

Bethel Physician Assistant Program

Letter of Recommendation

This form is to be used if you want to send more than the three letters required by CASPA. Otherwise, you do not have to use this form. CASPA will forward your letters of recommendation to our program along with your application. Please send in all pages.

Applicant's Name: _____
(Please Print)

Date: _____ SSN: _____

The Family Educational Rights and Privacy Act of 1974 allow a candidate for admission, employment, or receipt of honors to waive your right to access to confidential information written on your behalf. You are not required to sign this waiver, for any reason. However, you do have the option of signing the waiver:

I hereby waive my right of access to this recommendation. I understand that this waiver is effective in only in so far as the recommendation is used solely for the purpose stated above.

Applicant's Signature

If the waiver above is not signed, it is assumed that this statement will be available for the applicant's review.

You have been asked to make a recommendation for the above-named applicant for admission into a Physician Assistant (PA) educational program. A PA practices medicine with physician collaboration. PA duties include conducting a patient history and physical examination, ordering and interpreting lab tests, x-rays, etc., and performing a variety of diagnostic and therapeutic procedures. In some rural areas, PAs may be the only providers of health care, in consultation with physicians and other medical professionals as needed. Please see AAPA.org for more information on the PA profession. Graduates of the Bethel University PA program receive a Master of Science Degree in Physician Assistant Studies (MSPAS) and are eligible to sit for the national certifying examination for PAs.

Bethel University PA Program Mission Statement

The mission of Bethel University Physician Assistant Program is to create opportunities for members of the learning community to become exceptional and compassionate healthcare professionals who will practice medicine within an ethical framework of Christian principles.

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Applicant's Name: _____

Applicant's Strengths: _____

Applicant's Weaknesses: _____

Empathy/Ability to Care for Others: _____

4 = Excellent 3 = Good 2 = Average 1 = Below Average 0/ NA = No basis for Judgment					
Check one box for each item.					
	4	3	2	1	0/NA
Intellectual Ability					
Inquisitiveness					
Quality of Health Care Experience					
Verbal Communication Skills					
Written Communication Skills					
Industry (Perseverance)					
Emotional Stability					
Critical Thinking Skills					
Self Image					
Creative Imagination					
Independence					
Leadership Skills					

Comments:

Name of Person Making the Recommendation: _____
(Please Print)

Relationship to applicant/Title: _____

Address: _____

Signature: _____ Date: _____

Please email completed form to: paprogram@bethelu.edu

For additional information, contact the Department of Admissions at: paprogram@bethelu.edu or (731) 407-7655.