COMMUNITY SERVICE VERIFICATION FORM

UNIVERSITY of DAYTON

Application Cycle:_____

Applicant:_____
              Last Name   First Name   Middle Name

Date of Birth:_____   CASPA ID Number:_____

As a prerequisite for the Master of Physician Assistant Practice (MPAP) program at the University of Dayton, you are required to complete 20 hours of community service experience. This time can be met through a variety of volunteer activities. Please use the following information to plan and record your community service time correctly. This form is not valid without a supervisor's signature.

COMMUNITY SERVICE REQUIREMENTS FOR MASTER OF PHYSICIAN ASSISTANT PRACTICE (MPAP)

- A total of 20 hours of community service is required.
- Use only one verification form per facility or institution. Make copies of this form as needed.

Facility Name_____ Facility Telephone (_____)_____

Facility Mailing Address_____

Type of Setting_____

Community Service Experience: From (MM/DD/YY)_____ To (MM/DD/YY)_____ Number of hours_____

I have performed the following community service activities:

_____

_____

_____

_____

_____

_____

_____

Applicant's signature_____ Date_____

SUPERVISOR INFORMATION (To be completed by supervisor)

I hereby verify that the above information is true and accurate.

Supervisor's Signature_____ Print Name _____

Date_____ Telephone Number (_____)_____

SUBMIT COMPLETED FORM: either by email, paprogram@udayton.edu or mail it directly to the department:

University of Dayton PA Program
Attn: Admissions Coordinator
300 College Park
Dayton, OH 45469-2958

*<u>Preferred Method of Upload:</u> It is ideal for the applicant to upload each form to their CASPA application portal under the "documents" tab. This can be completed during the application process or after the application has been submitted.