**Documentation of Physician Assistant Shadowing Hours**

Applicant Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Physician Assistant Name: Physician Assistant Phone Number:

Click or tap here to enter text. Click or tap here to enter text.

NCCPA Certification Number: Type/Location of Practice:

Click or tap here to enter text. Click or tap here to enter text.

Date/Dates Shadowed: Total # of Shadowing Hours Accrued:

Click or tap here to enter text. Click or tap here to enter text.

*By signing this form, I am verifying that the applicant named above shadowed me in a clinical setting for the above number of hours.*

Physician Assistant Signature Date

To the Applicant: Please submit this form with your CASPA application. It can be uploaded into CASPA in the documents section of your application.