



## NEMOURS CHILDREN'S HEALTH SURGICAL PHYSICIAN ASSISTANT RESIDENCY PROGRAM

### Instructions:

1. Complete Nemours Children's Health Surgical Residency Program application on pages 2-4
2. Include a 1-page typed personal statement describing yourself, your background and why you desire a career in pediatric surgical subspecialties
3. Include a copy of your current CV
4. Include scans of your current BLS and PALS cards
5. Submit three letters of professional recommendation on behalf of your application; one must be from your program director. May be sent via email directly to the below address or as an attachment to this application.
6. Please send your completed application with the above documents to: [michelle.pizarro@nemours.org](mailto:michelle.pizarro@nemours.org)

**If necessary to submit as regular mail, please send to this address:**

Nemours Children's Hospital, Florida  
c/o Anais Andara PA-C  
6535 Nemours Parkway  
Orlando, FL 32827

7. If you have any questions regarding our program, you may email: [anais.andara@nemours.org](mailto:anais.andara@nemours.org) or [ty.reutebuch@nemours.org](mailto:ty.reutebuch@nemours.org)

**2023-2024 Event Timeline:**

Application Open:

Application Deadline:

Interview Dates:

Selection Notification:

Commitment Deadline:

Start Date:

Program End Date:

**Date:**

March 1, 2024

April 15, 2024

April/May, 2024

May 31, 2024

June 15, 2024

October 1, 2024\*

September 30, 2024\*

\*Tentative



## Nemours Children's Health Surgical Residency Program Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit#

\_\_\_\_\_  
City State Zip Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Undergraduate: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree \_\_\_\_\_

PA Program: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree \_\_\_\_\_

References

List three professional references. **One must be from your program director.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employment History and/or Medical Experience

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Employment History and/or Medical Experience (Continued)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Military Service (if any)

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

I hereby declare that the above statements in this application and all attachments hereto are complete and accurate.

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

FOR OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_

Interview Date Scheduled: \_\_\_\_\_

Interview Completed: \_\_\_\_\_