<tr>
<td>Mar</td>
<td>Spring B (18 SH)</td>
</tr>
<tr>
<td>Apr</td>
<td>Winter I (18 SH)</td>
</tr>
<tr>
<td>May</td>
<td>Winter II (18 SH)</td>
</tr>
<tr>
<td>Jun</td>
<td>Summer I (20 SH)</td>
</tr>
<tr>
<td>Jul</td>
<td>Summer II (20 SH)</td>
</tr>
<tr>
<td>Aug</td>
<td>Fall I (20 SH)</td>
</tr>
<tr>
<td>Sep</td>
<td>Fall II (20 SH)</td>
</tr>
</tbody>
</table>

---

### Notes:

- Indirect includes: Nephrology, otolaryngology, ophthalmology, and psychiatry.
- *Denotes includes: General surgery, otolaryngology, ophthalmology, and psychiatry.

---

**Daily System Topics for Fall II (weeks include block testing. Final week is not included):**

- **Human Anatomy:**
  - Human and Embryology (18%)
  - Human and Embryology (16%)
  - Human and Embryology (16%)

- **Pathology:**
  - Pathology (16%)
  - Pathology (16%)
  - Pathology (16%)

- **Psychopharmacology:**
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)

- **Global Health and Special Populations:**
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)

---

**Daily System Topics for Spring B (weeks include block testing. Final week is not included):**

- **Human Anatomy:**
  - Human and Embryology (18%)
  - Human and Embryology (16%)
  - Human and Embryology (16%)

- **Pathology:**
  - Pathology (16%)
  - Pathology (16%)
  - Pathology (16%)

- **Psychopharmacology:**
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)

- **Global Health and Special Populations:**
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)

---

**Notes:**

- **Indirect includes:** Nephrology, otolaryngology, ophthalmology, and psychiatry.
- *Denotes includes: General surgery, otolaryngology, ophthalmology, and psychiatry.

---

**Daily System Topics for Spring B (weeks include block testing. Final week is not included):**

- **Human Anatomy:**
  - Human and Embryology (18%)
  - Human and Embryology (16%)
  - Human and Embryology (16%)

- **Pathology:**
  - Pathology (16%)
  - Pathology (16%)
  - Pathology (16%)

- **Psychopharmacology:**
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)

- **Global Health and Special Populations:**
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)

---

**Notes:**

- **Indirect includes:** Nephrology, otolaryngology, ophthalmology, and psychiatry.
- *Denotes includes: General surgery, otolaryngology, ophthalmology, and psychiatry.

---

**Daily System Topics for Spring B (weeks include block testing. Final week is not included):**

- **Human Anatomy:**
  - Human and Embryology (18%)
  - Human and Embryology (16%)
  - Human and Embryology (16%)

- **Pathology:**
  - Pathology (16%)
  - Pathology (16%)
  - Pathology (16%)

- **Psychopharmacology:**
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)
  - Psychopharmacology (16%)

- **Global Health and Special Populations:**
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)
  - Global Health and Special Populations (16%)

---

**Notes:**

- **Indirect includes:** Nephrology, otolaryngology, ophthalmology, and psychiatry.
- *Denotes includes: General surgery, otolaryngology, ophthalmology, and psychiatry.
ARTICLE 11.0  ESTIMATED COST OF ATTENDANCE (A3.14F; A3.14G)

Article 11.1  Tuition, Fees, and Other Program Costs (A3.14f)

The standard undergraduate tuition rate does not apply to students who matriculate into the GFU PA Program. The following table outlines the program’s expected tuition and fees for the first cohort. It should be noted that tuition and fees might change from year to year subject to economic influences, the needs of the university, and needs of the program.

<table>
<thead>
<tr>
<th>Tuition and Fees</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Academic Year (January – December) Levelized tuition ($747.44/SH)</td>
<td>$50,826</td>
<td>$50,826</td>
</tr>
<tr>
<td>Program Fees ($1,733/ Semester)</td>
<td>$5,199</td>
<td>$5,199</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic and Technology Costs</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Medical Equipment (*estimate)</td>
<td>$1,050</td>
<td></td>
</tr>
<tr>
<td>Technology Supplies (Computer; iPad, etc. *estimate)</td>
<td>$2,500</td>
<td>$200</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Costs</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal Background and Sex Offender Registry Search, National Healthcare Fraud and Abuse Scan, Residence History, and Social Security Alert. Due as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Matriculation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Clinical Rotations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As Required by Clinical Sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due and/or verified by third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Panel Urine Drug Screen. Due as follows:</td>
<td>$41</td>
<td>$41</td>
</tr>
<tr>
<td>Pre-Matriculation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Clinical Rotations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As Required by Clinical Sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due and/or verified by third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance Tracker Which Includes Verification of:</td>
<td>$35</td>
<td>$35</td>
</tr>
<tr>
<td>Signed Technical Standards Form; CPR Certificate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Status; Tuberculosis Screening Results</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Release Form for Immunizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis status; Health Insurance Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due as follows:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Matriculation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Clinical Rotations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>As Required by Clinical Sites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due and/or verified by third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandatory HIPAA and OSHA Certification</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Due and/or verified by third party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Organization Fees</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Textbooks and misc. Supplies</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Health Insurance based on GFU policy</td>
<td>$2,953</td>
<td>$2,953</td>
</tr>
<tr>
<td>(<a href="https://www.georgefox.edu/offices/hea_cou/insurance.html">https://www.georgefox.edu/offices/hea_cou/insurance.html</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Parking Sticker</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Graduation Fee</td>
<td>$165</td>
<td></td>
</tr>
</tbody>
</table>

Note: Additional costs for housing, transportation, food, etc. should be considered in the cost of education.
Article 11.2  Payment (Application, Deposit, Tuition, and Fees) and Refunds (A3.14g)

The George Fox Master of Medical Science (PA) program’s application cycle will open at the end of April 2020, and run through October 31, 2020, via the Central Application Service for PA (CASPA). To be precise, GFU will accept COMPLETED applications through October 1, 2020; Interviews will end prior to October 31, 2020; all seats will be offered by October 31, 2020. The first cohort will matriculate in January 2021. CASPA is an online application clearing house located at https://portal.caspaonline.org/. As of March 2019, the cost for a CASPA application was $179 for the first program you apply to. If you submit to other programs before the first e-delivery of your application, each additional program is $45. If you submit to other programs after the first e-delivery of your application, each additional program is $52. As a general rule, CASPA does not refund application fees. Information related to CASPA fees can be found at https://help.liaisonedu.com/CASPA_Applicant_Help_Center. The link between the George Fox MMSc program, CASPA, and student candidates will be managed by the MMSc program’s Admissions Coordinator.

Enrollment Deposit: Candidates who accept a seat must pay a $1,000 non-refundable deposit within two weeks of notification of acceptance in order to hold their place in the cohort. This deposit will be applied toward first semester tuition costs. Accepted candidates who do not pay the $1,000 deposit within the required time frame (two weeks) forfeit their seat.

Payment: 100% of semester tuition and fees are due at the beginning of the semester. Refunds for students who drop or withdraw from classes, on or after the first day of the session, will receive a removal of tuition using the following GFU policy (https://www.georgefox.edu/offices/student-accounts/policies/charges-removal.html).

<table>
<thead>
<tr>
<th>Week</th>
<th>Charges Removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Week</td>
<td>100% of charged removed</td>
</tr>
<tr>
<td>Second Week</td>
<td>90% of charges removed; $25 drop fee assessed</td>
</tr>
<tr>
<td>Third Week</td>
<td>75% of charges removed</td>
</tr>
<tr>
<td>Fourth Week</td>
<td>50% of charges removed</td>
</tr>
<tr>
<td>Fifth Week</td>
<td>25% of charges removed</td>
</tr>
<tr>
<td>Sixth Week and Beyond</td>
<td>All tuition charges remain</td>
</tr>
</tbody>
</table>

ARTICLE 12.0  STUDENT EMPLOYMENT (A3.04; A3.05; A3.06; A3.14H)

The PA program strongly discourages students from being employed while enrolled and does not make exceptions or alterations to required course work, scheduling, or rotation assignments for individual students due to employment (A3.14h). Employment status while in the program will not be used to excuse absence from scheduled learning activities, justify poor performance, or be considered as a mitigating factor when assessing students’ academic and professional progress.

Article 12.1  Students Will Not Work for The PA Program (A3.04)

- The GFU MMSc. (PA) Program does not permit its students to work (paid or voluntary) for the Program (A3.04).

Article 12.2  Student Will Not Substitute as Faculty (A3.05)

- GFU MMSc. (PA) students will not substitute for or function as instructional faculty (paid or volunteer) (A3.05).
• Students with specific prior knowledge, experiences, and skills may assist faculty (provided faculty approval and oversight) and share that knowledge and skill set during didactic and laboratory sessions.
• Students may not be the primary instructor or instructor of record for any component of the program curriculum.
• Students may not participate in the primary assessment of other students, except as indicated in the student reflection activities.

Article 12.3  Students Will Not Work at Clerkship Rotation Sites (A3.06)
During supervised clinical experiences, students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised (A3.06). Students may not accept compensation for any services provided during supervised clinical experiences unless specifically approved by the DCE (e.g. housing stipend)

ARTICLE 13.0 PROGRAM ADMISSION POLICY (A3.15)

Article 13.1  Special Consideration (A3.15a)
All George Fox University graduates and military veterans (reservists/guard members must be in good standing; separated or retired veterans must produce a DD214 showing an honorable discharge) – who meet the PA Program’s admission requirements – will be invited for an interview. To be considered under this article, however, an application must be received on our before August 30 of the application cycle. An invitation to interview does not guarantee admittance to the program.

Article 13.2  Prior Education Requirements (A3.15b; A3.15d)
All Transcripts must be submitted and support completion of a bachelor’s degree and required science prerequisites.

Article 13.2.1  Bachelor’s Degree (A3.15b; A3.15d)
A bachelor’s degree, from a U.S. regionally accredited institution, with a 3.0 cumulative GPA minimum (or B; B- is not acceptable) is required to matriculate. A candidate may apply prior to meeting this requirement provided they can complete it by October 1 preceding matriculation. To do this, official transcripts [sealed] from the college or university (confirming the degree and cumulative 3.0 GPA) must be received by GFU’s MMSc program by October 31 (preceding matriculation). If a selected candidate does not meet this deadline, he or she will relinquish their seat. Upon written request, GFU will consider an applicant whose cumulative GPA falls below 3.0 provided their last 60 SH of academic work produced a 3.0 or higher GPA. Pre-requisites (see below) must still meet the 3.0 per course requirement. Note: The average cumulative GPA for all programs in the U.S. is 3.49.

Article 13.2.2  Science Prerequisites Aptitude (A3.15b; A3.15d)
All prerequisite courses must be taken at a U.S. regionally accredited institution and EACH course must meet a minimum 3.0 GPA (or B; B- is not acceptable) requirements (prerequisite course completion recommended within last 5 to 7 years). Applicants with up to one remaining prerequisites may apply provided they complete the course with a 3.0 or higher GPA – before the first day of October preceding matriculation (if selected, official transcripts [sealed] from the college or university must be received by GFU’s MMSc program by October 31 (preceding matriculation) or a selected candidate will relinquish his/her seat).
<table>
<thead>
<tr>
<th>Required Course</th>
<th>Semester Hours Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anatomy and Physiology – lecture and lab</td>
<td></td>
</tr>
<tr>
<td>• Human-based ONLY</td>
<td></td>
</tr>
<tr>
<td>• NO online lab courses are accepted</td>
<td></td>
</tr>
<tr>
<td>• The lab must apply to the course taken</td>
<td></td>
</tr>
<tr>
<td>• If taken separately, no lab is required for the</td>
<td></td>
</tr>
<tr>
<td>physiology course</td>
<td></td>
</tr>
<tr>
<td>Applicants can fulfill this requirement with one</td>
<td></td>
</tr>
<tr>
<td>of the following options:</td>
<td></td>
</tr>
<tr>
<td>1. Taking two Human Anatomy and Physiology (with</td>
<td></td>
</tr>
<tr>
<td>lab courses (combined) for a total of 8 SH</td>
<td></td>
</tr>
<tr>
<td>2. Taking the Human Anatomy with lab (4 SH) and</td>
<td></td>
</tr>
<tr>
<td>Human Physiology (no lab required) (3 SH) courses</td>
<td></td>
</tr>
<tr>
<td>separately</td>
<td></td>
</tr>
<tr>
<td>3. Successful completion of the Special Operations</td>
<td></td>
</tr>
<tr>
<td>Combat Medic Course</td>
<td></td>
</tr>
<tr>
<td>General Biology with Lab</td>
<td>General Biology with Lab course (4 SH)</td>
</tr>
<tr>
<td>• NO online lab courses are accepted</td>
<td></td>
</tr>
<tr>
<td>• The lab must apply to the course taken</td>
<td></td>
</tr>
<tr>
<td>Survey courses DO NOT meet this requirement</td>
<td>General Biology with Lab course (4 SH)</td>
</tr>
<tr>
<td>(usually a 100 level class)</td>
<td></td>
</tr>
<tr>
<td>No lab is required</td>
<td>General Chemistry with Lab course (4 SH)</td>
</tr>
<tr>
<td>Other Biology</td>
<td>Microbiology course (3 SH)</td>
</tr>
<tr>
<td>• Survey courses DO NOT meet this requirement</td>
<td>Microbiology course (3 SH)</td>
</tr>
<tr>
<td>(usually a 100 class)</td>
<td></td>
</tr>
<tr>
<td>No lab is required</td>
<td>General Chemistry with Lab course (4 SH)</td>
</tr>
<tr>
<td>Microbiology</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>• Microbiology for non-science majors are accepted</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>• Online courses are accepted</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>General Chemistry with Lab</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>• NO online lab courses are accepted</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>• The lab must apply to the course taken</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>Survey courses DO NOT meet this requirement</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>(usually a 100 class)</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>No lab is required</td>
<td>Other Chemistry</td>
</tr>
<tr>
<td>Introductory to Psychiatry/Psychology or higher</td>
<td>Introductory to Psychiatry/Psychology or higher</td>
</tr>
<tr>
<td>Statistics</td>
<td>Statistics</td>
</tr>
<tr>
<td>• Business Statistics is NOT accepted</td>
<td>Statistics</td>
</tr>
<tr>
<td>Medical Terminology</td>
<td>Highly recommended</td>
</tr>
</tbody>
</table>

Note #1: Military applicants may have met some prerequisite course requirements in their training. For example, USAF Pararescueman training includes 12 SH of Emergency Medicine, 4 SH of Anatomy and Physiology, and 3 SH of Psychology. The decision to accept or decline military training, as meeting a prerequisite, is at the discretion of the PA program director. Since no letter grade is provided in these courses, they will be accepted ‘as is’ when successful completion can be proven (DD214 verification).
Article 13.3 Other Applicant Requirements/Considerations (A3.15d)

Article 13.3.1 Graduate Record Examination (GRE)
The GRE is required (within five years of the application date) for admission. There is no exception to this requirement. To be competitive, consider the following GRE score guidelines:
- Best Scores: include a verbal score between 163 and 170, quantitative score between 165 and 170, and a writing score of 5 to 6.
- Better Scores: include a verbal score between 158 and 162, quantitative scores between 159 and 164, and a writing score of 4.5.
- Good Scores: include a verbal score of 152 to 158, quantitative score of 153 to 158, and a writing score of 4.
- Below Average Scores: include a verbal score 151 or lower, quantitative score 152 or below, and a writing score of 3.5 or below.
- The GFU GRE Code will be posted once it is available.

Article 13.3.2 Professional Recommendations
Three letters of recommendation are required (each from a ‘professional’ source; should not be from a relation or close family friend).

Article 13.3.3 Paid Health Care Experience
A minimum number of patient care hours are not required for admittance into the program. However, a point value for paid health care experience is added to the applicants overall score. To receive points for paid health care experience it must be from a paid position(s) and not volunteer work or an academic internship. Exceptions include work as a paramedic or EMT when all emergency services are provided only on an all-volunteer basis. Note: Clinical experience gained through a training program, as a student, does not count as paid health care experience. Note: The average number of patient contact hours for a PA Applicant (based on data from all U.S. PA programs) is 4,019 hours.

Article 13.3.3.1 Common, Competitive, Direct Patient Care Experience Examples
- Military (medic, corpsman, pararescueman, SERE specialist)
- Emergency medicine (EMT, paramedic, ER technician)
- Nursing (registered nurse, licensed practical nurse, certified nursing asst)
- Respiratory therapist
- Medical assistant, Community health aid/practitioner

Article 13.3.3.2 Other Acceptable Allied Health Experience Examples
- Mental health practitioner
- Laboratory/medical technician
- Radiology technician
- Clinical research
- Chiropractor
- Emergency room or clinical scribe

Article 13.3.3.3 Positions NOT Meeting Direct Patient Care Prerequisite
- Medical billing
- Medical records
• Medical interpretation
• Medical transcriptionist
• Patient scheduler
• Anything considered administrative in nature

Article 13.3.4 Volunteerism
A minimum number of Volunteer hours are not required for admittance into the program.
• A point value volunteerism (mission work, soup kitchen, big brothers/sisters, etc.), however, is added to the applicants overall score. Note: For every one week on a medical mission, the applicant receives 70 hours of volunteerism.
• Note: Military veterans (with a DD214 showing honorable discharge) will receive the maximum volunteerism value.
• Note: the average volunteerism: based on data from all U.S. PA programs is 423 hours

Article 13.3.5 Test of English and Foreign Language (TOEFL)
An applicant whose native language is not English and who does not have a full year (two semesters) of composition or its equivalent in English studies must demonstrate skills in English understanding and use. Recent scores on the Test of English and Foreign Language (TOEFL) normally suffice. TOEFL scores should be submitted with the CASPA application or directly to GFU Graduate Admissions when CASPA is not used. Satisfactory scores are based on the testing format and include:
• Internet-based TOEFL: Score of 100 with a minimum score of 20 on each section.
• A total score of 600 on the paper TOEFL, with a score of 55 on the Listening Comprehension.
• A total score of 250 on the computer-based TOEFL.
• A level 112 from the ELS Language Centers or other recognized evidence may be considered satisfactory, pending the Admissions Committee approval.

Article 13.4 Advanced Academic Placement (A3.15c; A3.18)
All GFU PA courses must be taken as part of the PA cohort and no advanced placement options are available.

ARTICLE 14.0 TECHNICAL STANDARDS FOR ENROLLMENT (A3.15e)
George Fox University student candidates must possess the capacity to complete the entire curriculum to achieve the Master of Medical Science degree. The curriculum requires demonstrated skills in (1) observation, (2) communication, (3) motor, (4) intellectual-conceptual, integrative, and quantitative abilities, and (5) behavioral and social attributes. Candidates offered a seat in the program are required to sign this testament, verifying understanding and that they meet these Standards. In the event an applicant is unable to fulfill these technical standards prior to or any time after admission, with or without reasonable accommodation, the student will not be allowed to enter or progress within the program.
Article 14.1 Observation
The candidate must be able to:
- Observe demonstrations, visual presentations in lectures and laboratories, laboratory evidence and microbiologic cultures, microscopic studies of microorganisms and tissues in normal and pathologic states
- Observe a patient accurately at a distance and close at hand
- Use the sense of vision, somatic sensation, and smell as part of the observation process.

Article 14.2 Communication
A candidate should be able to:
- Communicate professionally, effectively, and sensitively with patients and families
- Communicate professionally, effectively, and efficiently in oral and written forms with all members of the healthcare team
- Be able to speak, hear, and observe patients in order to elicit information, perceive nonverbal communications, and describe changes in mood, activity, and posture
- Utilize speech, reading, writing, and computers as part of the communication process. In addition, candidates must possess the skills necessary to communicate effectively in small and large group discussions.

Article 14.3 Motor
Candidates must have sufficient motor skills and coordination to:
- Execute the movement required to provide patient care such as palpitation, auscultation, percussion, and other diagnostic maneuvers
- Execute movements required to provide general care and emergency treatment to patients. These skills require coordination of gross and fine muscular movement, equilibrium, and sensation.
- Manipulate equipment and instruments necessary to perform basic laboratory tests and procedures required to attain curricular goals (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel)
- Transport themselves from one location to another in a timely fashion in order to facilitate patient care responsibilities and receive educational training.

Article 14.4 Intellectual-Conceptual, Integrative and Quantitative Abilities
Candidates must be able to:
- Comprehend three-dimensional relationships and the spatial relationship of structures
- Collect, organize, prioritize, analyze, and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings.
- Analyze, integrate, and apply information appropriately for problem solving and decision-making.

Article 14.5 Behavioral and Social Attributes
Candidates must have:
- Emotional health, maturity, sensitivity, intellectual ability, and good judgment needed to complete all responsibilities associated with the diagnosis and care of patients
- The ability to tolerate physical, mental, and emotional stress associated with training and the profession
• Qualities of adaptability, flexibility and be able to function in the face of uncertainty
• A high level of compassion for others, motivation to serve, integrity, and a consciousness of social values
• Sufficient interpersonal skills to interact positively with people from all levels of society, all ethnic backgrounds, and all belief systems
• The ability to accept criticism and respond by appropriate modification of behavior.

ARTICLE 15.0 PRE-SCREEN SCORING MATRIX (A3.16)
Applicant requirements are reviewed, scored, and converted to percentage value (total points earned divided by the maximum potential). The GFU PA Admissions Committee will review all applicants meeting minimum requirements and either (1) invited to interview, (2) put on hold, or (3) deny an interview. Each of the items on the applicant spreadsheet will be given a weighted point value (based on preset objective criteria) and the combined score will be used to rank candidates for interview (pre-screen matrix). The higher your score, the better your odds of being interviewed. For example:
• Cumulative GPA scoring ranges from 10 points for a 3.0 GPA up to 25 points for a 3.7 or higher GPA.
• Science aptitude (combined courses; must have 3.0 in each) scoring ranges from 15 points for a 3.0 GPA up to 30 points for a 3.7 or higher GPA.
• Although there is no minimum GRE requirement to apply, scoring ranges start at 0 for a score below 153 (verbal), below 152 (quantitative) and 0 for writing of 3 or below. The highest GRE score available is 2 for a verbal score of 165 or higher, 2 for a quantitative score of 165 or higher and 1 for a writing score of 5 to 6. The total GRE potential value is 5 points.
• Letters of recommendation are required and are reviewed. Combined, they have a 5 point value.
• There is no minimum for volunteerism but like other items shown here, volunteerism points range from zero to 25.
• Finally, paid health care experience, although not required has an assigned value in our application. A value of 5 points is assigned for 250 to 1,000 hours; 10 points for 1,001 to 2,000 hours; and 15 points for over 2,000 hours.

<table>
<thead>
<tr>
<th>Item</th>
<th>Minimum Requirements</th>
<th>National Average/Goal</th>
<th>Your Results</th>
<th>Potential Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor’s Degree</td>
<td>3.0 Cumulative GPA</td>
<td>3.56 Cumulative GPA</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Science Aptitude</td>
<td>3.0 Minimum/Course</td>
<td></td>
<td>Combined 3.51 GPA</td>
<td></td>
</tr>
<tr>
<td>• Anatomy and Physiology with lab I</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>• Anatomy and Physiology with lab II</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General Biology with Lab</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other Biology</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Microbiology</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• General Chemistry with Lab</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other Chemistry</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Introduction to Psychology</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Statistics</td>
<td>3.0 GPA</td>
<td>3.0 GPA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Record Evaluation (GRE)</td>
<td>No Minimum</td>
<td>305/4</td>
<td>152</td>
<td>5</td>
</tr>
<tr>
<td>• Verbal Reasoning</td>
<td>No Minimum</td>
<td>152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Quantitative Reasoning</td>
<td>No Minimum</td>
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<td></td>
<td></td>
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<tr>
<td>• Writing</td>
<td>No Minimum</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paid Health Care Experience</td>
<td>No Minimum</td>
<td>4,019 Hours</td>
<td></td>
<td>15</td>
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<tr>
<td>Volunteerism</td>
<td>No Minimum</td>
<td>618 Hours</td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Letters of Reference (Professional)</td>
<td>Three Letters</td>
<td>N/A</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
ARTICLE 16.0 INTERVIEW (A3.16)
Each of the items on the applicant spreadsheet (article 15.0) will be given a weighted point value (based on preset objective criteria) and the combined score will be used to rank candidates for interview (pre-screen matrix). The higher your score, the better your odds of being interviewed.

Article 16.1 Interview Timeline
Interviews will begin in June and continue until the class is full or October 31, whichever comes first. By using this approach, it is possible to fill all available seats prior to the October 31 date. Therefore, it is to your advantage to submit a completed application (via CASPA) as early in the process as possible! The longer you wait to submit an application (even though prior to the deadline), the greater your risk that no class seats will be available, or that only a few will remain. Once the class is full, remaining applications will be evaluated for an alternate list.

Article 16.2 Interview Process
An invitation to interview does not guarantee acceptance into the program. The GFU Program uses a rolling admissions process. Therefore, applicants who qualify for an interview may be invited to the next available scheduled interview date. Program faculty (program director, medical director and principal faculty), adjunct faculty, and local physicians, PAs, and health care workers will make up the interview team. Each will be trained on the interview process before the interview date and briefed on the scoring criteria before each interview session begins.

The interview day will begin with introductions and expectations for the day. Next, applicants will be evaluated via a series of short, carefully timed interview stations and one essay station. In general, each of these encounters will assess the candidate’s character, communication skills, professionalism, and adaptability.

ARTICLE 17.0 CANDIDATE SELECTION (A3.16)
The Program Admissions Committee applicant-scoring matrix used includes the applicant’s bachelor’s degree GPA, science aptitude GPA, GRE scores, letters of recommendation, paid health care experience, PA shadowing hours, and volunteerism. The program faculty (program director, medical director and principal faculty), adjunct faculty, and local physicians, PAs, and health care workers may make up the interview team. Applicants will be evaluated via a series of short, carefully timed interview stations and one essay station. At the days end, the Program Admissions Committee will (1) tally candidate scores from the interview process using a ‘Post Interview Matrix’ and rank applicants in order of score. (2) Next, the ‘pre-screen matrix’ and ‘post screen matrix’ will be combined and the selection committee will discuss the applicants. (3) The committee will select up to three candidates on the day of the interview. (4) The remaining will be set aside and reviewed again in approximately two weeks and at that time placed in one of three categories: (a) admit now – these candidates will receive a formal offer for a seat in the Program within four weeks of completing the interview; (b) alternate list (wait list) – these candidates will be formally notified – by email – within four weeks of completing the interview. Each wait-listed candidate will be reviewed at the two-week mark of all future interviews. At that time, their status will be updated to (i) admit now, (ii) continue wait list, or (iii) declined; (c) Declined – these individuals will be notified within four weeks of the interview process.

Letters of acceptance may have conditions to matriculate. In this situation, the offer and conditions of acceptance will be detailed in the letter. An example would be acceptance of a student who must complete a required prerequisite course by October 1 (verified by October 31) prior to matriculating into
the program. In this case, their acceptance would be pending successful completion of the prerequisite course. For details on what is required, see ‘post acceptance requirements’ below.

Article 17.1 Conflict of Interest (A3.16)
Faculty members must use their professional integrity and excuse themselves from interviewing, ranking, or selecting candidates whom they have a significant relationship with. This may include but is not limited to: family members, friends, family friends, acquaintances of individuals they know well, and those whom they have established professional relationships within other settings.

ARTICLE 18.0 POST-ACCEPTANCE REQUIREMENTS (A3.07; A3.14G; A3.15E)

Article 18.1 Non-Refundable Deposit
Candidates who accept a seat must pay a $1,000 non-refundable deposit within two weeks of notification of acceptance in order to hold their place in the cohort. This deposit will be applied toward first semester tuition costs. Accepted candidates who do not pay the $1,000 deposit within the required time frame (two weeks) forfeit their seat.

Article 18.2 Post-Selection Requirements
Once accepted into the GFU MMSc Program, the following conditions must be completed by November 30, 2020 in order to matriculate into the program. Candidates who fail to complete these requirements by the deadline will relinquish his/her seat and it will be offered to an alternate. These requirements will be coordinated by the GFU admission team and handled by an outside vendor that works with the admissions director. Requirements include:

- Background Search (estimated at $150 for each occurrence):
  - Criminal Activity
  - Sex Offender Registry
  - National Healthcare Fraud and Abuse
  - Residence History
  - Social Security Alerts
- Twelve (12) Panel Urine Drug Screen (estimated at $45 for each occurrence)
- Compliance Verification (estimated at $35 per occurrence)
  - Signed Technical Standards Form
  - Immunization Status Verification
  - Tuberculosis Screening Results
  - CPR Certification
  - Health Insurance Policy (showing current status)
  - Signed Release Form allowing GFU to Provide Preceptors with Status or Results of Immunizations, TB Screening, Drug Screening, and Background Check
- Mandatory HIPAA and OSHA Certification (estimated at $15 per year)

All prerequisites must be taken at a U.S. regionally accredited institution and EACH course must meet a minimum 3.0 GPA (or B, B- is not acceptable) requirement (prerequisite course completion recommended within last 5 to 7 years). An applicant may be offered a seat with up to two (2) outstanding prerequisites provided but these courses must be completed by October 1 preceding matriculation and official transcripts [sealed] from the college or university (confirming course completion and course grade of at least 3.0) must be received by GFU’s PA program by October 31. Failure to meet these deadlines will result in a forfeiture of seat and the candidate will not be allowed to matriculate into the program.
**Article 18.2.1 Background Search**
Prior to matriculation (by November 30th), before the clinical year begins, and as required by a clerkship site – all PA students are required to have a completed certified background check via an established third party. The background search looks for a history of:

- Criminal Activity
- Sex Offender Registration
- National Healthcare Fraud and Abuse
- Residence History
- Social Security Alerts

Admittance to the Program is contingent upon a successful background evaluation. If the background search reveals information that would prohibit a student from participating in clinical rotations, the seat offer will be rescinded or if already in the program the student will be dismissed (academically unable to fulfill course/program obligations). The estimated cost for the background check is $150.

**Article 18.2.2 Twelve Panel Urine Drug Screen**
Prior to matriculation (by November 30th), before the clinical year begins, and as required by a clerkship site – all PA students are required to have a twelve (12) panel urine drug screen completed via an established third party.

Admittance to the Program is contingent upon a negative twelve panel urine drug screen. If any drug screen reveals information that would prohibit a student from participating in clinical rotations, the student will be dismissed (academically unable to fulfill course/program obligations). The estimated cost for the twelve panel drug screen is $45.

**Article 18.2.3 Mandatory HIPAA and OSHA Certification**
Prior to matriculation (by November 30th) all PA students are required to complete Health Insurance Portability and Accountability (HIPAA) and Operational Safety and Health Administrative (OSHA) training through an established third party. The cost of this training is estimated at $15. Prior to the clinical year and as required by a clerkship site, this training will need to be repeated. Depending on circumstances, it may be done by GFU established third party or through the clerkship site.

**Article 18.2.4 Compliance Verification**
To matriculate (by November 30th) and as needed throughout the program, certain tasks must be completed and/or verified by and established third party. The estimated cost for compliance verification is $35. These include:

- Immunization Status Verification
- Tuberculosis Screening Results (two step)
- Health Insurance Policy (showing current status)
- CPR Certification (must be current)
- Signed GFU MMSc. (PA) Pre-Matriculation Technical Standards Testament
- Signed Release Form allowing GFU to Provide Preceptors with Status or Results of Immunizations, TB Screening, Drug Screening, and Background Check

**Article 18.2.5 Immunization History (A3.07)**
The GFU MMSc. (PA) Program has a pre-matriculation immunization policy that is based on the Centers for Disease Control and Prevention (CDC) immunization recommendations for health-care personnel.
All applicants must meet the CDC recommendation prior to matriculation and it must be verified by an established third party. In addition, all immunizations must remain current while attending the GFU PA program. All vaccines must be administered in accordance with CDC’s published guidelines.

**Article 18.2.5.1 Hepatitis B**

If you don’t have documented evidence of a complete hepB vaccine series, or if you don’t have an up-to-date blood test that shows you are immune to hepatitis B (i.e., no serologic evidence of immunity or prior vaccination) then you must have the 3-dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after #2). In 1 to 2 months after the 3rd dose you must have anti-HBs serologic testing done.

- If anti-HBs is at least 10 mIU/mL (positive), the student is immune. No further serologic testing or vaccination is recommended.
- If anti-HBs is less than 10 mIU/mL (negative), the student is not protected from hepatitis B virus (HBV) infection, and should receive 3 additional doses of HepB vaccine on the routine schedule, followed by anti-HBs testing 1–2 months later. A student whose anti-HBs remains less than 10 mIU/mL after 6 doses is considered a “non-responder.”

For non-responders: PA student non-responders are considered susceptible to HBV and will need to obtain HBIG prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood or blood with unknown HBsAg status. It is also possible that non-responders are people who are HBsAg positive. Therefore, HBsAg testing is required for all non-responders. A student found to be HBsAg positive must see an infectious disease provider for a medical evaluation and counseling.

For students with documentation of a complete 3-dose HepB vaccine series but no documentation of anti-HBs of at least 10 mIU/mL (e.g., those vaccinated in childhood): students who are at risk for occupational blood or body fluid exposure might undergo anti-HBs testing and meet the preceding criteria on immunity or non-responder documentation.

**Article 18.2.5.2 Influenza**

All MMSc. (PA) students must receive annual vaccination against influenza. Inactivated injectable influenza vaccine (IIV) is the preferred vaccine. Live attenuated influenza vaccine (LAIV), however, may be given to non-pregnant healthy students that are 49 years old and younger.

Contraindications are limited to a history of anaphylactic hypersensitivity to egg or other components of the vaccine or documented case of Guillain-Barré Syndrome within 6 weeks following a previous dose of influenza vaccine.

**Article 18.2.5.3 Measles, Mumps, Rubella**

Although birth before 1957 is generally considered acceptable evidence of measles, mumps, and rubella immunity, it is not enough for health care providers or MMSc students. Therefore, all MMSc. (PA) students will be considered immune to measles, mumps, or rubella only if they have documentation of (a) laboratory confirmation of disease or immunity or (b) appropriate vaccination against measles, mumps, and rubella (i.e., 2 doses of live measles and mumps vaccines given on or after the first birthday and separated by 28 days or more, and at least 1 dose of live rubella vaccine).
Students with 2 documented doses of MMR do not need serologically testing for immunity and testing is not required.

**Article 18.2.5.4 Diphtheria, Pertussis, and Tetanus**
All MMSc. (PA) students who have not or are unsure if they have previously received a dose of Tdap should receive a dose of Tdap before matriculation, without regard to the interval since the previous dose of Td. Pregnant students should be revaccinated during each pregnancy. All students are required to receive Td boosters every 10 years thereafter.

**Article 18.2.5.5 Varicella**
All MMSc. (PA) students must be immune to varicella. Evidence of immunity includes documentation of 2 doses of varicella vaccine given at least 28 days apart, laboratory evidence of immunity, laboratory confirmation of disease, or diagnosis or verification of a history of varicella or herpes zoster (shingles) by a healthcare provider.

**Article 18.2.5.6 Other Vaccines (travel related)**
If a student travels outside the United States, data from the Center for Disease Control will be reviewed at least 6 weeks before travel to ensure required vaccines are known. Recommended vaccines will need to be completed prior to any training outside the United States.

Students who require one or more multi-dose-vaccine series to meet immunization requirements must provide medical documentation that they have initiated the process by November 30th before their first day of orientation. Students failing to do so will not be permitted to matriculate into the program. They must also provide medical documentation of completion of the process according to established CDC immunization timelines. Students failing to do so will be dismissed from the program.

**Article 18.2.6 Tuberculosis Screening**
All students must have a two-step PPD skin test within four (4) months of enrollment and yearly thereafter (verified by a GFU contracted third party vendor).
- All positive PPD tests must have a chest X-ray and be evaluated by the Health Department.
- If the chest X-ray is positive, the applicant/student will not be allowed to enter or continue training until treated and cleared by an infectious disease specialist.

In addition, an IGRA test (Quantiferon Gold, TSpot) must be done for any of the following reasons:
- Positive PPD with history of negative chest x-ray (chest x-ray must be done for all positive PPD tests)
- BCG vaccine
- Applicant was born outside the U.S.

If the IGRA is negative, the applicant/student is cleared to enter the program; if the IGRA is positive, the applicant/student must be evaluated and cleared (treated if necessary) by an infectious disease specialist before they begin or continue their PAS training.

**Article 18.2.7 Health Insurance Policy Documentation**
As a condition of enrollment, students are required to have health insurance coverage while enrolled in the GFU MMSc program. The cost of insurance and all covered, uncovered, or related health care expenses are the exclusive responsibility of the student and not the responsibility of GFU, SCPE
preceptor, or SCPE site. These costs may include but are not limited to: immunization, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. **Proof of insurance coverage must be provided prior to matriculation.**

In addition, students are not employees of the GFU or the hospital, clinic or practice where SCPE rotations occur and are **NOT** covered under workman’s compensation. Therefore, students are **required** to carry medical insurance (throughout the program) to cover the expense should an injury or exposure occur. Costs not covered by insurance are the student’s responsibility.

**Article 18.2.8 CPR Certification**

Prior to matriculation (by November 30th), before the clinical year begins, **and** as required by a clerkship site – all PA students are required to hold a current CPR certification. **Proof of current CPR certification must be provided prior to matriculation via a GFU established third party vendor.**

**Article 19.0 GFU Policy on Academic Learning Disabilities**

George Fox University MMSc. (PA) Policy on Academic Learning Disabilities

- Provided the preceding ‘technical Standards’ are met, a student can claim disability through the GFU Learning Disabilities Office (https://www.georgefox.edu/offices/dso/index.html).
- Criteria for establishing a MMSc. (PA) candidate’s disability is taken from the (1) National Commission on Certification of Physician Assistants (NCCPA) criteria and (2) peer reviewed literature published in the Journal of Physician Assistant Education. To establish a disability the MMSc. (PA) candidate requesting special accommodations must provide appropriate documentation of the disability or qualifying medical condition. The documentation must specify the extent to which classroom or testing procedures are to be modified. The accommodation requested or recommended by the PA candidate should not be based on preferences but on disability-driven reasons, nor should it over-accommodate the PA candidate. Reports from the qualified licensed professional should be on letterhead, typed in English, dated, signed, and legible. Prior to considering any request for special accommodations, GFU must receive the following documentation:
  - A complete description of disability or medical condition and impact on the PA candidates daily life and day-to-day functioning – **limitations to major life activity**
  - Signed, typed and dated current documentation of the disability by a qualified professional. The documentation must be based on professional testing, which was performed by a qualified professional. Diagnostic methods used should be appropriate to the disability and in alignment with current professional protocol. Documentation must include all the following:
    - The name, title, and professional credentials of the evaluator, including information about license or certification (e.g., licensed psychologist) as well as the area of specialization, employment, and state in which the individual practices must be clearly stated in the documentation.
    - Contact information including address, telephone number, and/or e-mail address of each professional providing documentation.
    - The date and location of the assessment upon which each professional's report is based.
    - A detailed description of the psychological, educational, and/or cognitive functioning tests that were conducted.
- The results of those tests and a comprehensive interpretation of the results.
- The name of the specific disability diagnosed and a description of the specific impact on daily life activities and day-to-day functional limitations to major life activities including a history of the impact of the disability on academic functioning if the disability is due to a learning disability or attention deficit/hyperactivity disorder (ADD or ADHD).
- The specific examination accommodations that are requested to compensate for those limitations and how they will reduce the impact of identified limitations.
- Description of treatment and rehabilitation. Describe all treatment and efforts at remediation that the candidate has undergone and the results of the treatment. Also, describe how the disability is accommodated in daily life.
  - Note 1: A qualified professional is someone with the credentials, training, and expertise to diagnose the disability the individual is claiming. The primary relationship of the attesting professional to the individual must be that of a treating medical professional to a patient; there must be no familial, intimate, supervisory or other close relationship between the qualified professional and the individual requesting accommodations.
  - Note 2: GFU reserves the right to request further verification, if necessary, of the evaluating professional’s credentials and expertise relevant to the diagnosis.
- Once the preceding assessment is provided, it will be evaluated by the MMSc Chair and, if deemed necessary, the Dean for the College of Behavior and Health Science and a consultant. At this point it will either be accepted, denied, or modifications suggested.
- As part of the preceding steps, an interactive dialog about what is reasonable will take place (student candidate suggestions does not mean they can be met).
- An accommodation is considered unreasonable when it causes “undue hardship” (a complex determination that can take into account how much the cost would be or how onerous to the school), alters the fundamental nature of the program, disrupts the cycle of education, or is related to dependent skill testing such as problem focused objective structured clinical examination or skills testing.
- In general, comfort aids will not require pre-approval but must be inspected prior to each use. These items include:

<table>
<thead>
<tr>
<th>Medicine &amp; Medical Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto-injectors; such as EpiPen</td>
</tr>
<tr>
<td>Bandages</td>
</tr>
<tr>
<td>Braces- Neck, Back, Wrist, Leg or Ankle Braces</td>
</tr>
<tr>
<td>Casts - including slings for broken/sprained arms and other injury-related items that cannot be removed.</td>
</tr>
<tr>
<td>Cough Drops - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Eye Drops</td>
</tr>
<tr>
<td>Eye Patches</td>
</tr>
<tr>
<td>Eyeglasses (without the case), including tinted lenses – must be removed for visual inspection</td>
</tr>
<tr>
<td>Glucose Tablets (does not include hard candy) - must be unwrapped and not in a bottle/container.</td>
</tr>
<tr>
<td>Handheld (non-electronic) magnifying glass (without the case)</td>
</tr>
<tr>
<td>Hearing aids/Cochlear implant</td>
</tr>
<tr>
<td>Inhaler</td>
</tr>
<tr>
<td>Medical Alert Bracelet</td>
</tr>
</tbody>
</table>
Medical device: Must be attached to a person’s body, must be inaudible, and must not include a remote-control device. Examples include but are not limited to:

- Insulin pump
- Continuous glucose monitor
- Note: If the insulin pump or continuous glucose monitor includes an accompanying remote-control device, the remote-control device may not be taken into the testing room. If there is a need to take the remote-control device into the testing room, candidates must apply and be approved for an accommodation to do so.

- TENS Unit
- Spinal Cord Stimulator

Medical/Surgical face mask
Nasal drops/spray
Oxygen Tank
Pillow/Cushion

Pills - i.e. Tylenol or aspirin must be unwrapped and not in a bottle/container. Candidates may bring pills that are still in the packaging if the packaging states they MUST remain in the packaging, such as nitro glycerin pills that cannot be exposed to air. Packaging must be properly inspected.

**Mobility Devices:**

- Canes
- Crutches
- Motorized Scooters/Chairs
- Walkers
- Wheelchairs

**Other approved items (must be provided by Testing Center):**

- Tissues/Kleenex
- Earplugs and Noise Cancelling Headphones

**ARTICLE 20.0  IMMUNIZATIONS. TB, DRUG, AND BACKGROUND STATUS**

Each supervised clinical practice experiences site requires a copy of the student’s immunization history, tuberculosis screening results, background and sexual offense check, and drug screen. Therefore, candidates offered a seat in the program are required to sign a statement that allows the PA program to maintain and release this information when relevant to their academic training and clinical placement (via a GFU established third party vendor).

**Article 21.0  Other Requirements**

- Official transcripts of all course work including any courses that may have been completed since their program application was submitted
- Evidence of compliance with any other conditions noted in the applicant’s conditional letter of acceptance
- Candidates who accept a seat must pay a $1,000 non-refundable deposit within two weeks of notification of acceptance in order to hold their place in the cohort. This deposit will be applied toward first semester tuition costs. Accepted candidates who do not pay the $1,000 deposit within the required time frame (two weeks) forfeit their seat

**ARTICLE 21.0  FINANCIAL AID OPTIONS**

**Article 21.1  Federal Stafford Student Loan Program**

The primary source of financial assistance for students attending PA School will be the federal Stafford Student Loan Program. Beginning July 1, 2012, a Subsidized Stafford Loan will no longer be available,
however graduate students may be eligible for as much as $20,500 a year through the Unsubsidized Stafford Loan program. The student will be charged interest from the time the loan is disbursed until it is paid in full. If the interest is capitalized (allowed to accumulate) it will be added to the principal amount of the loan and will increase the amount the borrower will have to repay. If the choice is made to pay the interest as it accumulates, the total interest charges paid during repayment will be considerably less.

The total amount a graduate or professional student may borrow from all Stafford Loans combined is $138,500. The graduate borrowing limit includes any Stafford Loans received for undergraduate study. Under current law, the interest rate charged on Federal Stafford Loans is fixed. There are also origination and guarantee fees associated with each loan up to 1.0 percent. These fees are deducted up front and thus lower the actual amount of each disbursement. Repayment of Stafford Loans begins six months after graduation or withdrawal from the PA program. This is called the grace period.

**Article 21.2 Federal Graduate PLUS Loan Program**

For students who need financial assistance beyond the $20,500 Stafford Loan maximum, there is the federal Graduate PLUS Loan program. The PLUS Loan allows for the deferment of repayment while the student is enrolled in the PA program. The PLUS Loan carries a fixed interest rate. The maximum amount a student may borrow from the PLUS Loan program will be the Cost of Attendance for the PA Program less any Stafford Loans and other forms of financial aid a student may be receiving.

**Article 21.3 National Health Service Corps**

The National Health Service Corps (NHSC) scholarship is a competitive program that pays tuition, fees and provides a living stipend to students enrolled in accredited medical (MD or DO), dental, nurse practitioner, certified nurse midwife, and PA training programs. Upon graduation, scholarship recipients serve as primary care providers between 2 and 4 years in a community-based site in a high-need Health Professional Shortage Area (HPSA) that has applied to and been approved by the NHSC as a service site.

Awards are made to applicants most committed to serving underserved people and most likely to build successful careers in HPSAs and meet future needs for care throughout the nation. Please monitor the NHSC website [http://nhsc.hrsa.gov/scholarships/overview/index.html](http://nhsc.hrsa.gov/scholarships/overview/index.html) for updated information on future application cycles.

**Article 21.4 Indian Health Service**

Indian health programs need dedicated health professionals – people like you who envision a career with a purpose and mission and who are willing to commit to working in American Indian and Alaska Native communities where they can truly make a difference.

The mission of Indian Health Service (IHS) is to raise the physical, mental, social and spiritual health of American Indians and Alaska Natives to the highest level. Because of the IHS Scholarship Program, many qualified American Indian and Alaska Native health professionals are given the opportunity to pursue their careers as well as help their own communities. More information can be found here: [http://www.ihs.gov/jobscareerdevelop/dhps/scholarships](http://www.ihs.gov/jobscareerdevelop/dhps/scholarships)
Article 21.5  Military Scholarship

Air Force
http://www.airforce.com/careers/detail/physician-assistant

Navy

Army

Article 21.6  Other Possible Funding Sources
Candidates and students are encouraged to apply to clubs, organizations, corporations, agencies and foundations for funding that may be used at any school the student chooses to attend. These groups may be able to offer students scholarship and grant funding that does not have to be repaid. In addition, many healthcare institutions offer tuition reimbursement for students who contract to work at their facility where they currently work or are interested in working after graduation. Students should inquire about this possibility at the facility where they are interested in working.

Article 21.7  PA Foundation Student Scholarship Links
Over the years, the PA Foundation has awarded more than $2.3 million in scholarships to PA students, benefitting more than 1,400 future PAs. Scholarships are awarded based on the availability of funds provided through contributions from AAPA members, other individuals, and corporate partners. Link: https://pa-foundation.org/scholarships-fellowships/pa-student-scholarships/

ARTICLE 22.0  CONTACT INFORMATION
Admissions Counselor: Ms. Christina Schmitt
503-554-6097
cschmitt@georgefox.edu


GFU MMSc. (PA) ADMISSIONS HANDBOOK REVIEW
The handbook has been reviewed and approved by the Executive Committee.

Approval Date
Original: March 2, 2020

Signature/s

[Signature]

Gregory Davenport, DHSc., PA-C
Chair for the School of Medical Science

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Faculty acknowledgement of Student Handbook/Policy

[Signature]

Curt Stilp (Associate Program Director)

[Signature]

Jay Jamieson (Medical Director)

[Signature]

Kathi Norman (Director of Clinical Education)

[Signature]

Heather Rollins (Principal Faculty)

[Signature]

Robin Jewett (Principal Faculty)

[Signature]

Dean for Behavioral and Health Sciences

David Cimbora (Dean for Behavioral and Health Sciences)

Review Process
The GFU MMSc-PA Executive Committee will gather and analyze data on a regular basis; the next annual review is set for January 2021.