



**Marquette University Advocate Aurora  
Health Care Post Graduate Physician  
Assistant Emergency Medicine Program**

Department of Physician Assistant Studies  
507 N 17th St  
Milwaukee, WI 53201

Phone: 414-288-5688  
Fax: 414-288-7951  
Email: joshua.knox@marquette.edu

Date of Application: \_\_\_\_\_

There are two tracks for the fellowship, Illinois or Wisconsin. Please indicate your preference:

Illinois \_\_\_\_ Wisconsin \_\_\_\_ No preference \_\_\_\_

**PERSONAL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address (Street) City and State, Zip Code and Telephone Number:

\_\_\_\_\_

Permanent Address (Street) City and State, Zip Code and Telephone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Cell Phone Number:

\_\_\_\_\_

**EDUCATION AND TRAINING**

Physician Assistant School Name and address/Month and Year of Graduation:

\_\_\_\_\_

Colleges(s) Year Graduated and Degree:

\_\_\_\_\_

NCCPA Certification Eligible:  Yes  No

Date Certified: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

State License: \_\_\_\_\_ Expiration of State License: \_\_\_\_\_



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REFERENCES: List three professional references. Please request personal letters of recommendation to be emailed to [joshua.knox@marquette.edu](mailto:joshua.knox@marquette.edu)

1. Name of P.A. Program Director or Clinical Coordinator/Telephone Number/Email:

\_\_\_\_\_  
Address (Street) City and State, Zip Code:

\_\_\_\_\_  
\_\_\_\_\_

2. Name/Telephone Number/Email:

\_\_\_\_\_

Address (Street) City and State, Zip Code:

\_\_\_\_\_  
\_\_\_\_\_

3. Name/Telephone Number/Email:

\_\_\_\_\_

Address (Street) City and State, Zip Code:

\_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Important: Completion of your application requires receipt by us of ALL components, listed below:

**Components of Application:**

- Completed signed application
- Current resume
- ALL College and PA program transcripts (official copies forwarded from school)
- Three current professional references-one from the Director or Clinical Coordinator
- Official copy of NCCPA scores-sent directly from NCCPA, or letter of eligibility from program
- A one page type written narrative stating why you are interested in postgraduate emergency medicine training

**Send To:**

Physician Assistant Post Graduate  
Emergency Medicine Program  
Admissions Committee

Marquette University  
507 N 17th St  
Milwaukee, WI 53201

Phone: 414-288-5688

Email: [joshua.knox@marquette.edu](mailto:joshua.knox@marquette.edu)