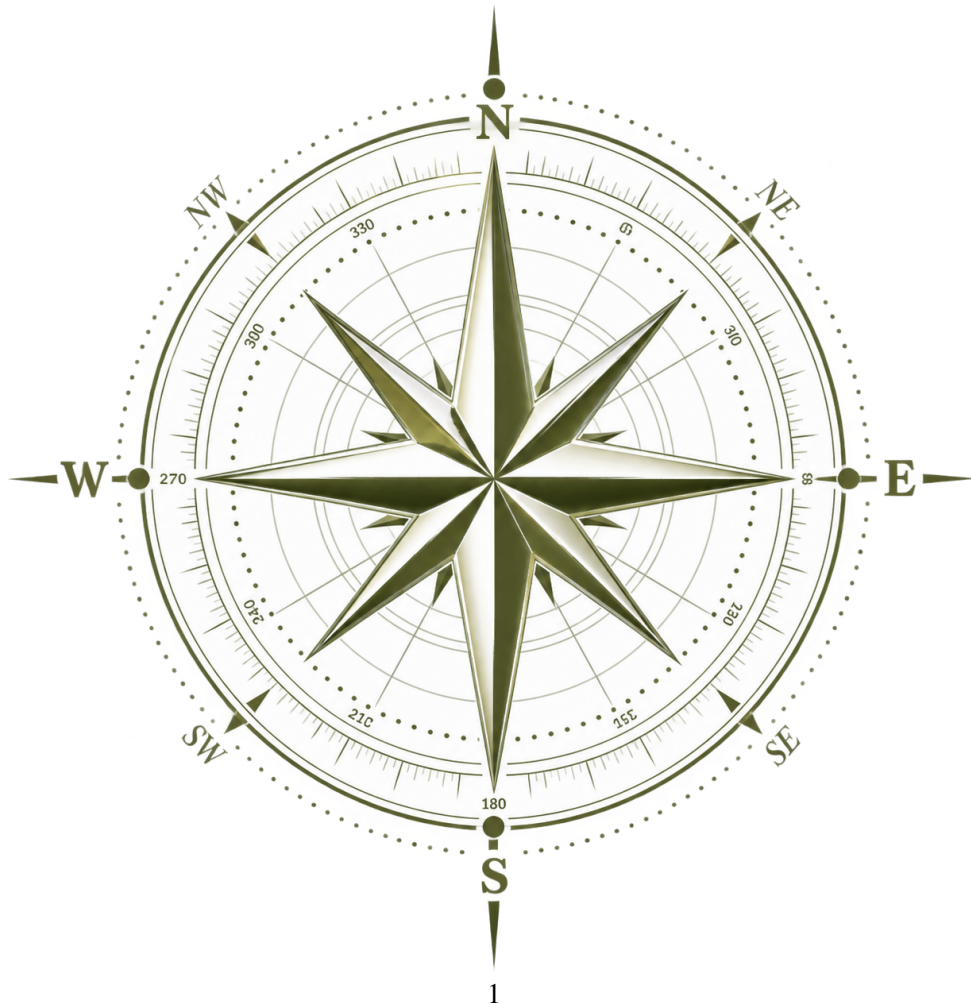


NAVIGATE TO PA SCHOOL

A Practical Guide to Building a Competitive,
Thoughtful PA School Application

Mark J. Ernst, DMSc, PA-C

From understanding the profession to preparing for Day One



Introduction

Physician Associate/ Physician Associate (PA) school admissions can feel like a collection of disconnected requirements: grades, prerequisites, patient-care experience, shadowing, service, Centralized Application Service for Physician Assistants (CASPA), essays, recommendations, interviews, and program-specific rules. This booklet is designed to bring those pieces into one navigable path.

The goal is not to give you a single formula for admission. There is no universal formula. PA programs differ in mission, prerequisites, experience expectations, selection methods, and the qualities they value in a future class. Your responsibility is to understand the profession, know your own application honestly, verify the requirements of each program, and make deliberate decisions about where and how you apply.

The chapters are arranged in the same order that many applicants experience the process. We begin with the profession itself and the way admissions committees think. From there, we move through academic readiness, healthcare and patient-care experience, shadowing and service, program selection, CASPA, the personal statement, recommendations, and interviews. The final chapters focus on professionalism, practical planning, admissions decisions, reapplication, and the transition from accepted applicant to PA student.

You do not need to read this book only from front to back. Use it as both a guide and a working reference. Read the chapters that match the stage you are in, return to the checklists as your application develops, and verify time-sensitive requirements directly with CASPA, PA Education Association (PAEA) resources, Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), and the individual programs to which you plan to apply.

Most importantly, remember that a strong application should tell one coherent and truthful story. Your academic record, experiences, writing, recommendations, interview, and program choices should make sense together. The purpose of this book is to help you build that story with clarity, preparation, and perspective.

Navigate through uncertainty. Verify what matters. Build the strongest truthful version of your application.

Contents

Introduction

Chapter 1 What Does It Mean to Become a Physician Associate?	4
Chapter 2 How Admissions Committees Build a Class	12
Chapter 3 Academic Readiness: GPA, Prerequisites, and Trends	21
Chapter 4 Healthcare and Patient-Care Experience	30
Chapter 5 Shadowing, Service, Leadership, and Life Experience	39
Chapter 6 My Road to PA School: The Humvee That Changed My Life	46
Chapter 7 Choosing the Right Programs	53
Chapter 8 CASPA: Building the Modern Application	63
Chapter 9 The Personal Statement	74
Chapter 10 Letters of Recommendation	82
Chapter 11 Preparing for the Interview	91
Chapter 12 MMI, Behavioral, and Ethical Questions	103
Chapter 13 Professionalism, Maturity, and Fit	116
Chapter 14 Navigator Exercises / Checklist Ideas	126
Chapter 15 Acceptance, Waitlists, Rejection, and Reapplication	135
Chapter 16 Preparing for Day One	146

This contents page serves as the booklet's front-of-book index and reading map.

CHAPTER 1

What is a Physician Associate?

Mark J. Ernst, DMSc, PA-C

Before You Apply, Understand What You Are Applying For.

Before we talk about Grade Point Averages (GPAs), prerequisite courses, patient-care hours, Centralized Application Service for Physician Assistants (CASPA), personal statements, or interviews, we need to answer a more important question:

What does it actually mean to become a Physician Associate (PA)?

PA school is not simply a graduate degree to obtain. It is the entry point into a medical profession that places you in front of patients who will trust you with some of the most important decisions of their lives.

You may evaluate an uncomplicated sore throat in the morning and recognize a life-threatening emergency that afternoon. You may assist in surgery, manage chronic disease, work in an emergency department, counsel a frightened family, teach a student, lead a clinical team, or eventually move into administration, education, research, entrepreneurship, or executive leadership.

That breadth is one of the profession's greatest strengths. It is also why aspiring PAs should understand the profession before trying to convince an admissions committee that they belong in it.

There is nothing wrong with wanting a career that provides financial stability, professional opportunity, and a good quality of life. Those are legitimate considerations when choosing a profession. But medicine ultimately comes with something more important: **an obligation to serve.**

We serve people when they are sick. We care for people living with chronic pain and disease. We encounter patients struggling with mental health concerns, frightening diagnoses, uncertainty, and loss. At times we are called to serve by caring for patients and families during the final moments of life.

Those responsibilities deserve to be understood before you submit an application.

Before asking yourself, **“How do I get into PA school?”** ask yourself a different question:

“Do I understand what I am asking to become?”

If the answer is yes, then we can start talking about how to get there.

What Does a PA Actually Do?

PAs are licensed medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, perform procedures, assist in surgery, counsel patients, and care for patients across medical and surgical specialties. The exact scope of practice varies based on education, experience, specialty, employer, credentialing, and state law.^{1,2}

But that definition only tells part of the story.

There is no single PA job description.

A PA in family medicine may provide preventive care and manage chronic disease across the lifespan. An orthopedic or surgical PA may evaluate patients in clinic, interpret diagnostic studies, perform procedures, assist in the operating room, and participate in postoperative care. Emergency medicine PAs evaluate patients presenting with undifferentiated illnesses and injuries. PAs also practice in cardiology, oncology, psychiatry, dermatology, critical care, pediatrics, women's health, hospital medicine, and many other areas.^{1,3}

One of the distinctive features of the PA profession is the ability to build a career across different areas of medicine. A PA may begin in one specialty and later transition into another, although doing so may require additional training, mentorship, credentialing, and the development of new clinical skills.

Clinical practice is also only part of the landscape. PAs work in administration, education, research, quality improvement, industry, medical affairs, healthcare leadership, and other nonclinical roles.¹

For someone who wants a career in medicine without necessarily knowing where that career will ultimately lead, this flexibility can be enormously valuable.

A Profession That Continues to Grow.

The PA profession is not a small or static corner of healthcare. At the end of 2024, National Commission on Certification of Physician Assistants (NCCPA) reported 189,907 Board Certified PAs, a 6.3% increase in one year and a 27.8% increase over five years. NCCPA estimated that PAs collectively provide care to approximately 11.4 million patients each week.³

The U.S. Bureau of Labor Statistics (BLS) projects PA employment to grow 20% from 2024 through 2034, compared with approximately 3% for all occupations. BLS projects about 12,000 PA openings each year on average over that decade. The median annual PA wage was \$133,260 in May 2024.⁴

Recent graduates are entering an active employment market as well. The NCCPA reported that 12,400 PAs earned Board Certification for the first time in 2024.”Among recently certified PAs surveyed, 78% reported receiving multiple job offers and the average job search lasted 2.6 months.⁵

Why the Profession Is Growing

Several forces are converging. The U.S. population is aging. Chronic disease remains common. Patients need more access to primary and specialty care. Health systems are under pressure to deliver care efficiently while maintaining quality. Team-based care continues to expand. BLS specifically identifies the aging population, chronic disease, and evolving team-based models as drivers of PA demand.⁴

PAs can also move between specialties without completing an entirely new professional degree. That does not mean a PA can simply walk into any specialty and function expertly on day one; responsible transitions require onboarding, mentorship, learning, and often substantial specialty-specific development. But the underlying generalist medical education creates meaningful career mobility.

The Great Things About Becoming a PA.

You get to practice medicine.

For many people, this is the heart of the profession. You evaluate patients, build differential diagnoses, order and interpret studies, make treatment decisions, perform procedures, prescribe when authorized, and participate directly in patient care.

Career flexibility.

A PA can build a career that changes with interests and life circumstances. Clinical specialties, surgery, outpatient medicine, hospital care, education, leadership, research, administration, and other pathways can all become part of a PA career.¹

A strong employment outlook.

The projected 20% employment growth from 2024 to 2034 is substantially faster than the overall labor market.⁴

Meaningful compensation.

The Bureau of Labor Statistics reported a 2024 median annual wage of \$133,260, with compensation varying by geography, specialty, experience, schedule, and practice environment.⁴

Team-based practice.

Medicine is increasingly complex. Practicing as part of a team allows PAs to learn from physicians, other PAs, nurses, pharmacists, therapists, and many other professionals while contributing their own expertise.

The ability to make a difference quickly.

Patients usually do not care how impressive your résumé is. They care whether you listen, recognize what matters, explain what is happening, and help them. The profession offers those opportunities every day.

Now, the Part Applicants Need to Hear: The Profession Is Not Perfect.

If this book only told you the wonderful things about becoming a PA, it would not be much of a navigation guide. Every profession has tradeoffs. You should understand them before investing years of preparation and a substantial amount of money.

Burnout is real.

AAPA currently reports that 41% of PAs experience at least one symptom of burnout or are completely burned out; the figure listed for PA students is 56%.⁶ NCCPA's specialty report also found burnout symptoms across specialties and increases across all specialties studied from 2020 to 2024.⁷ Workload, documentation, staffing, schedule, administrative burden, organizational culture, and loss of control can all influence the experience.

Your practice environment matters enormously.

The same profession can feel completely different in two workplaces. Supportive onboarding, appropriate autonomy, accessible consultation, reasonable patient volume, good staffing, and healthy leadership can produce an excellent career. Poor supervision, unsafe volume, inadequate training, or a dysfunctional culture can make an otherwise attractive position miserable.

Scope and regulation are not identical everywhere.

PA practice laws and regulations differ by state, and institutional credentialing and employer policies add another layer.² Applicants should understand that 'what a PA can do' is not always answered by a single national rule.

The title itself is still evolving.

AAPA adopted 'Physician Associate' as the profession's official title, and AAPA and PAEA have supported programs transitioning to the new terminology. However, legal implementation is state-dependent, and many statutes, licenses, employers, federal sources, and public-facing materials still use 'Physician Assistant.'⁸ This book uses Physician Associate as its preferred professional terminology while recognizing the current legal and regulatory reality.

Education can be expensive.

PA education requires a significant financial commitment, and financing has become an increasingly important policy issue. In 2026, AAPA reported substantial concern among PAs, students, and aspiring PAs about proposed federal student-loan limits and their potential effect on access to PA education.⁹ Applicants should evaluate total cost, not merely tuition, before accepting an offer.

Medicine carries responsibility.

There will be uncertainty. You will make decisions with incomplete information. You will encounter suffering, death, angry patients, difficult families, imperfect systems, and moments when you question yourself. Being a PA can be deeply rewarding precisely because the work matters, but work that matters can also be heavy.

A Word About Autonomy.

Applicants sometimes frame career choice around the question, **“How autonomous will I be?”**

I think a better question is:

“What level of responsibility will I be prepared to carry safely?”

Independence without competence is not a professional goal. Neither is unnecessarily restricting an experienced clinician who has demonstrated the knowledge, judgment, and skills to care for patients safely. The best PA practice environments allow responsibility to grow with training, demonstrated competence, experience, patient needs, team structure, and applicable law.

Early in your career, good mentorship is an asset, not an insult. Having an experienced clinician available when a case does not fit neatly into the textbook is not a sign of weakness. It is one of the ways you develop judgment, recognize your limitations, and become a better clinician. I wish that kind of mentorship had been the norm when I became a PA. It wasn't. Like many new PAs, I had to learn a great deal simply by doing the work, asking questions when I could, and figuring things out along the way.

Today's PA students and new graduates should expect to work hard and take increasing responsibility for their patients. But they should also recognize the value of learning in an environment where asking for help is viewed as good clinical judgment rather than a lack of confidence. Just because you can doesn't mean you should.

Navigator Pearl.

Autonomy is not the absence of help. It is the ability to recognize when you need it.

The PA Career Can Change With You.

One of the features I came to appreciate over my own career was that becoming a PA did not lock me into a single job description. My career included orthopedic spine surgery, pain management, procedures, clinical practice, business ownership, leadership, and education. The profession gave me a clinical foundation, but what I built on top of that foundation changed over time.

That is worth considering as an applicant. You are choosing a profession, not your first job. The specialty that interests you at 23 may not be the specialty you want at 43. Your priorities may change when you have children, develop leadership interests, pursue additional education, relocate, or simply discover a part of medicine you did not know existed.

Should You Become a Physician Associate?

There is no admissions metric for this question. You need to answer it before the admissions committee asks you to. Ultimately you need to be honest with yourself.

- Do I actually enjoy caring for patients or do I mainly like the idea of being a medical professional?
- Have I spent enough time around healthcare to understand its frustrations as well as its rewards?
- Why PA rather than physician, nurse practitioner, nurse, physical therapist, pharmacist, or another health profession?
- Am I comfortable working collaboratively and asking for help when I need it?
- Can I accept feedback without becoming defensive?
- How do I respond when I do not know the answer?
- Am I prepared for an academically intense education and a career of continual learning?
- Have I considered the financial cost of PA school and the opportunity cost of being a full-time student?
- Do I understand that patient care sometimes means evenings, weekends, holidays, call, documentation, and difficult conversations?
- If the prestige, salary, and letters after my name disappeared, would the work itself still interest me?

Navigator's Take.

My own path to the profession began unexpectedly after an injury during Marine Corps combat training introduced me to a PA. I will tell that story later, but at the time I knew very little about the profession. I simply saw someone doing work that interested me. That encounter gave me a direction. The rest required navigation.

If you are considering PA school, I do not want your first goal to be 'get accepted.' Your first goal should be to understand the profession well enough to decide that the destination is worth the journey. Admissions comes later. Spend time with PAs. Ask what they love. Ask what frustrates them. See if these are issues for you personally. Watch how they interact with physicians, nurses, staff, and patients. Observe the work after the interesting procedure is over, the charting, follow-up, phone calls, uncertainty, and responsibility. Then ask yourself whether you can see a meaningful life in that work. If the answer is yes, then we can begin talking about how to build the applicant who earns the opportunity to do it.

Chapter 1 Navigation Exercise.

Complete these before moving to the application chapters:

- ☐ Write your answer to 'Why PA?' in no more than 100 words.
- ☐ Identify three aspects of PA practice that attract you.
- ☐ Identify three aspects of PA practice that concern you.
- ☐ Speak with or shadow at least one PA and record one thing that surprised you.
- ☐ Compare the PA pathway with at least two other health professions.
- ☐ Research the approximate cost of PA education and consider whether you are prepared for the financial commitment.

References

1. American Academy of Physician Associates. AOP Guide. Accessed August 13, 2026. <https://www.aapa.org/career-central/areas-of-practice/guide/>
2. American Academy of Physician Associates. PA Profession Information, Facts & Resources. Accessed August 10, 2026.
3. National Commission on Certification of PAs. PA Profession Adapts to Evolving Health Needs. NCCPA. May 12, 2025. Accessed August 13, 2026. <https://www.nccpa.net/pa-profession-adapts-to-evolving-health-needs/>
4. US Bureau of Labor Statistics. Physician Assistants. Accessed August 13, 2026. <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>
5. National Commission on Certification of PAs. 2024 Statistical Profile of Recently Board Certified PAs. Accessed August 13, 2026. <https://www.nccpa.net/2024-statistical-profile-of-recently-board-certified-pas-report/>
6. American Academy of Physician Associates. PA Wellness. Accessed August 13, 2026. <https://www.aapa.org/career-central/pa-wellness/>
7. National Commission on Certification of PAs. 2024 Statistical Profile of Board Certified PAs by Specialty. Published 2025. Accessed August 13, 2026. <https://www.nccpa.net/2024-statistical-profile-of-board-certified-pas-by-specialty-report/>
8. American Academy of Physician Associates; Physician Assistant Education Association. AAPA, PAEA Release Guide to Support PA Programs with Title Change. Published March 17, 2025. Accessed August 13, 2026. <https://www.aapa.org/news-central/2025/03/aapa-paea-release-guide-to-support-pa-programs-with-title-change/>
9. American Academy of Physician Associates. New Survey Shows Proposed Federal Student Loan Cap Would Shrink the PA Workforce. Published February 4, 2026. Accessed August 13, 2026. <https://www.aapa.org/news-central/2026/02/new-survey-shows-proposed-federal-student-loan-cap-would-shrink-the-pa-workforce/>

CHAPTER 2

How Admissions Committees Build a Class

Mark J. Ernst, DMSc, PA-C

You Are Not Competing for a Number. You Are Competing for a Seat.

Applicants understandably focus on numbers: GPA, science GPA, prerequisite GPA, patient-care hours, volunteer hours, and test scores. Those numbers matter because programs need evidence that a student can survive an academically demanding curriculum. But an admissions committee is not merely ranking spreadsheets. It is trying to build a class, the next cohort.

That distinction matters. A cohort needs students who can learn medicine, communicate with patients and colleagues, accept feedback, work on teams, demonstrate judgment, and ultimately represent the profession well. Modern PA admissions therefore commonly combine cognitive measures, such as academic performance, with non-cognitive information such as leadership, self-awareness, service, lived experience, professionalism, and alignment with a program's mission. The Physician Assistant Education Association's (PAEA) admissions guidance explicitly recommends that programs intentionally balance these factors and connect their criteria to mission, goals, and successful program outcomes.¹

This means there is no single national formula that guarantees admission. There are minimum requirements, program-specific priorities, and then the much more human question: What does the committee believe this applicant will contribute to the class and eventually to patient care?

The Current Admissions Pathway.

For most applicants, the modern process begins with research rather than with CASPA. The PAEA's CASPA Program Directory allows prospective students to compare participating programs, including prerequisites, deadlines, tuition, interview formats, class size, admissions type, experience requirements, and other program-specific information.^{2,3}

A typical pathway looks something like this:

- Research programs and determine whether you meet each school's eligibility requirements.
- Complete prerequisite coursework and any required degree, experience, testing, or other requirements.
- Submit CASPA and arrange required transcripts and evaluations.
- Complete any program-specific or supplemental requirements.
- CASPA processes and, when applicable, verifies the application and calculates GPAs.
- Programs screen eligible applications using their own criteria.
- Selected applicants are invited to an interview or other assessment.
- The admissions committee makes decisions: acceptance, waitlist/alternate status, or denial.

Step One: Eligibility Is Not the Same as Competitiveness.

Every applicant should learn this distinction early. A minimum requirement answers: 'May I be considered?' It does not answer: 'Am I likely to be selected?' Meeting a minimum requirement makes you eligible for consideration. It does not necessarily make you competitive for selection.

PAEA, the national nonprofit organization representing accredited PA educational programs in the United States, advises that published cutoff criteria (such as minimum overall GPA, science GPA, or standardized test scores) should be clearly defined and consistently applied.¹

Requirements vary considerably. At the time of presenting this guide current Program Directory entries illustrate the point. Michigan State University lists a 3.00 prerequisite GPA but no minimum overall or science GPA and recommends rather than requires healthcare experience.⁴ Northwest University lists minimum overall and science GPAs of 3.00 and requires healthcare experience, including 1,000 hours.⁵ The University of Arizona lists no overall GPA minimum, a 2.00 prerequisite GPA, and no required healthcare experience.⁶ These examples are not recommendations for where you should apply; they demonstrate why applicants cannot safely build a strategy around assumptions about 'PA school requirements.'

Your first job is therefore not to ask, 'What do PA schools require?' Your first job is to ask, 'What does each program on my list require?'

Academic Readiness: The First Gate.

PA education moves quickly. Admissions committees need evidence that you can absorb large volumes of biomedical information, integrate it, and use it under pressure. Academic review may include overall GPA, science GPA, prerequisite GPA, recent coursework, last-60-credit performance, course rigor, repeated courses, withdrawals, and academic trends. The exact weighting differs by program.^{1,2}

An admissions committee is ultimately asking: Does the academic record provide enough evidence that this person can succeed in our curriculum?

Prerequisites: Details Matter.

Prerequisite requirements are not uniform across PA programs. Programs may differ on which sciences are required, laboratory requirements, acceptable substitutions, online coursework, Advanced Placement credit, community-college coursework, minimum grades, and how recently a course must have been completed. PAEA's Program Directory is a valuable starting point, but PAEA also advises applicants to verify the most current information with the individual program.²

This is one of the easiest places to make an expensive mistake. An applicant can be impressive and still be ineligible because one course does not satisfy a school's rule.

Navigator rule:

Build a spreadsheet. One row per program. One column for every prerequisite and eligibility criterion. Never rely on memory.

Patient-Care and Healthcare Experience

Experience requirements are another area where programs differ significantly. PAEA's admissions guidance notes that programs may require healthcare experience, direct patient care, or neither, and recommends that programs clearly define which clinical activities they consider acceptable.¹

That variation is visible in the current directory. Northwest University requires healthcare experience and lists 1,000 hours, while Michigan State recommends healthcare and direct patient-care experience but does not require a specified number of hours.^{4,5}

Even when hours are required, the admissions value of experience should not be reduced to a stopwatch. Meaningful clinical exposure can demonstrate that you understand patients, healthcare teams, responsibility, difficult communication, and the less glamorous realities of medicine. Your experiences should give you something to think about and something specific to discuss.

Letters of Recommendation: Who Has Actually Seen You Perform?

Programs differ in both the number and type of evaluations they require. Current Program Directory entries show examples ranging from two letters to three, with some programs specifying a PA, healthcare provider, supervisor, or academic reference and others placing no restriction on evaluator type.^{2,4,7}

A strong letter is not simply complimentary. It gives the committee credible evidence about how you work, learn, communicate, respond to difficulty, and treat other people. Do not choose an evaluator simply because the person holds an impressive title. A detailed recommendation from someone who has directly observed your work, character, and growth is generally more meaningful than a vague letter from someone who barely knows you. This is why recommendation planning should begin months before submission. You are not merely collecting signatures. You are selecting witnesses to your readiness and personal strengths.

The Personal Statement and Written Application

The written application allows a program to see what the numbers cannot explain. Experiences, achievements, service, leadership, employment, military history, life circumstances, and the personal statement can help the committee understand the path that produced the applicant.

The strongest application is internally consistent. If you say service is central to your identity, your experiences should support that. If you describe leadership as a strength, there should be evidence of leadership. If you say a particular patient encounter shaped your decision to become a PA, you should be able to discuss what you actually learned from it.

Admissions committees do not need every applicant to have the same story. They need the story to be credible. They need to see growth, potential leadership, and an understanding of what's to come.

Holistic Review: What It Means and What It Does Not Mean.

Holistic review is increasingly visible in PA admissions. PAEA describes a comprehensive approach that considers an applicant's full picture, including lived experience, personal attributes, and alignment with program mission, rather than relying only on GPA and test scores.⁸

Holistic does not mean standards disappear. It means information is considered in context. A program may still enforce prerequisite and GPA thresholds while evaluating qualified applicants across multiple dimensions. PAEA's admissions resource emphasizes that the balance of cognitive and noncognitive criteria should be intentional and mission-aligned.¹

Several current program listings explicitly identify holistic admissions review, including AdventHealth University, Michigan State University, University of Evansville, Northwest University, and others.^{4,5,7,9,10} Their actual criteria are not identical. That is exactly the point: holistic review is an approach to selection, not a universal scoring formula. It gives you the opportunity to put a face to a set of facts.

Mission Fit: Read the Mission Statement.

Many applicants skip directly to prerequisites and never seriously read the program's mission. That is a mistake. PAEA's admissions guidance emphasizes alignment between applicant qualities and a program's mission and values.¹

A program committed to rural health may value evidence that you understand rural communities. A program focused on medically underserved populations may look for meaningful service or experience with those populations. A program with a strong primary-care mission may evaluate your experiences differently from one embedded in a different institutional mission. Do not manufacture a personality that matches the website. Instead, identify programs where your actual experiences and goals have a legitimate connection to what the program says it is trying to accomplish.

I intentionally applied to programs with strong surgical connections because that was where my interests were headed. Rural practice was not my goal. Applicants do not need to manufacture alignment with every program. It is better to identify programs whose mission and opportunities genuinely fit your goals than to pretend otherwise.

Rolling Admissions Versus Regular Admissions.

Applicants should know how a program processes its pool. PAEA distinguishes standard or pooled processes, in which programs gather applications and make decisions after reviewing the pool, from rolling processes in which applications may be evaluated and decisions made as applications arrive.¹ Current Program Directory entries show both models. Dominican University of California and Mercy University list rolling admissions, while the University of Florida and University of North Dakota list regular admissions in which applications are reviewed after the deadline.¹¹⁻¹⁴

This is why 'the deadline' should not automatically become your target submission date. For a rolling program, later submission can mean entering a process after interviews or seats have already begun to be allocated.

Deadlines: Submitted, Complete, and Verified Are Different.

CASPA application status matters. PAEA's applicant guidance distinguishes In Progress, Received, Complete, Undelivered, and Verified applications. A Complete application has the required CASPA materials and is in line for verification; a Verified application has been processed and, when applicable, CASPA GPAs have been calculated.³

Programs can also define what must be accomplished by their deadline. Current 2026–2027 directory entries for multiple programs use a 'Green-Verified' requirement, meaning the application, payment, transcripts, required evaluations, and CASPA verification must be completed by the posted deadline.^{11,13,14} PAEA lists 10 standard CASPA deadline dates used by participating programs, ranging from June 15 through April 1, but the applicable date and deadline requirement must be checked for each school.¹⁵

Navigator rule:

Build in margins. Do not depend on a program or application service to rescue you from preventable delays.

The Interview: The Application Becomes a Person.

Programs use different interview structures, including traditional interviews, panels, groups, multiple mini interviews (MMIs), and scenario-based formats. Current Program Directory entries demonstrate this variation.^{2,7,11,14}

By the interview stage, the committee already knows your GPA and experiences. The interview can help assess how you communicate, reason, reflect, respond to uncertainty, interact with others, and understand the profession and the program. An applicant who has memorized polished answers may still struggle the moment an interviewer asks an unexpected follow-up question. Authentic preparation means knowing your own story, understanding the profession, and being able to think rather than merely recite.

Know who you are. Be open in your responses. Let the interviewers get to know the person sitting in front of them, not just the applicant you think they want to see.

When I interviewed at Cornell's PA program in New York City, I received what I jokingly considered my official welcome to the city before I ever made it to the interview.

While crossing the street, I apparently irritated a driver. I was promptly told, in unmistakable New York fashion, to go F**k myself.

It cracked me up.

The encounter stayed in my head for the rest of the day. Later, during my interview, someone asked how my visit to New York City was going. I couldn't help but laugh and tell them the story. My years in the Marines had also shaped my vocabulary, and I had become quite comfortable using profanity as emphasis. Not everyone in the room seemed equally amused. A few people remained pretty serious. Others began laughing with me as I suggested that Cornell might want to give its welcoming committee a good once-over before the next group of prospective students arrived.

It wasn't rehearsed. It wasn't an interview strategy. It was simply me.

They got to see my sense of humor, how I interacted with people, and perhaps something else that couldn't have come across in a perfectly prepared answer: **I wasn't easily rattled.**

That doesn't mean you should walk into an interview determined to be funny, provocative, or memorable. Trying to manufacture personality can be just as artificial as memorizing answers.

The point is much simpler:

Prepare thoroughly. But when the interview begins, allow yourself to be a person.

What Is the Committee Ultimately Trying to Build?

Imagine that you are on the other side of the table. You have a limited number of seats. Every person you admit will enter an intense curriculum, interact daily with classmates and faculty, enter clinical sites representing your institution, sit for a national certification examination, and eventually care for patients.

You would probably want evidence of several things:

- Academic readiness: Can this person handle the curriculum?
- Professional motivation: Do they understand why they want to become a PA?
- Clinical understanding: Have they seen enough healthcare to make an informed decision?
- Communication: Can they listen, explain, and interact effectively?
- Judgment and self-awareness: Do they recognize limitations and learn from mistakes?
- Reliability: Will they meet obligations and act professionally?
- Teamwork: Can they function with people who think and work differently?
- Resilience and adaptability: How do they respond when things do not go as planned?
- Mission alignment: Does this applicant meaningfully fit what the program is trying to accomplish?
- Contribution: What will this person add to the class?

No single applicant needs to be extraordinary in every category. But the total application should give the committee reasons to believe that admitting you is a responsible investment.

My Application Then and What It Teaches Us Now.

When I applied in 1998, the admissions environment was very different from what applicants face today. I had an overall GPA of approximately 3.5 and a 4.0 GPA in my medical science prerequisites. My recommendations came from my military experience and an undergraduate professor in the social sciences, and I did not have the type of formal healthcare background that many programs now require or strongly value.

I applied to six programs, was accepted to five, and was waitlisted at one. That outcome is part of my story, but it should not be treated as a formula for admission today. If anything, the comparison illustrates an important lesson: admissions expectations change.

What remains constant is that every application is a collection of evidence. In my case, academic performance in the sciences, military experience, recommendations, life experience, interview performance, and my personal story together gave admissions committees enough evidence to offer me a seat. Today's applicant must determine what evidence current programs are looking for and then build the strongest, most truthful case possible.

My application is not the model. The principle behind it is.

Navigator's Take.

Do not try to reverse-engineer the mythical 'perfect PA applicant.' That person does not exist.

Instead, think like an admissions committee. First, remove preventable reasons to reject your application: missing prerequisites, late materials, poorly chosen programs, careless writing, weak preparation, or failure to follow instructions. Then build positive reasons to select you.

Your numbers need to demonstrate readiness. Your experiences need to demonstrate exposure and growth. Your recommendations need to demonstrate character and performance. Your writing needs to demonstrate thoughtfulness. Your interview needs to demonstrate that the person behind the application is someone the program can imagine teaching, challenging, and eventually trusting with patients.

You are not simply trying to get through admissions. You are asking a group of educators to reserve one of a limited number of seats for you. Give them evidence that doing so makes sense.

Chapter 2 Navigation Exercise -Admissions Committee Self Audit

- ☐ What evidence in my application demonstrates academic readiness?
- ☐ What evidence demonstrates maturity and understanding of healthcare?
- ☐ What evidence demonstrates teamwork, reliability, leadership, or service?
- ☐ What does an evaluator who knows me well have evidence to say about me?
- ☐ What types of PA program missions genuinely align with my background and goals?
- ☐ What are two reasons an admissions committee might hesitate to offer me a seat?
- ☐ What are three reasons an admissions committee might want me in its class?

References

1. Physician Assistant Education Association. Admissions-Guidebook. Published September 2023. Accessed August 13, 2026. https://e1.nmcdn.io/assets/paea/wp-content/uploads/2023/09/5863-PAEA-Admissions-Guidebook_09-18-2023_%C6%92.pdf
2. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
3. Physician Assistant Education Association. CASPA Applicant Guide 2025-2026. Published April 2025. Accessed August 10, 2026. <https://paeaonline.org/wp-content/uploads/2025/04/CASPA-Applicant-Guide-25-26-Final-Version-April-2025.pdf>
4. Physician Assistant Education Association. Michigan State University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/michigan-state-university>
5. Physician Assistant Education Association. Northwest University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/northwest-university>
6. Physician Assistant Education Association. University of Arizona. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-arizona>
7. Physician Assistant Education Association. University of Evansville. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-evansville>
8. Physician Assistant Education Association. CASPA for PA Programs: Comprehensive Admissions Toolkit. Accessed August 10, 2026. <https://paeaonline.org/resources/member-resources/caspa>
9. Physician Assistant Education Association. AdventHealth University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/adventhealth-university>
10. Physician Assistant Education Association. Mount St. Mary's University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/mount-st-marys-university>
11. Physician Assistant Education Association. Dominican University of California. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/dominican-university-of-california>
12. Physician Assistant Education Association. Mercy University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/mercy-university>
13. Physician Assistant Education Association. University of Florida. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-florida>
14. Physician Assistant Education Association. University of North Dakota. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-north-dakota>
15. Physician Assistant Education Association. CASPA Submission Deadlines. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/advisors/caspa-submission-deadlines>

CHAPTER 3

Academic Readiness: GPA, Prerequisites, and Trends

Mark J. Ernst, DMSc, PA-C

Your Transcript Is Evidence, Not Your Identity.

Applicants can become consumed by GPA. That is understandable: academic performance is one of the clearest objective measures available to an admissions committee. But a GPA is not a verdict on your intelligence, your character, or your future as a clinician. It is evidence that a program must interpret while deciding whether you are academically prepared for an accelerated medical curriculum.

The practical question is not whether you wish your transcript looked different. The question is what your transcript says today, what each target program requires, and what you can still do before you apply.

PA programs are permitted to establish their own admissions requirements, and ARC-PA requires programs to publish and consistently apply admission practices addressing prior education, including academic courses, degrees, minimum GPAs, and required prerequisite courses.^{1,2} That is why there is no single national GPA or prerequisite formula for PA admission.

Minimum GPA: The Floor Is Not the Target

The 2026–2027 PAEA CASPA Program Directory shows substantial variation in GPA requirements. Some programs list a 3.00 minimum overall and science GPA; others require higher values, use a prerequisite GPA, or list no minimum in one or more GPA categories.³

For example, A.T. Still University-Central Coast currently lists minimum overall and science GPAs of 3.00, while Baldwin Wallace University lists 3.50 for both. Baylor College of Medicine lists 3.20 overall and science GPAs.³ These examples are not rankings and they do not tell you which program is 'easier' to enter. They demonstrate why the applicant must work school by school.

A published minimum should be treated as an eligibility threshold, not as a prediction of acceptance. One useful comparison is the GPA of actual matriculants when programs publish it. The University of New Mexico, for example, currently lists a matriculant overall GPA of 3.7 and science GPA of 3.6, even though the program's admissions requirements and selection process include many other factors.⁴ Ithaca College lists a 3.00 minimum overall GPA and 3.20 prerequisite GPA, while its published matriculant GPAs are 3.42 overall and 3.50 science.⁵

The lesson is simple: meeting the minimum can keep your application alive. It does not necessarily make it competitive.

Know Which GPA You Are Talking About

Applicants often say, 'My GPA is 3.4,' as if there were only one GPA. CASPA calculates multiple GPA categories after verification. These include school GPAs, year-level GPAs, cumulative undergraduate GPA, overall GPA, and subject-based GPA calculations.⁶

Programs may care about different pieces of that record. A committee may look at overall GPA, science GPA, prerequisite GPA, undergraduate performance, graduate work, or recent coursework. Some programs explicitly

consider recent academic performance. Mayo Clinic School of Health Sciences, for example, currently states that it will consider cumulative/science GPA from the last 60 credits while also publishing minimum overall, prerequisite, and science GPAs of 3.50.⁷

Do not assume the GPA displayed by your college is the same number CASPA will calculate.

Navigator Pearl: The GPA on your college transcript may not be the GPA CASPA calculates. Know both before you apply.

The CASPA GPA: Why Repeating a Course Does Not Erase the Past.

One of the most important academic facts for applicants to understand is that CASPA standardizes GPA calculations. CASPA does not simply adopt every institution's grade-forgiveness, academic-renewal, or grade-replacement policy. Liaison's current CASPA applicant guidance states that all grades earned for repeated courses are factored into CASPA GPA calculations as they are reported on official transcripts.^{6,8}

That means repeating a course can still be valuable as you can demonstrate mastery and improve your cumulative record, but the original grade does not simply disappear from the centralized calculation.

CASPA also converts quarter hours to semester hours and may calculate GPAs differently from an individual institution.⁶ Applicants should therefore estimate their CASPA GPA early rather than discovering the difference after submitting.

Academic Trends: Direction Matters.

A transcript is chronological. Admissions reviewers can see whether performance improved, declined, or remained inconsistent. A strong upward trend can provide important evidence that an applicant who struggled earlier has developed better study habits, maturity, time management, or academic discipline.

But 'upward trend' should not become a slogan used to explain away every poor grade. The trend needs to be substantial enough to be visible. A semester of excellent work after years of difficulty is encouraging; multiple semesters of strong upper-level science work are more persuasive.

Recent academic strength is particularly useful when it answers the committee's central concern: Can this applicant succeed now?

Some programs formally incorporate recent credits into review, as the Mayo Clinic example demonstrates.⁷ Others may consider academic trajectory through holistic review even without publishing a last-60-credit formula. The applicant should never assume how a particular program weighs trends; ask the program when the published criteria are unclear.

The Science GPA Matters for a Reason

PA education begins with an intense biomedical foundation and rapidly moves into applied clinical medicine. ARC-PA's current 6th-edition standards require professional curricula to include anatomy, physiology, pathophysiology, pharmacology/pharmacotherapeutics, genetic and molecular mechanisms, clinical medicine across organ systems, and clinical reasoning.¹ Your undergraduate science performance is therefore not an arbitrary hurdle. It is one of the available indicators of whether you have learned to succeed in the type of material you will encounter again at a much faster pace.

A strong science GPA can strengthen an application even when the overall GPA is less impressive. Conversely, a high overall GPA paired with repeated difficulty in foundational sciences may raise a different set of questions. Repeated difficulty in the sciences may therefore raise legitimate questions about readiness for the pace and academic demands of PA education.

Prerequisites: There Is No Universal PA Curriculum Before PA School.

PAEA has identified a group of courses commonly used as prerequisites across PA programs: anatomy and physiology, biochemistry, general biology, microbiology, general chemistry, organic chemistry, English composition/writing, genetics, medical terminology, general psychology, and statistics.⁹

That list is a planning tool and not a universal requirement. Programs choose their own prerequisites. ARC-PA explicitly recognizes that programs may require specific courses before enrollment, while requiring the professional curriculum itself to provide more advanced applied content.¹

I was accepted to PA school with a B.A. in Social Sciences. Your undergraduate degree does not have to be in the sciences. I've met PAs with degrees in a wide range of non-science fields who became excellent clinicians. What they had in common was that they also demonstrated they could excel in the required science courses.

That kind of academic diversity can actually strengthen an application. A nontraditional degree or background may reveal abilities that a transcript alone does not. Someone who can master the cello and perform before a concert hall of 1,000 people, for example, has demonstrated discipline, advanced learning, preparation, perseverance, and the ability to perform under pressure.

The question is not simply, "What was your major?" It is, "What does your entire application tell the admissions committee about your ability to succeed in PA school and eventually as a PA?"

For me, my Social Sciences degree was only one part of the story. Other elements of my application helped demonstrate that I was prepared for the academic and personal demands of PA school.

The safest approach is to create a prerequisite matrix before choosing where to apply.

Course Details Can Determine Eligibility

The course title alone is not enough. Programs may specify credit hours, laboratory components, minimum grades, course age, completion deadlines, whether substitutions are allowed, whether online coursework is accepted, and how many prerequisites may remain outstanding at application.

Current program examples show how different these rules can be:

- University of New Mexico requires specific science courses with labs, requires C or better in prerequisites, places a 10-year limit on science prerequisites and highly recommended courses, does not permit substitutions, and allows one outstanding prerequisite.⁴
- Ithaca College requires C or better, accepts online courses from regionally accredited institutions, uses a 10-year prerequisite limit, and allows one outstanding prerequisite.⁵
- Towson University currently requires prerequisites to be completed before application submission, requires at least B- in each, and does not allow outstanding prerequisites.¹⁰
- Red Rocks Community College requires C or higher, accepts online prerequisite courses, states that substitutions will not be accepted, has no prerequisite time limit, and lists up to eight outstanding prerequisites.¹¹
- West Coast University–Texas requires C or better, uses a 10-year limit, accepts online coursework under its published rules, and does not accept pass/fail prerequisite courses.¹²

These differences are why an applicant should never say, 'I finished my PA prerequisites,' until the sentence ends with the name of a specific program.

How Old Is Too Old for a Science Course?

There is no universal expiration date. Some programs impose no time limit, while others require sciences or specific prerequisites within seven or ten years.^{3,4,10-13}

The rationale is understandable: foundational science changes, and a program may want evidence that an applicant's knowledge and academic skills are current. But policies differ. The University of South Carolina, for example, currently states that most prerequisites do not expire while anatomy and physiology are subject to a recency requirement.¹³ Applicants returning to school after a long career should therefore evaluate course age early. Discovering that anatomy and physiology must be repeated after applications open can derail an otherwise strong plan.

Online Courses, Community Colleges, AP Credit, and Pass/Fail.

Applicants often ask whether a course 'counts.' The answer belongs to the program.

Current directory entries illustrate the variation. Ithaca accepts online courses from regionally accredited institutions.⁵ West Coast University-Texas accepts online coursework but does not accept pass/fail prerequisite courses.¹² Towson accepts AP credit for its statistics prerequisite and accepts online labs under its current published policy.¹⁰ Agnes Scott College states that its prerequisite courses must receive C or better and generally does not accept pass/fail, with a specific historical exception for online labs during the COVID-era terms it identifies.¹⁴

Community-college coursework may also be acceptable at many programs, but applicants should verify the policy of every target school. Never substitute internet folklore for a program's written admissions requirement.

Outstanding Prerequisites: How Much Can Be 'In Progress'?

Programs differ on whether you may apply before every prerequisite is complete. Some allow one or two outstanding courses; others allow more; some require everything completed before submission.^{4,5,10-12}

York College, CUNY, for example, currently permits up to three pending PA prerequisites but restricts which types may remain pending.¹⁵ This is a good example of why the number alone is not enough and you must read the fine print.

Even when a program permits outstanding courses, consider how your application looks academically. If your strongest evidence of science readiness is still 'planned,' the committee has less completed evidence to evaluate.

Should You Retake a Course?

Retaking can make sense when a course is below a program's minimum grade, has expired, is required but missing, or when you need to demonstrate mastery of an important foundational subject. It may also be reasonable when a poor science grade is part of a larger academic weakness that you are actively repairing.

Retaking every B because you want a perfect transcript is usually a different question. Time and money may be better invested in completing missing upper-level science work, strengthening patient-care experience, or applying strategically. Remember the CASPA rule: the earlier grade remains part of the centralized GPA calculation.^{6,8} The value of the repeat is therefore not erasure. It is evidence of improvement.

Post-Baccalaureate Coursework: Repair With Purpose.

Applicants with weaker undergraduate records sometimes complete post-baccalaureate science coursework to demonstrate current academic ability. CASPA includes post-baccalaureate coursework in its GPA reporting; its published example shows post-baccalaureate work contributing to cumulative undergraduate and overall GPA calculations.⁶

If you pursue academic repair, make it purposeful. Choose courses that demonstrate readiness for graduate medical education. Take a workload that is rigorous enough to mean something but realistic enough that you can succeed. A string of A grades in relevant sciences can tell a much stronger story than scattered easy courses chosen only to move a number. Academic repair is slow because GPAs are mathematically resistant to change after many credits. That is another reason to focus not only on the final cumulative number but also on the visible pattern of recent performance.

Graduate Degrees Do Not Automatically Repair Undergraduate Weakness.

Graduate work can demonstrate advanced academic performance, but applicants should not assume that a graduate GPA replaces undergraduate or science calculations. CASPA reports graduate work while also maintaining cumulative undergraduate and overall calculations.⁶ Programs decide how they weigh each component.

A graduate degree completed successfully may strengthen evidence of maturity and academic ability. But if a target program requires a minimum undergraduate, science, or prerequisite GPA, a separate graduate GPA does not necessarily override that threshold. Read the program's policy.

When Your GPA Is Below the Minimum

If you do not meet a published minimum, do not build your strategy around hoping the committee will overlook it. ARC-PA expects programs to publish and consistently apply their admission practices.²

Instead, determine whether the deficiency can be repaired before application. Calculate how many graded credits are required to reach the threshold. Identify programs whose published criteria fit your actual record. Contact programs for clarification when their policies are ambiguous, but do not ask them to waive a clearly stated rule unless they explicitly provide an exception process.

There is dignity in applying strategically. There is no advantage in paying application fees to programs for which you are plainly ineligible.

When Your GPA Is Good but Not Exceptional.

Many successful applicants will live in this category. The correct response is not panic.

If you meet the academic standards and have demonstrated solid science readiness, the rest of the application matters. Patient-care experience, service, leadership, recommendations, writing, interview performance, mission alignment, and professional maturity can all contribute to how a qualified applicant is evaluated.

Do not spend an entire application cycle trying to convert a good GPA into a marginally better GPA while neglecting the rest of the person the committee is evaluating.

A Practical Academic Audit

Before you finalize your program list, perform an academic audit for every school:

- ☐ Minimum overall GPA and your estimated CASPA overall GPA.
- ☐ Minimum science GPA and your estimated CASPA science GPA.
- ☐ Minimum prerequisite GPA, if used.
- ☐ Required courses and exact credit/lab requirements.
- ☐ Minimum acceptable grade for each prerequisite.
- ☐ Course expiration or recency rules.
- ☐ Online-course and online-lab policies.
- ☐ AP/IB or other advanced-credit policies.
- ☐ Pass/fail policies.
- ☐ Community-college or institution-type restrictions, if any.
- ☐ Number and type of outstanding prerequisites permitted.
- ☐ Deadline by which outstanding courses must be completed.
- ☐ Published matriculant GPA data, when available.
- ☐ Whether recent credits, last-60 credits, or academic trends receive specific consideration.

My Application Then: Why the Science Record Mattered.

By the time I applied to PA programs, my overall GPA had risen, but those numbers don't tell you where I started.

At the end of my freshman year of college, my GPA was barely a 2.9. I went to college thinking it was going to be an extension of high school. I was young, immature, and made many of the mistakes young college students make. There was far too much socializing when there should have been studying.

The result? **I lost my scholarship.** I did not come from money and I certainly couldn't afford college on my own.

In many ways, I had failed my first attempt at college.

It was a difficult lesson, but an important one. When I returned to college a few years later, I approached education differently. I became willing to use tutors. I changed how I studied. I became more disciplined about where I spent my time and, perhaps most importantly, I understood that wanting to succeed and doing what was necessary to succeed were two very different things.

The results changed with me.

By the time I applied to PA programs, my overall GPA had risen to approximately 3.5, and my GPA in the medical science requirements was 4.0.

The admissions environment was different then, and I would never tell a current applicant that my numbers represent a modern formula for admission. But I do think the progression in those numbers tells an enduring story.

My academic record wasn't perfect. **It showed growth. I showed growth.**

My earlier performance showed that I had struggled. My later performance demonstrated that I had recognized the problem, made meaningful changes, and could succeed in demanding science coursework. That gave programs objective evidence that when I had identified a direction and entered the sciences required for that direction, I could perform.

There is an important distinction here for applicants with academic difficulties in their past:

Explaining a poor academic record is not the same as demonstrating that you have overcome it.

Your explanation provides context. Your subsequent performance provides evidence.

Your transcript should tell the strongest truthful version of your academic story. If that story is not strong enough yet, the good news is that academics are one part of the application you can often continue to change before you submit.

Navigator Pearl.

Your first academic chapter does not have to be your final one. But changing the story requires more than an explanation. It requires evidence.

Navigator's Take.

Do not fear your transcript. Audit it.

Applicants sometimes avoid calculating their GPA because they are afraid of what the number will say. That only delays the moment when you have to make a decision. Get the transcripts. Estimate the CASPA calculation. Build the prerequisite matrix. Identify expired courses. Find the programs where you meet the requirements. Then decide what needs to change.

If your academic record is strong, protect it. If it is average, strengthen the rest of the application while continuing to perform well. If it is weak, stop explaining it long enough to build new evidence.

The committee cannot admit the student you wish you had been five years ago. It can only evaluate the applicant you have become today.

Chapter 3 Navigation Exercise

You have audited the numbers. Now decide what they mean and what you are going to do about them.

Complete this exercise after finishing your Academic Audit.

Identify the strongest part of your academic record. What evidence demonstrates that you are capable of succeeding in a rigorous PA curriculum?

Identify the weakest part of your academic record. Be specific. Is the concern your overall GPA, science GPA, prerequisite performance, an earlier period of poor grades, repeated courses, withdrawals, or a lack of recent science coursework?

- ☐ Examine your academic trajectory. Does your transcript show improvement, decline, inconsistency, or sustained strong performance? Write one sentence describing the story your transcript currently tells.
- ☐ Separate explanation from evidence. If there is a period of poor academic performance, briefly identify what happened. Then identify what you have done since that time that provides objective evidence of change.
- ☐ Decide whether academic repair is actually necessary. Do you need additional coursework, a prerequisite retake, recent upper-level sciences, or a more substantial academic-repair plan—or is your record already competitive enough that your time would be better invested elsewhere?
- ☐ Identify your highest-priority academic action. Choose the single academic step that would most strengthen your application and write it down.
- ☐ Set a timeline. If academic improvement is needed, determine what you can realistically accomplish before your intended application cycle. Do not confuse wanting to apply with being ready to apply.
- ☐ Remove programs for which you are academically ineligible. Applying strategically means recognizing when a published requirement cannot be overcome by another strength in your application.
- ☐ Write your academic story in three sentences:
 Where I started: _____
 What changed: _____
 What my record demonstrates now: _____
- ☐ Make the final decision: Based on the evidence available today, are you academically ready to apply, or would waiting and strengthening your record produce a better application?

Navigator's Final Question

If an admissions committee reviewed only my academic record today, what evidence would give them confidence that I can succeed in PA school and what, if anything, would still give them reason to hesitate?

References

1. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for PA Education. 6th ed. Revised October 2025. Effective September 1, 2025. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/accreditation-standards/>
2. Accreditation Review Commission on Education for the Physician Assistant. Compliance Manual for Standards, 6th edition. Updated June 2026. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/entry-level-manuals-and-guides/>
3. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
4. Physician Assistant Education Association. University of New Mexico. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-new-mexico>
5. Physician Assistant Education Association. Ithaca College. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/ithaca-college>
6. Liaison International. Calculating Your CASPA GPAs. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Submitting_and_Monitoring_Your_CASPA_Application/Verification_and_GPA_Calculations_for_CASPA/2_How_Your_GPA_is_Calculated
7. Physician Assistant Education Association. Mayo Clinic School of Health Sciences. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/mayo-clinic-school-of-health-sciences>
8. Liaison International. Finding Your CASPA GPA Calculations. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Submitting_and_Monitoring_Your_CASPA_Application/Verification_and_GPA_Calculations_for_CASPA/3_Finding_Your_CASPA_GPA_Calculations
9. Physician Assistant Education Association. CASPA Common Prerequisite Courses. Accessed August 10, 2026. <https://paeaonline.org/wp-content/uploads/2024/09/CASPA-Common-Prereqs-24-25.pdf>
10. Physician Assistant Education Association. Towson University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/towson-university>
11. Physician Assistant Education Association. Red Rocks Community College. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/red-rocks-community-college>
12. Physician Assistant Education Association. West Coast University–Texas. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/west-coast-university-texas>
13. Physician Assistant Education Association. University of South Carolina School of Medicine. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-south-carolina-som>
14. Physician Assistant Education Association. Agnes Scott College. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/agnes-scott-college>
15. Physician Assistant Education Association. York College, CUNY. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/york-college-cuny>

CHAPTER 4

Healthcare and Patient-Care Experience

Mark J. Ernst, DMSc, PA-C

Experience Is More Than an Hour Requirement.

For many aspiring PAs, healthcare experience becomes one of the most confusing parts of the application. Applicants hear that they need “patient-care hours,” then discover that one program requires 2,000 hours, another requires 500, another recommends experience without setting a minimum, and another may not require healthcare experience at all. The confusion grows when two programs evaluate the same job differently.

The first lesson is therefore the same one we have used throughout this book: there is no single national admissions formula. ARC-PA requires PA programs to publish and consistently apply admissions requirements related to work experience, but it does not impose one universal pre-admission patient-care-hour requirement on every program.¹

PAEA's current Program Directory confirms substantial variation among programs in whether healthcare experience, paid healthcare work, direct patient care, shadowing, and specific hour totals are required, recommended, or not required.²

Your goal is not simply to accumulate a large number. Your goal is to understand what your target programs require and to develop experience that gives you credible exposure to patients, healthcare teams, responsibility, and the realities of clinical practice.

Healthcare Experience and Patient-Care Experience Are Not the Same Thing.

CASPA currently separates Healthcare Experience (HCE) from Patient Care Experience (PCE). Its definitions focus primarily on your responsibilities not merely your job title.³

CASPA describes healthcare experience as paid or unpaid work in a health-related field in which you are not directly responsible for a patient's care, although you may interact with patients. Examples can include clerical healthcare work, pharmacy-related duties, food delivery, some vital-sign or record-keeping duties, scribing, and some CNA or medical-assistant work depending on the actual job description.³

Patient care experience is defined more directly: experiences in which you are responsible for a patient's care. CASPA examples include actively working on patients as a nurse, paramedic, EMT, CNA, phlebotomist, physical therapist, or dental hygienist, as well as responsibilities such as performing procedures or directing treatment.³

The phrase “depending on job description” matters. A medical assistant in one clinic may spend most of the day rooming patients and recording information. Another may perform substantial hands-on clinical duties. A CNA's responsibilities can also vary. CASPA specifically tells applicants to classify an experience based on duties and warns that an individual program may not accept the applicant's classification in the same way.³

Job Title Does Not Automatically Equal PCE.

This is one of the most important concepts in the chapter. Do not ask only, “Does being a medical assistant count?” Ask, “What did I actually do as a medical assistant, and how does each program evaluate those duties?”

Admissions programs may define acceptable experience differently. CASPA provides broad categories for standardized application reporting, but it explicitly states that programs establish their own definitions and requirements. Applicants with questions about whether an experience satisfies a program's requirement are directed to contact that program.³

That means a list on social media claiming that every EMT, scribe, CNA, MA, or phlebotomist automatically receives a particular classification should never replace verification with your target programs.

How Much Experience Is Required?

There is no universal number. Current 2026–2027 directory entries demonstrate just how wide the range can be.

- **University of Washington:** requires healthcare experience and lists 2,000 direct patient-care hours.⁴
- **University of North Carolina at Chapel Hill:** requires healthcare experience and lists 1,000 direct patient-care hours.⁵
- **MGH Institute of Health Professions:** requires healthcare experience and lists 1,000 direct patient-care hours.⁶
- **University of New Haven:** requires healthcare experience and lists 750 direct patient-care hours.⁷
- **Morehouse School of Medicine:** requires healthcare experience and lists 500 direct patient-care hours.⁸
- **Rowan-Virtua PA Program:** requires healthcare experience and lists 350 direct patient-care hours within five years.⁹
- **Presbyterian College:** requires healthcare experience and lists 200 direct patient-care hours within five years.¹⁰
- **University of Arizona:** does not require healthcare experience or a specified direct patient-care-hour total, although paid and volunteer healthcare and direct patient-care experience are recommended.¹¹

These examples are not intended to suggest that fewer required hours mean easier admission or that more required hours automatically make a program better. They demonstrate why an applicant must build a school-specific plan.

Required Hours Versus Competitive Experience.

A minimum hour requirement answers an eligibility question. It does not necessarily describe the experience profile of the students who ultimately matriculate.

If a program requires 500 hours and you have 510, you may satisfy the published requirement. The committee can still compare the depth, relevance, recency, responsibility, and lessons of your experience with those of other applicants.

This does not mean you should chase thousands of hours simply because another applicant has more. It means you should avoid thinking of experience as a box that becomes meaningless the moment the minimum is reached.

Quality Versus Quantity.

Applicants often ask which matters more. The useful answer is: both can matter, but in different ways.

Quantity demonstrates sustained exposure. A person who has spent thousands of hours working with patients has usually experienced far more than the controlled encounters seen during brief shadowing. They may have seen difficult patients, family conflict, workflow failures, clinical uncertainty, socioeconomic barriers, death, teamwork, fatigue, and the routine responsibilities that rarely appear in admissions brochures.

Quality refers to what the experience actually required of you. Did you communicate with patients? Perform hands-on care? Recognize changes in condition? Work within a clinical team? Follow safety procedures? Manage competing priorities? Receive feedback? Learn boundaries? See how clinicians make decisions?

The strongest experience often combines meaningful responsibility with enough time for the applicant to move beyond novelty and begin understanding healthcare as work.

Paid Versus Volunteer Experience.

Programs also differ in how they treat paid and volunteer clinical work. The current directory includes programs that require paid healthcare experience, programs that accept or recommend volunteer healthcare experience, and programs that distinguish between the two.²

Do not assume volunteer clinical work is automatically inferior. What matters first is whether the program accepts it toward the relevant requirement. Then consider what the experience demonstrates.

Applicants should also be realistic about access. Not everyone can afford to volunteer hundreds of hours without pay. Paid clinical employment can simultaneously provide income, exposure, mentorship, and evidence of sustained responsibility.

What About Scribing?

Scribing is a good example of why definitions matter. CASPA currently places scribing among its healthcare-experience examples rather than automatically classifying it as direct patient care.³

That does not make scribing worthless. A strong scribe may observe hundreds of clinical encounters, hear diagnostic reasoning, learn medical language, see documentation decisions, and watch how clinicians communicate. Those lessons can be valuable.

But if a target program specifically requires direct patient-care hours, do not assume scribing will satisfy that requirement. Verify the program's policy.

Shadowing Is Different From Working in Healthcare.

Shadowing is its own CASPA experience category. It represents time spent observing a healthcare professional at work rather than functioning as the person responsible for patient care.³

Current program requirements vary here as well. Presbyterian College requires PA shadowing, while the University of Washington recommends PA shadowing and the University of Arizona recommends but does not require it.^{4,10,11}

Shadowing and patient-care employment answer different admissions questions. Shadowing can help demonstrate that you have intentionally observed the PA role. Patient-care work can demonstrate that you understand patients and healthcare from inside the workflow. If you already work beside PAs, you may gain considerable understanding of the profession through employment, but you should still verify whether a target program separately requires formal shadowing.

Virtual Healthcare and Virtual Shadowing.

The expansion of virtual experiences created another area of program variation. Current PAEA directory entries identify whether programs accept virtual healthcare or virtual shadowing. University of Washington currently accepts both virtual healthcare and virtual shadowing, while Presbyterian College accepts neither.^{4,10}

The existence of virtual options does not mean every program values them equally. If virtual exposure is a major part of your application, verify the rules before relying on those hours.

Recency and Time Limits.

Some programs impose time limits on clinical experience. Rowan-Virtua and Presbyterian College, for example, currently list five-year limits for their required experience.^{9,10} Other programs list no time limit.² This can matter greatly to career changers and applicants who previously worked in healthcare but have been outside clinical environments for several years.

An old clinical career remains part of your story, but a program may still require recent experience for eligibility. Check both the number of hours and the period in which they must have been completed.

Military Medical Experience.

Military healthcare experience can be particularly rich because roles may involve responsibility, teamwork, austere environments, emergency response, and leadership. But the same rule applies: describe the duties, not merely the occupational title.

A former corpsman, medic, or other military healthcare professional should translate military responsibilities into language an admissions committee can understand without exaggerating scope. Explain what you did, who you cared for, what level of responsibility you held, and under what supervision.

Military service that was not medical is still valuable experience, but it should not be mislabeled as patient-care experience. Leadership, accountability, resilience, technical expertise, and teamwork can be presented in the appropriate portions of the application.

What If You Have Little or No Healthcare Experience?

My own application occurred in a different admissions environment. I entered the process without formal healthcare training or a traditional patient-care background. An approach I would not recommend that a modern applicant assume will work today. I would not tell a modern applicant to copy that pathway. Many current programs require hundreds or thousands of healthcare or direct patient-care hours. Others do not.^{4,11}

If your target programs do not require PCE, you still need to ask whether you understand healthcare well enough to make an informed career decision. Admissions eligibility and personal readiness are not always the same thing. If your programs require experience, there is no shortcut: choose an acceptable role, obtain the necessary training if required, and begin accumulating legitimate hours.

Choosing a Patient-Care Job Strategically.

The best job is not automatically the one that sounds most impressive. Consider several questions:

- Will my target programs accept this role as direct patient-care experience?
- How much direct responsibility will I actually have?
- Will I interact meaningfully with patients?
- Will I work with PAs, physicians, nurses, or other clinicians from whom I can learn?
- Can I obtain the certification or training without derailing prerequisite coursework?
- Can I sustain the schedule while protecting my GPA?
- Will the job expose me to the realities of healthcare rather than only a narrow task?
- Will I have supervisors who can eventually speak credibly about my performance?

Do not sacrifice academic readiness simply to accumulate hours faster. A clinical job that causes your science GPA to collapse may create a larger admissions problem than it solves.

Document Your Hours From Day One.

CASPA asks applicants to enter the organization, supervisor, dates, average weekly hours, responsibilities, and other details for experiences. It also permits programs to contact the listed organization to verify the experience.³ Keep your own record. Save employment dates, supervisor names and contact information, job descriptions, certifications, pay records when appropriate, and changes in role or responsibility.

Do not wait until application season to reconstruct three years of employment from memory.

Do Not Double-Count Hours.

CASPA specifically instructs applicants not to repeat the same hours across experience categories. If one position includes multiple types of work, applicants may divide the position into the appropriate categories and allocate the hours according to the duties performed. CASPA gives the example of a 40-hour position containing 10 hours of research and 30 hours of direct patient care being entered under both categories with the hours divided accordingly.³

This is an integrity issue as much as an application issue. Your goal is to describe your experience accurately, not to make the number appear larger.

How to Describe Your Experience

Avoid turning the CASPA experience section into a copied job description. The committee already knows, generally, what an EMT or CNA does. It needs to understand what you did.

Use concrete responsibilities. Describe the patient population, setting, hands-on duties, level of responsibility, clinical team, and skills that are relevant to understanding your experience.

For example, compare these two approaches:

Weak: “Worked as an EMT responding to emergency calls and transporting patients.”

Stronger: “Responded to 911 calls as part of a two-person EMS crew; performed patient assessment, vital-sign monitoring, basic life-support interventions, safe transport, and structured handoff to emergency-department staff under local protocols.”

The stronger version does not inflate the role. It makes the responsibility visible.

What Admissions Committees May Learn From Clinical Experience.

Healthcare experience can provide evidence far beyond the raw number of hours. Depending on the role, it may demonstrate:

- Comfort interacting with sick, injured, frightened, or frustrated patients.
- Understanding of confidentiality, boundaries, and professionalism.
- Ability to function as part of a healthcare team.
- Experience receiving direction and feedback.
- Recognition that healthcare includes repetitive and unglamorous work.
- Exposure to social and financial barriers affecting patients.
- Reliability in a setting where other people depend on you.
- Ability to communicate across differences in age, culture, education, and circumstance.
- Realistic understanding of what clinicians do throughout an ordinary workday.

Those are exactly the kinds of observations that can later strengthen your personal statement and interview answers, if you reflect on them.

Keep a Clinical Reflection Log.

I recommend keeping a private, de-identified reflection log while accumulating experience. Never record patient names, dates of birth, medical-record numbers, or other identifying information.

Instead, record the lesson:

- A communication approach that calmed a frightened patient.
- A situation in which teamwork prevented an error.
- A time you received difficult feedback and changed your behavior.

- A moment when you recognized the limits of your knowledge.
- An interaction that changed how you think about access to care.
- A clinician whose professionalism you want to emulate.
- A situation that made you question whether healthcare was right for you—and what you learned from it.

Months later, those reflections are far more useful than trying to manufacture meaningful stories the night before an interview.

When More Hours Are Not the Answer.

There is a point at which an applicant should ask whether another 1,000 hours will meaningfully improve the application more than addressing a different weakness.

If you already have substantial accepted PCE but a weak science GPA, poor prerequisite planning, no understanding of the PA role, weak writing, or little evidence of service or leadership, the best next move may not be another year in the same clinical job.

Build a balanced application. Admissions committees are selecting future students and clinicians, not holding an auction for the largest hour total.

Navigator's Take.

Patient-care experience should do something to you.

It should make you more comfortable around patients, but it should also make you more respectful of how complicated patient care can be. It should teach you that the person with the diagnosis is still a person. It should show you that healthcare depends on everyone from the front desk to environmental services to nurses, technicians, therapists, PAs, physicians, pharmacists, and countless others.

Do not spend two thousand hours near patients and emerge with nothing to say except that you completed two thousand hours.

Pay attention. Ask appropriate questions. Learn how good clinicians think and communicate. Notice what frustrates patients. Notice what excellent teams do differently. Learn where your responsibilities end. Learn when to ask for help.

The hours may get you through an admissions requirement. What you learn during those hours can help you become the person the program wants to admit.

Chapter 4 Navigation Exercise

- ☐ What did my clinical experience actually teach me about patients?
- ☐ What did I learn about working on a healthcare team?
- ☐ What responsibility did I actually carry?
- ☐ What experience challenged my assumptions about healthcare?
- ☐ What did I learn from difficult feedback or a mistake?
- ☐ Do I understand the PA role better because of my experience?
- ☐ Is more PCE really my highest-priority application need?
- ☐ If I need more PCE, what kind of role would add something I don't already have?

References

1. Accreditation Review Commission on Education for the Physician Assistant. ARC-PA Accreditation Handbook. December 2025. Accessed August 10, 2026. <https://www.arc-pa.org/wp-content/uploads/2025/12/ARC-PA-Accreditation-Handbook-Dec2025.pdf>
2. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
3. Liaison International. Experiences. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/2_Experiences
4. Physician Assistant Education Association. University of Washington. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-washington>
5. Physician Assistant Education Association. University of North Carolina - Chapel Hill. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-north-carolina-chapel-hill>
6. Physician Assistant Education Association. MGH Institute of Health Professions. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/mgh-institute-of-health-professions>
7. Physician Assistant Education Association. University of New Haven. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-new-haven>
8. Physician Assistant Education Association. Morehouse School of Medicine. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/morehouse-school-of-medicine>
9. Physician Assistant Education Association. Rowan-Virtua PA Program. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/rowan-virtua-pa-program>
10. Physician Assistant Education Association. Presbyterian College. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/presbyterian-college>
11. Physician Assistant Education Association. University of Arizona. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-arizona>

CHAPTER 5

Shadowing, Service, Leadership, and Life Experience

Mark J. Ernst, DMSc, PA-C

The Application Is More Than Academics and Clinical Hours.

By this point, an aspiring PA may have spent years thinking about prerequisites, GPA, and patient-care hours. Those are important. But admissions committees are not simply selecting transcripts attached to clinical-hour totals. They are selecting people.

PAEA's admissions guidance describes the central goal of admissions as selecting students who fit a program's mission and goals, can achieve its learning outcomes, and can make meaningful contributions to the program and ultimately the PA profession.¹ PAEA's current comprehensive admissions resources likewise emphasize reviewing the full applicant, including lived experience, personal attributes, academic readiness, and mission alignment.²

That is where shadowing, service, leadership, extracurricular activity, employment, military experience, family responsibilities, teaching, research, and the rest of your life begin to matter. They do not replace academic readiness. They help explain who the academically qualified applicant actually is.

Shadowing: Learn the Profession Before You Ask to Join It.

CASPA maintains shadowing as a distinct experience category: time spent observing a healthcare professional at work.³ It is different from healthcare employment and different from direct patient care.

Programs vary in whether shadowing is required, recommended, or neither. The current PAEA Program Directory is therefore the correct place to begin, followed by verification with the individual program.⁴ The most valuable purpose of shadowing is not to accumulate another number. It is to test your assumptions about the profession. Watch what the PA does between the interesting moments. Notice documentation, follow-up, difficult conversations, teamwork, interruptions, uncertainty, and the boundaries of the role.

What Good Shadowing Should Teach You.

After meaningful shadowing, you should be better able to explain why the PA profession fits you. You should understand how PAs interact with physicians and other clinicians, how responsibility changes by setting, and how much of medicine involves communication and judgment rather than dramatic procedures.

Shadowing more than one PA can be useful because one practice does not represent an entire profession. A surgical PA, primary-care PA, emergency medicine PA, and specialty outpatient PA may have very different workdays.

Do not treat shadowing as an audition. Be punctual, respectful, appropriately curious, and attentive to privacy and clinical workflow. Your purpose is to learn.

How to Ask for a Shadowing Opportunity.

A short professional request is usually better than an elaborate pitch. Introduce yourself, state that you are preparing for PA school, explain why you are interested in observing that setting, and ask whether the clinician or organization permits shadowing.

Health systems may have formal onboarding, vaccination, confidentiality, age, or compliance requirements. A PA may personally be willing to host you while the institution does not permit it. Do not pressure the clinician to bypass organizational rules.

If someone says no, thank them and move on. Access to shadowing is uneven, and a rejection often reflects policy or workload rather than anything about you.

Service: What Do You Do When There Is No Admissions Point Attached?

Service can reveal priorities that are difficult to measure with GPA. It can demonstrate reliability, empathy, commitment to community, awareness of people whose lives differ from your own, and willingness to contribute when there is no obvious personal reward.

PAEA's admissions guide discusses noncognitive factors and mission-aligned selection, and current program listings show that some programs explicitly consider service within holistic review.^{1,5,6}

AdventHealth University currently states that its holistic admissions review considers academics, interviews, mission alignment, leadership, service, and life experience.⁵ Meharry Medical College similarly identifies clinical experience, service, leadership, personal qualities, and academic preparation in its holistic review.⁶ These are program-specific examples, not a universal scoring formula.

Service Should Be Real, Not Decorative.

Admissions committees have seen many applications. A sudden collection of short volunteer activities immediately before submission can look very different from sustained involvement in something you actually care about. A sudden collection of activities immediately before application season may demonstrate participation without demonstrating commitment. Sustained involvement in a few organizations or causes that genuinely matter to you often reveals more than membership in a long list of activities in which your involvement was minimal.

That does not mean every service activity must last for years. It means the activity should have substance. Show up. Do the work. Learn the organization. Accept ordinary responsibilities. Let other people depend on you.

Service does not have to occur in a hospital. Food insecurity, housing, veterans' organizations, youth programs, disability services, hospice support, education, community outreach, disaster response, and many other forms of service can develop perspective relevant to healthcare.

Leadership: More Than Holding an Officer Title.

CASPA includes Leadership Experience as a specific experience category and defines it around responsibilities in which you held a leadership role, such as serving as an officer or managing a project.³

But leadership is larger than a title. A president who does little may demonstrate less leadership than the employee who trains new staff, the military member responsible for a team, the student who organizes a difficult project, or the caregiver who coordinates a complicated family responsibility. Admissions committees may be interested in whether you can communicate expectations, accept accountability, manage conflict, make decisions, and help a group accomplish something. Those are behaviors, not résumé labels.

Military Experience and Leadership.

Military service can provide powerful evidence of responsibility, teamwork, adaptability, and leadership even when the occupational specialty is not medical. The key is translating the experience without assuming the reader understands military structure or terminology.

In my own case, military experience became part of the evidence I brought to PA admissions. My service was not a substitute for healthcare experience. It demonstrated a different set of qualities: accountability, technical responsibility, functioning within a team, and learning to perform when expectations were high.

Life Experience: The Parts of You That Do Not Fit Neatly Into a Category.

CASPA has made life experience an explicit part of the centralized application. PAEA's admissions-suite update states that applicants respond to a required Life Experiences essay asking how their experiences could advance the goal of healthcare providers being able to empathize with the patient communities they serve.⁷

This creates space for applicants to discuss experiences that may not be obvious elsewhere: socioeconomic circumstances, geographic background, family responsibilities, immigration experiences, military service, personal or family experiences with disability or illness, caregiving, employment while in school, educational barriers, community identity, hardship, or other experiences that shaped perspective.

The purpose is not to compete over who has suffered most. The useful question is what the experience taught you and how it may affect the way you understand patients and communities.

Do Not Manufacture Adversity.

Some applicants become anxious when they see life experience or adversity questions because they believe they need a dramatic story. You do not.

If your life has been comparatively stable, say what is true. Reflection is not limited to trauma. Work, family, education, service, travel, military life, caregiving, financial responsibility, cultural exposure, failure, success, and ordinary adult responsibility can all shape perspective. Never exaggerate hardship to make an application sound more compelling. Authenticity matters more than drama.

Employment Outside Healthcare Still Matters.

CASPA separately allows applicants to report non-healthcare employment, extracurricular activities, teaching, research, leadership, volunteer work, and other experiences.³ That structure is a reminder that a future PA can develop valuable skills outside a clinic.

Retail work can teach communication and conflict management. Restaurant work can teach pace, teamwork, and composure. Construction can teach safety and accountability. Parenting can teach responsibility and prioritization. Business ownership can teach leadership and consequences. Teaching can reveal whether you can explain complex information clearly.

The admissions value comes from what the experience demonstrates, not from trying to force every job into a healthcare narrative.

Depth, Duration, and Consistency.

One useful way to evaluate your own experiences is to ask three questions: How deeply was I involved? How long was I involved? What changed because I was there?

Ten unrelated activities may create a long résumé but little sense of commitment. Two or three sustained activities may tell a clearer story. There is no universal formula; the point is to avoid confusing volume with substance.

Consistency can also demonstrate that you can balance obligations over time. If you worked while completing prerequisites, served regularly in the community, or maintained leadership responsibilities while protecting your academics, that pattern may say something important about readiness.

Mission Alignment: Where Experience Becomes Strategy.

PAEA's admissions guidance encourages programs to build admissions processes around their mission, vision, and goals.¹ Applicants should therefore read mission statements before deciding where to apply.

If a program emphasizes rural medicine, underserved communities, veterans, primary care, or a particular population, your application should not merely repeat the mission statement. Do your experiences demonstrate a genuine connection?

Do not invent mission fit. Use it to identify schools where the person you already are makes sense.

Holistic Review Does Not Mean Everything Is Equal.

Holistic or comprehensive review means the program considers more than one academic metric. It does not mean a strong service record automatically cancels a failure to meet a nonnegotiable prerequisite or GPA requirement.²

Think of your application as a portfolio. Academic readiness answers whether you can do the work. Clinical experience helps show whether you understand healthcare. Shadowing helps demonstrate informed interest in the PA role. Service, leadership, and life experience help reveal how you may function as a classmate, professional, and future clinician.

Turn Experience Into Evidence.

Do not simply list duties. Reflection is what turns an activity into evidence.

A useful structure is: What was the situation? What responsibility did I actually have? What did I learn? How did I change? Why is that relevant to the person I am becoming?

Be specific enough that the reader can see the experience, but avoid inflating your importance. The best applications often sound confident because they are precise, not because they are grandiose.

A Note About Ethics and Accuracy.

CASPA instructs applicants to classify experiences according to the category that best fits the duties performed and notes that programs may interpret experiences differently.³ The broader principle is straightforward: describe your record accurately.

Do not upgrade participation into leadership. Do not convert observation into patient care. Do not double-count one activity to make the résumé appear fuller. Do not claim responsibility that belonged to a licensed clinician or supervisor.

Admissions is the beginning of professional identity. Integrity should begin before matriculation.

My Path: The Experiences Around the Application.

My recommendation letters came from my military experience and an undergraduate professor in the Social Sciences. Those people knew different parts of me. Looking back, I think that is useful for today's applicant. Your application does not have to become a collection of identical healthcare activities. The strongest version of you may include experiences that happened long before you decided to become a PA.

Navigator's Take.

Do not build a résumé. Build a life that gives you something worth talking about.

Shadow because you need to understand the profession. Serve because communities need people who show up. Lead because someone has to accept responsibility. Work because life requires it. Learn from hardship when it comes, but do not go looking for hardship so you can write an essay about it.

Then, when CASPA asks you who you are, you will not have to manufacture an answer. Your experiences should help an admissions committee see a future classmate and clinician, not simply an applicant who learned how to collect boxes to check. Your experiences should help an admissions committee see a future classmate and clinician, not simply an applicant who learned how to collect boxes to check.

Chapter 5 Navigation Exercise

An admissions committee can see your GPA, prerequisite grades, and healthcare hours. This exercise focuses on what those numbers cannot tell them.

Look across your experiences; shadowing, service, employment, leadership, military service, extracurricular activities, family responsibilities, life experiences, and the things you have pursued simply because they mattered to you.

- ☐ Identify your strongest example of service.
- ☐ Identify your strongest example of leadership
- ☐ Evaluate your shadowing.
- ☐ Identify an experience that challenged one of your assumptions.
- ☐ Identify a setback, failure, or difficult experience that produced genuine growth
- ☐ Identify three experiences that have shaped who you are.
- ☐ Look outside healthcare.
- ☐ Identify an experience you pursued simply because it mattered to you.
- ☐ Find your best interview story.
- ☐ Look for what is missing.
- ☐ Review your experiences for authenticity.
- ☐ Choose five experiences that best represent you.

References

1. Physician Assistant Education Association. PA Program Admissions Resources. Published 2023. Accessed August 10, 2026. https://paeaonline.org/wp-content/uploads/2023/09/5863-PAEA-Admissions-Guidebook_09-18-2023_%C6%92.pdf
2. Physician Assistant Education Association. CASPA for PA Programs: Comprehensive Admissions Toolkit. Accessed August 10, 2026. <https://paeaonline.org/resources/member-resources/caspa>
3. Liaison International. Experiences. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/2_Experiences
4. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
5. Physician Assistant Education Association. AdventHealth University. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/adventhealth-university>
6. Physician Assistant Education Association. Meharry Medical College. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/meharry-medical-college>
7. Physician Assistant Education Association. Admission Suite of Products Updates. 2026-2027 CASPA cycle; includes required CASPA Life Experiences essay information. Accessed August 10, 2026. <https://paeaonline.org/resources/member-resources/caspa/admission-suite-of-products-updates>
8. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for Physician Assistant Education. 6th ed. Effective September 1, 2025. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/accreditation-standards/>
9. Physician Assistant Education Association. Advisors and Pre-PA Students. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/advisors>

CHAPTER 6

My Road to PA School: The Humvee That Changed My Life

Mark J. Ernst, DMSc, PA-C

Sometimes the Path Finds You.

I wish I could tell you that becoming a PA was part of a carefully constructed career plan. It wasn't.

Sometimes we discover a profession because a parent worked in it, a teacher recognized something in us, or we have been moving toward it since childhood. My introduction to the PA profession was considerably less elegant. It involved Marine Corps Combat Training (MCT), an injury, a Humvee (a tough, four-wheel-drive military truck), and a Navy medical officer I had never expected to meet.

That encounter did not hand me an application checklist. It did something more important: it made me aware that the profession existed.

Years later, when I applied to PA programs, the admissions environment was very different from the one you are navigating today. But the beginning of my story still illustrates something I want every aspiring applicant to understand. You do not need to have known since childhood that you wanted to become a PA. You do need to become curious enough to investigate the direction when it appears.

The Humvee.

After completing bootcamp at Marine Corps Recruit Depot (MCRD) San Diego I was sent to Camp Pendleton, CA for further training. During MCT, I was injured after being struck by a Humvee during a forced march. A young Marine decided to drive in-between a formation. He lost control of the vehicle. When this occurred he hit me and a couple of other Marines. Launching us down the hillside while wearing 80-100lbs of equipment and gear. What began as one of those military moments you would rather not experience became one of the defining directional moments of my future professional life. Initially I was evaluated by a Naval Corpsman in the field. I was told I was fine and, in typical Marine Corps fashion, to suck it up.

Over time my injuries did not resolve as quickly as the Marine Corps had desired. I needed further medical care and was sent for further examination. The person who evaluated and treated me later was a Navy PA. At that point, I had never meaningfully encountered the PA profession. I did not come from a medical background. I was not working as an EMT, medical assistant, CNA, or paramedic. Medicine was not the world I knew. But here was this clinician evaluating me, making decisions, explaining what was happening, and functioning in a role that I had not previously understood existed.

I became interested.

Why That Encounter Matters Beyond My Story.

There is a historical connection here that I did not fully appreciate at the time. The PA profession itself was created in the 1960s in part by recognizing the medical knowledge and experience of former military corpsmen. Eugene A. Stead Jr., MD, launched the first formal PA program at Duke University in 1965, and the first class was composed of former Navy corpsmen.¹

The profession I discovered through military medicine had itself been shaped by military medical experience. That does not make my pathway unique or somehow destined. It simply makes the connection meaningful to me. The profession was built by people who saw valuable clinical capability and asked whether it could be developed into something new.

Curiosity Became a Direction.

Meeting one PA did not mean I suddenly understood the profession. I had questions. What exactly was a PA? What did they do? How were they educated? Where could they practice? What would I need to do to become one?

Today, you can answer many of those questions before lunch. In 1998, there was no CASPA portal guiding me through participating programs, no social-media community comparing prerequisite requirements, no YouTube library of applicant interviews, and no endless collection of admissions coaches explaining how to construct the ideal application.

I had to investigate.

That process is important. The goal of career exploration is not simply to confirm your first impression. It is to challenge it. The more I learned about the PA profession, the more the direction made sense for me.

A Profession Still Becoming Established.

By the time I was preparing to apply, the PA profession had existed for roughly three decades. Duke had launched the first program in 1965, and the first PA certification examination had been administered in 1973.²⁻⁴

By 1998, the profession was established, but it did not have the same public visibility it has today. Many people still did not know what a PA was. My first PA job was at an Ortho practice with over 25 surgeons and while they had heard of PAs, they never met or hired one. Applicants had far fewer online resources for comparing programs or understanding admissions expectations. That environment required a different kind of navigation. You found programs. You contacted schools. You read printed materials. You asked questions. You figured out how to get yourself physically to an interview.

The tools have changed dramatically. The responsibility to navigate carefully has not.

Building the Academic Evidence.

When I applied, my overall undergraduate GPA was approximately 3.5. My GPA in the medical science requirements was 4.0. I include those numbers because they were part of the evidence I presented, not because they should become your target numbers. Current admissions standards vary by program, and today's applicant must evaluate current requirements rather than treating a successful applicant from 1998 as a template.

What I think remains relevant is the pattern. My overall academic performance was good, and my performance in the sciences most directly connected to the path I had chosen was stronger. Once I knew the direction I wanted to pursue, I had to demonstrate that I could do the academic work.

I Did Not Have the Modern 'Pre-PA' Résumé.

This is one of the largest differences between my story and the application environment we have discussed in the previous chapters.

I did not enter the process with thousands of patient-care hours. I did not have formal medical training. I did not spend years deliberately accumulating a collection of healthcare experiences designed around PA admissions.

Many current programs would evaluate that background very differently. Some now require hundreds or thousands of hours of direct patient-care experience. Others recommend experience or use different criteria. My successful 1998 application should never be interpreted as evidence that today's applicant can ignore a target program's published requirements. But I did have life experience. I had served in the Marine Corps. I had been given responsibility. I had worked within teams. I had learned accountability. I had experiences outside a classroom that helped shape how I approached difficult situations.

Admissions committees saw more than a GPA because there was more than a GPA to see.

Two Letters From Two Different Parts of My Life.

My application included two letters of recommendation.

One came from my military experience. The other came from an undergraduate professor in the social sciences. Neither choice was based on trying to identify the person with the most impressive title. They represented people who knew different aspects of me.

That is still the principle I recommend today. A recommendation should help an admissions committee see something credible about how you learn, work, respond, lead, communicate, or carry responsibility. The title after the evaluator's name matters less than the substance they can provide.

Six Programs.

I applied to six PA programs.

That number may sound small to applicants who now submit applications broadly through a centralized system. But each application represented research, paperwork, communication, a real financial cost and, if I was fortunate enough to receive an invitation, travel that I couldn't really afford. I was not applying simply to collect acceptances. I was trying to find a way into a profession I had decided was worth pursuing.

Six schools meant six opportunities. It also meant that every interview mattered.

The Southwest Airlines Strategy.

Getting invited to an interview created another problem: I had to find a way to get there. Travel was expensive, and my resources were anything but unlimited. At the time, I was extremely under funded. I had a wife, two young children, and was working retail and whatever odd jobs I could find after leaving the Marines, all while hoping for an opportunity to build a better future.

So I became strategic about airline travel. I collected Southwest Airlines points and, whenever flights were oversold, volunteered to give up my seat in exchange for additional travel credits. On the way home from one interview, I was offered a \$500 travel credit to take a later flight. That was a blessing. Back then, \$500 could pay for several single-passenger flights.

Those credits helped me afford the travel required for my PA school interviews. There was nothing glamorous about the strategy. It was simply problem-solving. Something I had learned in the Marines and was now

applying to my future. I wasn't afraid to work hard, be inconvenienced, or get my hands dirty if it moved me closer to the goal.

I share this story because it is easy to look at someone who has been successful and assume they started with resources or advantages you do not have. Many of us didn't. Sometimes you simply have to find a way forward. Your version of the Southwest Airlines strategy may look completely different. It might mean saving for application fees, working extra shifts, scheduling interviews around your job, staying with friends instead of paying for a hotel, taking advantage of virtual interviews, or applying more selectively because money is limited. Resourcefulness does not make financial barriers disappear, and not every obstacle is within your control. But when something is within your control, look for the opportunity, get creative, and use it.

Walking Into the Interview.

An interview is a strange moment. Months or years of work become a conversation with people who have a limited number of seats and far more applicants than they can admit.

I could not change my transcript in that room. I could not suddenly acquire years of healthcare experience. I could not become a different applicant.

What I could do was explain why I was there.

My story made sense to me. Military service had shaped me. An injury had introduced me to a profession I did not know existed. Curiosity had become direction. Academic preparation had demonstrated that I could handle the sciences. I could handle difficult challenges and I had taken the steps necessary to get myself into that room.

I did not need to invent a reason to become a PA. I needed to communicate the reason I already had.

Five Yeses and One Waitlist.

Five accepted me. One placed me on a waitlist.

I am proud of that outcome, but I want to be careful about what lesson you take from it. The lesson is not that my application profile would produce five acceptances today. Admissions has changed too much for that conclusion. The useful lesson is that a coherent application matters. The pieces of my background apparently gave those committees enough confidence to offer me a seat.

An admissions committee does not need your story to resemble mine. It needs your story to make sense.

From Applicant to PA.

An acceptance letter changes the problem. Until that point, the goal is getting into PA school. Once you are admitted, the question becomes whether you can become the clinician the school believed you could become.

I eventually entered the PA profession and built a career that extended far beyond what I could have imagined when that Navy PA first treated me.

My work would eventually include orthopedic spine surgery, pain management, procedures, clinical leadership, business ownership, and education. I assisted in spinal procedures and spent years caring for patients. The profession became not simply a job but the clinical foundation upon which many other parts of my professional life were built.

None of that was visible when I was lying there after being hit by a Humvee.

That is one of the remarkable things about choosing a direction. You rarely get to see the entire route from the starting point.

What My 1998 Story Can and Cannot Teach You.

My story belongs in this book because I am asking you to navigate the PA admissions process with me. You deserve to know how I found the profession, where I started, and what my own application journey looked like. I had no connections. I wasn't just broke; I was **strategically under funded**. I applied to programs I was convinced would never accept me, along with one school I thought would surely give me a shot.

Ironically, the “surely they’ll give me a shot” school was the one that waitlisted me. The others taught me something important: I was capable of more than I was giving myself credit for. I’m glad I didn’t let my own doubts decide where I applied or what I believed was possible.

But historical experience has limits.

My GPA is not your admissions target. My lack of healthcare experience is not evidence that you do not need it. My two recommendation letters are not evidence that your programs require two. My six applications are not the ideal number for everyone. My travel strategy reflects a world in which interviews were overwhelmingly physical and airline credits mattered enormously.

The modern applicant should use current CASPA, PAEA, ARC-PA, and individual program requirements. My story supplies perspective, not policy.

The Part That Has Not Changed.

Despite all of the changes in admissions, several things remain recognizable.

You still need to know why you want the profession. You still need evidence that you can succeed academically. You still need people who can speak credibly about your character and performance. You still need to communicate effectively in an interview. You still need to solve practical problems. You still need resilience when the process becomes expensive, inconvenient, disappointing, or uncertain.

And you still need to recognize opportunity when it appears in a form you did not expect.

Your Humvee Does Not Need to Be a Humvee.

I do not mean that every applicant needs a dramatic origin story. Please do not search your life for one.

Your moment may have been watching a PA care for a family member. It may have been working beside a PA as an EMT. It may have been a conversation during shadowing. It may have been seeing how a PA explained a diagnosis to a frightened patient. Or perhaps there was no single moment at all, only a series of experiences that gradually made the profession make sense.

The strength of an origin story is not drama. It is truth and reflection.

What did the experience cause you to notice? What did you do next? How did you test the interest? What evidence did you build? Why did curiosity become commitment?

That is the story an admissions committee needs to understand.

Navigator's Take.

If you had told the young Marine who had just been hit by a Humvee that the person treating him was introducing him to the profession that would shape the next several decades of his life, I am not sure he would have believed you.

But that is how life sometimes works.

We spend a great deal of time trying to create perfect plans. Plans are useful. So are prerequisite spreadsheets, application timelines, GPA calculations, and interview preparation. This book will give you plenty of those. Navigation is not the same thing as knowing everything that will happen.

A navigator knows the destination, reads the terrain, adjusts when conditions change, and keeps moving. My route began unexpectedly. Yours may be much more deliberate. Either way, once you recognize the direction, the responsibility becomes yours.

Find out what the profession really is. Decide whether it fits you. Determine what today's programs require. Build the evidence. Solve the problems you can solve. Ask for help when you need it. And keep moving toward the opportunity. You never know which moment will change the map.

Navigation Exercise - Finding Your Starting Point

- What was the first moment you became aware of the PA profession?
- Was there a person, patient encounter, job, class, or life event that moved the profession from interesting to personally meaningful?
- What did you do after that moment to learn whether PA was actually right for you?
- What evidence have you accumulated since then that supports your decision?
- What obstacles—financial, academic, logistical, or personal—have you already had to navigate?
- What does your story reveal about you beyond the fact that you want to become a PA?
- If an interviewer asked, “Why PA?” could you answer without sounding like anyone else?
- What part of your current story are you tempted to exaggerate because you think it sounds more impressive than the truth?

References

1. Duke University School of Medicine. About the PA Program: Duke University—The Birthplace of the Physician Assistant Profession. Accessed August 10, 2026. <https://medschool.duke.edu/education/health-professions-education-programs/physician-assistant-program/about-pa-program-1>
2. National Commission on Certification of Physician Assistants. Our History. Accessed August 10, 2026. <https://www.nccpa.net/about-nccpa/our-history/>
3. Duke University School of Medicine. Celebrating 60 Years of the Physician Assistant Profession and the Duke PA Program. Published October 6, 2025. Accessed August 10, 2026. <https://medschool.duke.edu/blog/celebrating-60-years-physician-assistant-profession-and-duke-pa-program>
4. Duke Medical Center Archives. Leading the Way: Stead, Duke and the Physician Assistant Program. Accessed August 10, 2026. <https://mcarchives.duke.edu/leading-way-stead-duke-and-physician-assistant-program>

CHAPTER 7

Choosing the Right Programs

Mark J. Ernst, DMSc, PA-C

The Goal Is Not to Apply Everywhere.

The modern PA applicant has access to more program information than I could have imagined when I applied. That abundance is useful, but it creates a new problem: applicants can confuse having hundreds of choices with needing to apply to as many programs as possible. The current CASPA Program Directory lists hundreds of participating programs and allows applicants to compare deadlines, program length, tuition, GPA requirements, prerequisites, healthcare experience, and other admissions information in one place.¹ PAEA specifically describes the directory as the best guide to PA programs for prospective students.²

Your goal is not to find every PA program. Your goal is to identify a group of programs where three things overlap: you are eligible, you are reasonably competitive, and you would actually be willing to attend.

Start With Eligibility, Not Emotion.

It is easy to fall in love with a university name, city, campus, or reputation. None of that matters if you do not satisfy a nonnegotiable admissions requirement.

Begin with the objective filters we have already discussed: overall GPA, science or prerequisite GPA, required coursework, minimum grades, course-age limits, patient-care requirements, degree requirements, tests if applicable, citizenship or residency rules, and application deadlines. A program should not remain on your primary list simply because you hope it will overlook a published minimum. PAEA's admissions guidance emphasizes that programs develop admissions policies around their own mission and requirements.³ Your job as an applicant is to read those policies carefully.

Eligibility and Competitiveness Are Different.

After determining that you can apply, ask whether your application is reasonably aligned with the program's admitted class and priorities. A 3.0 minimum GPA does not mean that 3.0 represents the typical admitted student. Likewise, meeting a minimum number of patient-care hours does not tell you how your experience compares with the applicant pool.

When programs publish matriculant data, use it. Look at average or median GPA, patient-care experience, class size, and other available characteristics. Treat those numbers as context rather than rigid cutoffs.

Do not create simplistic categories such as 'safety PA school.' PA admissions is competitive and multifactorial. A program whose minimum requirements you exceed is not an assured acceptance.

Accreditation: Know Exactly What You Are Applying To.

Accreditation deserves its own review before you invest time and money in an application.

ARC-PA is the accrediting agency for entry-level PA educational programs. Its current entry-level categories include Accreditation-Provisional, Accreditation-Continued, Accreditation-Probation, and Administrative Probation, among other actions and designations.^{4,5}

1. **Accreditation-Provisional** is the normal pathway for a new program whose plans and resources appear capable of meeting the Standards as implemented. It is not the same thing as probation, but ARC-PA explicitly states that provisional status does not guarantee a later accreditation status.⁴

2. **Accreditation-Continued** is the status granted to a program that is in compliance with the Standards, including programs that successfully progress from provisional or probation status.⁴

3. **Accreditation-Probation** is a temporary status used when ARC-PA determines that a provisional or continued program does not meet the Standards or when the program's capability to provide an acceptable educational experience is threatened.⁵

4. **Administrative-Probation** should also be distinguished from Accreditation-Probation. Administrative Probation is an accreditation action related to a program's failure to comply with ARC-PA administrative requirements, rather than a determination that the program is failing to meet the educational Standards themselves. That distinction matters. However, applicants should not simply dismiss the designation because the word *administrative* sounds less concerning. Review why the action was taken, the program's accreditation history, and any information provided by ARC-PA or the program before deciding what it means for your application.⁵

Do not rely on an old blog, discussion board, social media post, or screenshot to determine a program's accreditation status. Go directly to ARC-PA, confirm the program's **current** status, and review its accreditation history when anything raises a question. If you see *Probation* or *Administrative Probation*, understand what the designation actually means before deciding whether to apply. Accreditation status is not something to discover after you have submitted an application, paid a deposit, or made plans to relocate.⁶

Should You Automatically Avoid a Program on Probation?

Not necessarily, but you should understand what you are accepting.

Probation is meaningful. It is not a decorative label. ARC-PA states that a program on probation may be subject to withdrawal of accreditation if it does not return to compliance within the required timeframe.⁵

Read the ARC-PA action history. Determine why the program was placed on probation, what corrective work is underway, and when the next review is scheduled. Ask the program direct questions about how the cited issues affect current students, faculty, clinical placements, and program operations.

An applicant can make an informed decision to attend such a program. What I would discourage is attending without understanding the issue.

New Programs: Opportunity and Uncertainty.

A provisional program may offer enthusiastic faculty, new facilities, innovative curriculum, and the opportunity to help shape a young program. It may also have less historical outcome data, a newer clinical-placement network, and systems that are still maturing.

Ask about faculty stability, clinical rotation agreements, student support, simulation resources, remediation processes, and how the institution is supporting the program through the accreditation process.

New does not mean bad. Established does not mean perfect. The important distinction is whether you understand the maturity and risks of the program you are choosing.

PANCE Performance: Useful, but Read It Correctly.

First-time PANCE performance can be a useful piece of a program's outcome picture, but it should not be treated as the only measure of program quality.

ARC-PA standards require programs to publish student achievement information that includes the most recent five-year first-time PANCE pass-rate summary report provided by NCCPA.⁷ Programs also publish attrition information under ARC-PA requirements.⁷

When you review outcomes, look for patterns rather than one isolated year. Ask whether a change is explained, whether the program has identified corrective actions, and whether other indicators; attrition, faculty stability, curriculum changes, or accreditation actions, tell a consistent story.

A high pass rate does not automatically mean you will love the program. A temporary dip does not automatically mean the program is poor. Use outcomes as evidence, not as a ranking system.

Attrition: Ask Who Starts and Who Finishes.

Attrition can reveal information that a glossy website cannot.

Programs are required under ARC-PA standards to make student achievement information available, including attrition data.⁷ Review it alongside class size and graduation outcomes.

Some attrition is unavoidable. Students experience illness, family emergencies, academic difficulty, or personal changes. What matters is whether a pattern raises questions about admissions, academic support, curriculum design, remediation, or program culture.

If the numbers concern you, ask the program what they have learned from them.

Mission Fit Is Not Marketing Language.

PAEA's admissions guide emphasizes that admissions processes should identify students who fulfill the mission, vision, and goals of the individual program and who can contribute meaningfully to the program and profession.³

That means the mission statement matters on both sides of the admissions table. If a program is deeply committed to rural primary care and your application demonstrates sustained interest in rural communities, that may represent genuine alignment. If you have no interest in that work, repeating the phrase 'rural primary care' in a supplemental essay does not create authentic fit.

Look for programs whose priorities match something you have actually done, experienced, or want to pursue. A mission statement should help you decide whether a school belongs on your list, not merely give you language for a supplemental essay.

Curriculum: How Will They Teach You?

Most applicants understandably focus on getting accepted. I want you to look one step beyond that question: What happens after you arrive?

Compare program length, sequencing of didactic and clinical education, simulation resources, anatomy instruction, clinical reasoning methods, interprofessional education, elective opportunities, research or scholarly requirements, and remediation systems. Ask how often students are in class, how assessments are structured, whether attendance is mandatory, how faculty provide feedback, and what happens when a student struggles.

You are choosing an educational system that will occupy most of your life for roughly two to three years. How that system teaches matters.

Clinical Rotations: Where Will You Learn to Practice?

Clinical education should be a major part of program selection.

Ask where core rotations occur, how far students typically travel, whether housing is sometimes required away from the main campus, how clinical sites are assigned, and whether students are expected to identify or secure any of their own sites.

ARC-PA standards place responsibility on the program for ensuring clinical education experiences and prohibit programs from requiring students to provide or solicit their own clinical sites or preceptors.⁷ Applicants should understand the program's actual placement model before enrolling.

Also ask about geographic variety. A distributed clinical network may provide excellent experiences but can create additional transportation and housing costs.

Location: You Are Not Just Choosing a Campus.

Location affects more than whether you like the weather.

Consider housing costs, transportation, parking, access to clinical sites, airport access if you will travel home, support from family or friends, employment options for a spouse or partner, childcare, safety, and the possibility of temporary relocation during rotations.

A program with lower tuition in a very expensive city may cost more overall than a higher-tuition program where housing is affordable.

Ask yourself whether you can realistically live there. Not whether you would enjoy visiting for a weekend.

Cost: Look Beyond the Tuition Number.

The current CASPA Program Directory shows substantial tuition variation among programs and often distinguishes resident from nonresident tuition where applicable.¹ But tuition is only one part of the financial decision. Build an estimated total cost that includes fees, books and technology, equipment, health insurance if needed, transportation, parking, relocation, rent, utilities, food, interview costs, background checks, immunizations, clinical-rotation travel, and possible temporary housing. Then consider the opportunity cost of being unable, or largely unable, to work during an intensive professional program.

Do not choose a school solely because it is cheapest. Do not ignore a six-figure difference because both programs lead to the same profession.

Public, Private, Resident, and Nonresident Tuition.

State residency can dramatically affect cost at some public institutions. The current directory, for example, shows programs with separate resident and nonresident totals, while many private programs list one total tuition figure.¹

Investigate whether residency can change after matriculation, whether professional students qualify for resident tuition under the institution's rules, and whether scholarships or service programs are realistic rather than merely possible. Use the number you are actually likely to pay.

Program Length and Start Date.

Current directory listings show programs with different start months and lengths, commonly in the range of roughly two to three years.¹

A shorter program may reduce living expenses and get you into practice sooner, but intensity may be greater. A longer program may provide different pacing, additional experiences, or dual-degree opportunities.

Start date matters too. An applicant graduating from college in May may view a January start very differently from someone leaving a full-time healthcare career.

Consider the entire timeline from application through graduation, not merely the application deadline.

Deadlines Are Not All the Same.

CASPA deadlines are more complicated than a date on a calendar.

PAEA's applicant guidance distinguishes among programs that require an application to be submitted, complete, or verified by the deadline.⁸ The current directory displays the program's deadline and requirement.¹

Those terms matter. Verification requires processing after the application becomes complete. Waiting until the posted date can therefore be disastrous if the program requires verified status.

Add rolling admissions to the equation and the practical deadline may be much earlier than the final published date.

Rolling Admissions: Earlier Can Matter.

Some programs review applications and extend interview invitations or offers while the cycle remains open. In those cases, an applicant who submits late may technically meet the deadline while competing for fewer remaining interview opportunities or seats.

Do not rush an incomplete or poorly written application simply to be early. But once your application is strong and complete, unnecessary delay rarely helps.

Record whether each target program uses rolling admissions and build your submission strategy accordingly.

Class Size and Learning Environment.

A class of 25 and a class of 100 can feel very different.

Neither is automatically better. Smaller cohorts may provide a more intimate environment; larger programs may have broader resources, larger faculty structures, or more extensive clinical networks.

Ask how students interact with faculty, how advising works, how simulation groups are organized, and whether the culture feels collaborative.

The question is not 'What is the perfect class size?' It is 'Where am I likely to learn effectively?'

Faculty Stability and Access.

Look beyond faculty biographies. Ask how long key faculty have been with the program, whether important positions are vacant, how accessible faculty are to students, and how advising is structured.

Turnover happens in every organization. Repeated or unexplained turnover can still be worth exploring, particularly when paired with accreditation concerns or student dissatisfaction.

During interviews, notice how faculty speak about one another and how current students describe faculty access.

Talk to Current Students-Then Listen Carefully.

Current students can tell you things a website cannot: how responsive faculty are, whether the workload feels organized, how often schedules change, whether clinical placements are reliable, and what the culture feels like under stress.

Ask open questions. 'What surprised you after starting?' is often more useful than 'Do you like the program?'

Remember that one student's experience is one student's experience. Look for patterns across several conversations.

The Interview Is Also Your Evaluation of Them.

Applicants often enter an interview believing the program holds all the power. In one sense it does: you want an acceptance. But the evaluation goes both ways. Programs are also trying to recruit students who will succeed, represent them well, and contribute to their outcomes.

Pay attention to organization, communication, respect for applicants, clarity of answers, student interactions, facilities, and whether program leaders address difficult questions directly. You are considering a major educational, financial, and professional commitment.

An acceptance is valuable only if you would actually attend.

Red Flags Worth Investigating.

No single item automatically proves a program is wrong for you, but several deserve further questions:

- An accreditation status you do not understand.
- Repeated accreditation citations without a clear explanation of corrective action.
- Markedly declining PANCE performance across several cohorts.
- Unusually high or increasing attrition.
- Frequent leadership or faculty turnover.
- Vague answers about clinical rotation placement.
- Expectations that students find their own core clinical sites.
- Unexpected or poorly disclosed costs.
- Students who seem afraid to speak candidly.
- Pressure to make a deposit before you understand important program details.
- Promises about outcomes that are not supported by published data.

Build a Program List in Tiers - But Do Not Call Any School 'Safe'.

I recommend creating a working list based on fit rather than false certainty.

Your first group should contain programs where you clearly meet requirements and your academic and experiential profile appears reasonably aligned with published expectations. A second group may contain programs where you remain eligible but some elements of your profile are less competitive. A smaller aspirational group can include programs where admission may be especially difficult but where you have a compelling reason to apply.

Every school on all three lists should still be a school you would attend.

If you would turn down an acceptance before even applying, remove the program and save the fee.

How Many Programs Should You Apply To?

There is no magic number.

The right number depends on your competitiveness, geographic flexibility, finances, prerequisite compatibility, patient-care experience, and how many programs genuinely fit you. Applying to more programs can increase opportunity only when you are actually eligible and the applications are thoughtful. Twenty poorly matched applications are not necessarily a better strategy than ten carefully selected ones.

Application fees, supplemental fees, interview travel, deposits, and time all have value. Use them deliberately.

The Program Comparison Matrix.

Before submitting, build a spreadsheet or table. Do not rely on browser tabs and memory.

At minimum, track the following for every program:

- ☐ ARC-PA accreditation status and next review date.
- ☐ Application deadline and whether it must be submitted, complete, or verified.
- ☐ Rolling versus non-rolling admissions.
- ☐ Overall, science, and prerequisite GPA requirements.
- ☐ Prerequisite courses, labs, grades, and expiration rules.
- ☐ Patient-care and healthcare experience requirements.
- ☐ Shadowing and service requirements.
- ☐ Tests or assessments required.
- ☐ Program length and start month.
- ☐ Class size.
- ☐ Total published tuition and mandatory fees.
- ☐ Estimated living and rotation-related costs.
- ☐ Resident versus nonresident tuition rules.
- ☐ Curriculum features important to you.
- ☐ Clinical placement model and likely travel.

- ☐ Five-year first-time PANCE performance.
- ☐ Attrition data.
- ☐ Mission and populations emphasized.
- ☐ Faculty/student support structure.
- ☐ Your personal reason for applying.

A Simple Decision Framework.

For each program, ask five questions in order:

- Am I eligible?
- Am I reasonably competitive?
- Does the program's mission and educational approach fit me?
- Can I realistically afford and live with the total cost and location?
- If this were my only acceptance, would I go?

That fifth question is powerful. If the truthful answer is no, reconsider why the program is receiving your money and time.

My Application Then: Six Programs With Real Stakes.

Again, I applied to six PA programs. The process was far less centralized and far less searchable than it is today. I could not open a national directory on my laptop and filter hundreds of programs in minutes. Every application and interview carried logistical and financial weight. That experience probably influences my advice today: be broad enough to create opportunity, but intentional enough that every application has a reason.

My story illustrates the value of choosing programs where your application has a credible reason to be considered.

Navigator's Take

Do not ask only, “Will they take me?” Ask, “Should I choose them?”

You are preparing to invest years of your life and potentially **well over \$100,000** in tuition and living expenses. You may relocate your family, leave a job, borrow money, and temporarily reorganize nearly every part of your life. An acceptance letter can make almost any program suddenly look perfect. Do your evaluation before the emotion of acceptance changes the way you see the decision.

Check the accreditation. Read the outcomes. Understand the curriculum. Investigate clinical rotations. Calculate the real cost. Talk to students. Read the mission. Look at where you will live. Ask difficult questions. Then apply where the destination and the route both make sense.

Navigation is not about finding the largest number of roads. It is about choosing the roads most likely to take you where you actually want to go.

The Program Fit Matrix

Dimension	What the Program Offers	What I Need	Fit / Questions
Mission	Population, service, workforce	Communities and professional	
Curriculum	Teaching model, anatomy,	How I learn and where I need	
Faculty / Mentorship	Advising, access, feedback,	Level of guidance and	
Clinical Education	Sites, geography, travel,	Clinical goals and relocation	
Culture	Cohort style, collaboration,	Environment in which I can	
Student Support	Academic support, wellness,	Resources I may realistically	
Location	Housing, transportation,	Family, support system,	
Financial	Tuition, fees, travel, living	Sustainable total cost and	
Outcomes	Graduation, attrition,	Evidence that the program	

Chapter 7 Navigation Exercise

- ☐ Create an initial list of programs using the current CASPA Program Directory.
- ☐ Remove every program where you clearly fail a nonnegotiable requirement.
- ☐ Verify ARC-PA status directly for every remaining program.
- ☐ Record the next ARC-PA review date and read action histories when relevant.
- ☐ Record five-year first-time PANCE performance and attrition data.
- ☐ Calculate an estimated total cost of attendance - not tuition alone.
- ☐ Identify whether clinical rotations may require travel or temporary housing.
- ☐ Read each program's mission statement and write one honest sentence about fit.
- ☐ Mark each deadline as submit, complete, or verified and identify rolling admissions.
- ☐ Talk with current students from your strongest choices when possible.
- ☐ Rank programs by fit, not merely prestige.
- ☐ Ask: If this were my only acceptance, would I attend?
- ☐ Complete the full Program Comparison Matrix for every school that survives your initial screening.
- ☐ Remove at least one program that does not make sense after completing your comparison; even if you initially liked the name, location, or reputation.

References

1. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
2. Physician Assistant Education Association. Advisors and Pre-PA Students. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/advisors>
3. Physician Assistant Education Association. PA Program Admissions Resources. Published 2023. Accessed August 10, 2026. https://paeaonline.org/wp-content/uploads/2023/09/5863-PAEA-Admissions-Guidebook_09-18-2023_%C6%92.pdf
4. Accreditation Review Commission on Education for the Physician Assistant. Entry Level Accreditation Types and Review Cycle. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/entry-level-accreditation-types-and-review-cycle/>
5. Accreditation Review Commission on Education for the Physician Assistant. Entry Level Accreditation Statuses. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-accreditation/accreditation-statuses/>
6. Accreditation Review Commission on Education for the Physician Assistant. Currently Accredited Programs. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/currently-accredited-programs/>
7. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for Physician Assistant Education. 6th ed. Effective September 1, 2025. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/accreditation-standards/>
8. Physician Assistant Education Association. CASPA Applicant Guide 2025-2026. Published April 2025. Accessed August 10, 2026. <https://paeaonline.org/wp-content/uploads/2025/04/CASPA-Applicant-Guide-25-26-Final-Version-April-2025.pdf>

CHAPTER 8

CASPA: Building the Modern Application

Mark J. Ernst, DMSc, PA-C

CASPA Is the Application Hub not the Admissions Committee.

The Centralized Application Service for Physician Assistants (CASPA) is the common application platform used by participating PA programs. It allows an applicant to select programs, enter a standardized body of information, submit supporting materials, and have that application processed and transmitted to selected programs.¹

That centralization is enormously helpful. It does not mean every PA program wants exactly the same applicant or uses exactly the same admissions rules. CASPA standardizes the application process; individual programs still determine their prerequisites, deadlines, evaluator expectations, supplemental questions, and selection criteria.^{1,2}

Think of CASPA as the vessel carrying your application. You still have to decide what belongs inside it, make sure the information is accurate, and understand the requirements of every destination.

The Cycle: Know the Calendar.

Cycle dates change, so verify the current opening, closing, and final processing dates before beginning your application. With additional final processing dates for transcripts, test scores, and evaluations shortly afterward.³

Those cycle dates are not the same as an individual program's deadline. Many programs close months earlier. Some use rolling admissions. Some require the application to be submitted by their deadline; others require it to be complete or verified.

The practical lesson is simple: build your calendar around the programs you are applying to, not around CASPA's final closing date.

The Four Core Sections.

The current CASPA application is organized into four major areas: Personal Information, Academic History, Supporting Information, and Program Materials.⁴ Use these four sections as the framework for organizing your application materials before the cycle opens.

Personal Information includes biographic and contact information along with other background fields. Academic History includes colleges attended, coursework, transcripts, and standardized tests. Supporting Information includes evaluations, experiences, achievements, licenses and certifications, the personal essay, and memberships. Program Materials contains additional requirements and information specific to the programs you select.⁴

That structure should guide your preparation before the cycle opens.

Build Before You Click.

One of the worst ways to approach CASPA is to open the application and begin improvising.

Before you enter data, create a private application master file. Gather every college attended, every transcript, course history, certifications, employment dates, supervisors, volunteer work, shadowing, leadership activities, awards, evaluator contact information, and a working draft of your personal statement.

CASPA should become the final organized presentation of information you have already assembled, not the place where you first try to remember it.

Academic History: Every College Matters.

CASPA requires applicants to report colleges and universities attended and to enter coursework according to its instructions. Official transcripts are required from all listed US and English-speaking Canadian institutions, even when coursework later transferred to another school or when the applicant was dismissed from an institution.⁵

This is an important integrity point. A course does not disappear because you changed schools, repeated it elsewhere, disliked the grade, or because the credit appears on another institution's transcript.

CASPA's transcript-entry guidance instructs applicants to report all courses from the transcript, including withdrawals, repeated courses, ungraded labs, test credits, physical education, orientations, and other nongraded courses.⁶

Use the Transcript, Not Your Memory.

CASPA standardizes coursework so programs can compare applicants more consistently.⁶ The safest approach is to work directly from official or accurate transcript copies while entering coursework.

Course names, prefixes, credit values, terms, and grades should match the transcript. Do not translate a course into what you wish it had been called. CASPA separately assigns or reviews course subjects for GPA calculations. Small transcription errors can create delays. Large or repeated discrepancies can create much bigger concerns.

Official Transcripts: Send Them Correctly.

CASPA currently requires official transcripts to be sent according to its transcript procedures. For US and English-Canadian institutions, transcripts must come from the registrar or an accepted electronic transcript service and be directed to CASPA.⁵

CASPA's current instructions identify Parchment and National Student Clearinghouse as accepted electronic transcript pathways when the institution supports them. Emailed transcripts are not the same as electronic transcripts and are not accepted.⁵

Request transcripts early and monitor the application to make sure they are actually received and posted. Ordering a transcript is not the same thing as CASPA receiving it.

Professional Transcript Entry: Convenience Does Not Transfer Responsibility.

CASPA offers a Professional Transcript Entry service for applicants who choose to pay for transcript-entry assistance. The service can reduce manual data entry, but the applicant still needs to review and approve the completed work before the application can become complete when PTE is used.⁷

If you use a paid convenience service, inspect the result. Your name remains on the application.

Supporting Information: This Is Where the Person Appears.

Supporting Information is where CASPA collects much of the material that gives context to the academic record: evaluations, experiences, achievements, licenses and certifications, the personal essay, and memberships.⁸

This section should not become a storage bin for everything you have ever done. It should be accurate, relevant, and understandable.

Experiences: Classify the Work You Actually Did.

CASPA currently provides experience categories including non-healthcare employment, extracurricular activities, healthcare experience, leadership, patient care, research, shadowing, teaching, and volunteer work.⁹

As we discussed in Chapters 4 and 5, classification is based on responsibilities rather than simply job title. CASPA also warns that individual programs may interpret whether an experience satisfies their requirements differently.⁹

Describe the setting, responsibilities, time commitment, organization, and supervisor accurately. CASPA allows programs to contact the organization to verify that the experience occurred.⁹

Do Not Double-Count Hours.

CASPA specifically instructs applicants not to repeat the same hours across experience categories. If one job genuinely contains different categories of work, the position can be divided and the hours allocated according to the duties performed.⁹

For example, a 40-hour weekly position containing 30 hours of direct patient care and 10 hours of research should not become 40 hours of PCE plus another 40 hours of research.

Do not let the desire to look competitive turn arithmetic into an integrity problem.

Experience Descriptions: Duties First, Meaning Second.

The experience description should tell the reader what you actually did. Avoid vague claims such as 'helped patients' or 'worked closely with physicians.'

Use specific responsibilities: patient assessment, vital signs, documentation, specimen collection, transport, procedures within your role, patient education, scheduling, research duties, team leadership, or other concrete work.

The personal statement and interviews give you more room to explain what experiences meant to you. The CASPA experience entry first needs to establish what happened.

Evaluations: Choose People Who Know You.

CASPA currently requires applicants to request at least two evaluations and permits a maximum of five through the centralized application. Evaluations are submitted electronically by the evaluators themselves.¹⁰

Individual programs may have stricter expectations about who should evaluate you. Before sending requests, verify whether a target program wants a PA, physician, professor, supervisor, employer, or another specific relationship. CASPA explicitly advises applicants to research those program requirements before listing evaluators because completed evaluations cannot simply be replaced.¹⁰

Ask Early and Prepare Your Evaluators.

CASPA recommends selecting evaluators early and making sure they understand the electronic process.¹⁰

Monitor the status throughout the cycle. CASPA states that it is the applicant's responsibility to ensure evaluation requests are received and completed on time.¹⁰

The Evaluation Waiver.

CASPA asks applicants whether they waive their FERPA right to inspect and review an evaluation. That choice is binding once made.¹⁰

CASPA explains that programs may view a waived evaluation as a more candid representation because the evaluator wrote it knowing the applicant would not have access to the content.¹⁰

Read the waiver explanation carefully before making the decision. Do not click through legal or professional declarations without understanding them.

The Personal Statement: Why PA?

CASPA's required personal statement asks applicants to explain why they are interested in becoming a PA. The essay is sent to all selected programs, so CASPA recommends keeping it general rather than writing it for one particular school.¹¹

The current limit is 5,000 characters, including spaces, carriage returns, and punctuation. Once the application is submitted, the essay cannot be edited in CASPA.¹¹

What the Personal Statement Should Accomplish.

A strong statement should help the reader understand your motivation for the profession, the experiences that informed that decision, and the qualities or perspective you bring to the path.

It should not simply repeat your résumé. The admissions committee can already see that you were an EMT for two years. The essay should help explain what you learned from that experience and why it moved you toward PA practice.

Your Humvee Does Not Need to Become Their Humvee.

In Chapter 6, I described the Humvee injury that introduced me to a Navy PA and ultimately helped change the direction of my life.

That story works for me because it happened to me. It would be a terrible strategy for you to search your life for an equivalent dramatic event simply because you believe an admissions essay requires one.

Your story may be quiet. Perhaps the profession became clear after months of working beside a PA. Perhaps you watched a PA care for a family member. Perhaps your interest developed gradually through patient care, service, and shadowing.

Authenticity is more memorable than manufactured drama.

Write, Leave It, Then Read It Again.

CASPA specifically recommends proofreading the essay carefully because it cannot be edited after submission.¹¹

I would go further. Draft it early. Put it away. Read it aloud. Ask whether it sounds like you. Remove sentences that could have been written by any PA applicant in America.

Have trusted readers look for clarity and errors, but do not allow ten editors to remove your voice.

AI and the Modern Application.

AI tools can be useful for brainstorming, organizing thoughts, identifying repetition, checking grammar, and helping an applicant see where an essay is unclear. But the application must remain your work and your story.

CASPA's current essay instructions explicitly require applicants to use their own words and identify plagiarism as a violation of its code of conduct.¹¹

Use technology to improve your thinking, not to manufacture experiences, motivations, or a voice that is not yours. If you cannot discuss the essay naturally in an interview, the polished paragraph has not helped you.

Program Materials: One Application, Different Schools.

Selecting a program in CASPA can reveal Program Materials containing school-specific information and requirements.⁴

This is where applicants get into trouble when they assume that completing the common sections means the application is finished. A program may require additional questions, prerequisite matching, documents, or other information.

Create a separate checklist for every program. 'CASPA submitted' does not automatically mean 'every program requirement completed.'

Supplemental Applications Outside CASPA.

Some programs may also require separate institutional or supplemental steps outside the common CASPA fields. The current Program Directory and the individual program's admissions page should be checked for these requirements.²

Track supplemental fees, portals, essays, deadlines, and login information carefully. A beautiful CASPA application can still become incomplete at a program if you miss a separate requirement.

Submitted, Complete, and Verified.

These words are not interchangeable.

CASPA allows an application to be submitted before all transcripts and evaluations are received. For an application to reach Complete status, current CASPA guidance identifies requirements including receipt of all official transcripts, at least two completed evaluations, approval of Professional Transcript Entry if used, payment, and successful submission.¹²

Verification is the later process in which CASPA reviews entered US and English-Canadian coursework for accuracy and consistency and calculates standardized GPAs.¹³

A program that requires a verified application by its deadline is therefore asking for more than simply clicking Submit.

Verification Takes Time.

Do not build an application plan that assumes instantaneous verification.

CASPA processes applications after the requirements for completion are met. Errors can cause an application to be returned as undelivered for correction, which can add additional delay.¹³

The earlier you accurately complete the parts you control, the more margin you create for problems you do not control.

What Can Change After Submission?

Submission creates important limits. The personal statement cannot be edited after submission.¹¹ Some other information may be updatable under CASPA's post-submission rules, but applicants should never assume that every field remains editable.¹⁴ Before paying and submitting, download or review the application carefully. Names, dates, course entries, experience hours, evaluator information, program selections, essays, and declarations deserve a final audit.

Monitor the Application After You Submit.

Submission is not the end of the process. CASPA directs applicants to monitor application status, notifications, verification, and other required actions after submission.¹⁵

Check that transcripts have posted. Check evaluator status. Watch for an undelivered application. Review messages. Follow program portals and email, including your spam folders.

An applicant can do everything correctly for months and still lose an opportunity by ignoring an email for a week.

Professionalism Begins Before the Interview.

Every interaction with CASPA and a program contributes to your application process. Follow instructions. Meet deadlines. Use professional email communication. Respond promptly. Keep records.

If there is a genuine problem, contact the correct source. CASPA questions belong with CASPA. Program-specific eligibility questions belong with the program.

Do not ask a school a question whose answer is clearly printed on its admissions page simply because reading carefully feels inconvenient.

The Final 48-Hour Audit.

Before submitting, stop editing long enough to inspect the entire application as a reader would.

Do not make major personal-statement changes at midnight because someone suggested a clever phrase. Do not add an experience you cannot accurately document. Do not change hours because another applicant online claims to have more.

Accuracy beats last-minute anxiety.

CASPA Final Audit Checklist

- ☐ Every college or university attended is listed.
- ☐ Coursework matches the transcripts exactly.
- ☐ Official transcripts have been ordered according to current CASPA instructions.
- ☐ All target programs and their individual deadline types have been verified.
- ☐ Every prerequisite has been matched correctly where required.
- ☐ Experience categories reflect actual duties.
- ☐ No experience hours have been double-counted.
- ☐ Experience dates, weekly hours, organizations, and supervisors are accurate.
- ☐ Evaluator relationships meet each target program's requirements.
- ☐ At least two evaluations are progressing toward completion, with additional evaluations requested as strategically appropriate.
- ☐ The FERPA evaluation waiver decision was made intentionally.
- ☐ The personal statement answers why PA and remains general enough for all selected programs.
- ☐ The personal statement is within the current 5,000-character limit and has been proofread.
- ☐ Program Materials have been completed for every selected school.
- ☐ Any external supplemental application or fee has been tracked.
- ☐ The application has been reviewed for spelling, dates, names, and inconsistent information.
- ☐ A copy/PDF of the application has been saved for your records.
- ☐ You know what must happen for each program: submitted, complete, or verified.
- ☐ You have a plan to monitor CASPA, email, and program portals after submission.

My Application Then: Paper, Travel, and a Different Kind of Centralization.

I sometimes envy today's applicant for having a centralized system. Then I look at the amount of information CASPA asks you to manage and understand why modern applicants can feel overwhelming. The technology is better. The fundamental task is the same. You are assembling evidence and asking a PA program to take a chance on you.

Your application will travel electronically rather than through the process I navigated. But it still needs to answer the same basic questions: Who are you? Can you do the work? Do you understand this profession? And why should a program invest one of its seats in you?

Navigator's Take.

CASPA rewards organization.

It does not reward panic, exaggeration, careless data entry, or waiting until the deadline.

Start early enough that you can be accurate. Build your master file. Work from transcripts. Choose evaluators intentionally. Describe experiences honestly. Write your own story. Complete every program-specific requirement. Then review everything before you submit. The application should feel like one person wrote it because one person lived it. Your GPA, experiences, recommendations, personal statement, and program materials should not be competing versions of you. They should be different pieces of the same credible story.

CASPA is where that story gets assembled. Build it carefully.

Chapter 8 Navigation Exercise

- ☐ Create a CASPA master folder for transcripts, certifications, experience records, evaluator information, and essay drafts.
- ☐ Build a complete list of every college attended before the application opens.
- ☐ Create a chronological employment and experience history with exact dates and supervisors.
- ☐ Identify 3–5 potential evaluators and compare them with every target program's requirements.
- ☐ Create a separate supplemental-requirement checklist for each program.
- ☐ Mark every program deadline as submitted, complete, or verified.
- ☐ Set a personal submission target earlier than the actual deadline.
- ☐ Schedule a final application audit at least 48 hours before submission.
- ☐ Confirm the exact CASPA status required by every program: submitted, complete, or verified.
- ☐ Create a post-submission monitoring plan for CASPA, email, supplemental portals, and program communication.
- ☐ Save a final PDF/copy of the submitted application for your records.

References

1. Liaison International. CASPA Quick Start Guide and FAQs. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Starting_Your_CASPA_Application/Getting_Started_with_Your_CASPA_Application/00_CASPA_Quick_Start_Guide
2. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
3. Liaison International. CASPA Application Cycle Dates. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Starting_Your_CASPA_Application/Getting_Started_with_Your_CASPA_Application/2_CASPA_Application_Cycle_Dates
4. Liaison International. Filling Out Your CASPA Application. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application
5. Liaison International. US and English-Canadian Transcripts. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Sending_Your_Official_Transcripts_and_Test_Scores_to_CASPA/Sending_Official_Transcripts_to_CASPA/1US_and_English-Canadian_Transcripts
6. Liaison International. Transcript Entry. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Academic_History/3_Transcript_Entry
7. Liaison International. Professional Transcript Entry Service (PTE). CASPA Applicant Help Center. Accessed August 10, 2026. [https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Academic_History/4_CASPA_Professional_Transcript_Entry_Service_\(PTE\)](https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Academic_History/4_CASPA_Professional_Transcript_Entry_Service_(PTE))
8. Liaison International. CASPA Supporting Information. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information
9. Liaison International. Experiences. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/2_Experiences
10. Liaison International. Evaluations. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/1_Evaluations
11. Liaison International. Essay. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/5_Essay
12. Liaison International. Submitting and Completing Your CASPA Application. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Submitting_and_Monitoring_Your_CASPA_Application/Before_and_After_You_Submit_Your_CASPA_Application/1_Submitting_and_Completing_Your_Application
13. Liaison International. Verification and GPA Calculations for CASPA. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Submitting_and_Monitoring_Your_CASPA_Application/Verification_and_GPA_Calculations_for_CASPA

14. Liaison International. Updating Your CASPA Application. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Submitting_and_Monitoring_Your_CASPA_Application/Before_and_After_You_Submit_Your_CASPA_Application/4_Updating_Your_CASPA_Application
15. Liaison International. Submitting and Monitoring Your CASPA Application. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Submitting_and_Monitoring_Your_CASPA_Application

CHAPTER 9

The Personal Statement

Mark J. Ernst, DMSc, PA-C

Five Thousand Characters to Answer a Large Question.

CASPA describes the personal statement in remarkably simple terms: it is where you explain why you are interested in becoming a PA.¹ That simplicity is deceptive. You have spent years becoming the applicant. At the time of this writing you have approximately 5,000 characters, including spaces and punctuation, to help an admissions reader understand why the profession makes sense for you.¹

The personal statement is not your autobiography. It is not a résumé in paragraph form. It is not a contest to see who can produce the most dramatic opening. Its job is to give meaning to the rest of the application.

What the Essay Must Do.

A useful personal statement should accomplish several things at once. It should establish an authentic motivation for becoming a PA, show that your decision developed through real experiences, reveal something about how you think, and leave the reader with a coherent picture of the person behind the metrics.

Your transcript answers questions about academic performance. Your experience entries show where you worked. Evaluations provide other people's observations. The personal statement is the place where you connect those facts.

The reader should finish the essay understanding not only that you want to become a PA, but why that decision is believable.

Start With Why PA - not Why Healthcare.

Wanting to help people is admirable. It is also not specific to the PA profession.

Physicians, nurses, physical therapists, occupational therapists, pharmacists, social workers, psychologists, paramedics, and many others help people. A personal statement that could be submitted unchanged to several health professions has not fully answered the question.

Explain what you discovered about PA practice that fits you. Your answer might involve team-based medical practice, clinical responsibility, flexibility across specialties, the way PAs are educated, experiences working with PAs, or a combination of factors. The explanation must come from your actual experience rather than a memorized description of the profession. These are examples, not answers to borrow. Your explanation must come from what you have actually observed, experienced, and learned about yourself.

Your Origin Story Is a Doorway, Not the Entire House.

An origin story can be useful because it gives the reader a concrete place to begin. It may be the first PA you met, a patient encounter, military service, family experience, shadowing, or something that happened during employment. The first moment is only the beginning. The stronger question is: What did you do after that moment?

Curiosity becomes credible motivation when you investigated the profession, gained experience, observed PAs, worked with patients, completed prerequisites, served others, or otherwise tested whether this path actually fit you.

The Humvee Principle.

As I described in Chapter 6, my introduction to the PA profession began unexpectedly after a Humvee injury led me to a Navy PA. The event is memorable, but the Humvee itself is not why the story matters. What matters is what followed: curiosity, investigation, academic preparation, applications, interviews, and a decision to pursue the profession. The event changed the map; I still had to travel the road.

Your essay needs the same movement. Something happened. You noticed. You learned. You acted. You changed.

Do Not Search for Your Own Humvee.

Applicants sometimes believe that a strong essay requires trauma, tragedy, or a cinematic patient encounter. It does not.

A quiet story told with insight is stronger than a dramatic story forced into meaning it never had.

Perhaps you gradually understood the PA role while working as a medical assistant. Perhaps a PA consistently involved you in patient education. Perhaps your interest developed while caring for patients in a setting where access to healthcare was limited. Perhaps there was no single defining moment.

The admissions committee needs authenticity, not a screenplay.

Show, Then Reflect.

Specific scenes can make an essay memorable. But a scene without reflection is simply an anecdote.

Instead of writing only that a patient was frightened, tell the reader what you noticed about the interaction and why it changed your understanding. Instead of saying a PA inspired you, identify what the PA did that made the profession meaningful to you.

Then connect the moment to action. Reflection is where an experience becomes evidence of motivation.

A Practical Narrative Structure.

There is no mandatory formula, but many effective statements can be organized around five movements:

- 1. Opening: a specific idea, moment, or observation that introduces your motivation.
- 2. Development: what the experience caused you to question or explore.
- 3. Evidence: clinical, service, academic, shadowing, leadership, or life experiences that tested and strengthened your decision.
- 4. Why PA: a clear explanation of why this profession, not merely healthcare, fits you.
- 5. Forward direction: what you are prepared to bring into PA education and the profession.

The Opening Paragraph.

The opening paragraph has one job: make the reader want to continue.

It does not need to shock. Avoid manufactured suspense, dictionary definitions, inspirational quotations, and generic childhood claims unless they are genuinely central to your story. A strong opening often begins close to

the point where your interest became specific. Give the reader enough context to understand the moment, then move forward.

The Middle: Evidence, Not a Résumé Dump.

The middle of the essay should show how your decision became informed.

Choose two or three experiences that reveal something important rather than mentioning every activity. Your CASPA application already contains your full experience record. For each selected experience, ask: What did I see? What responsibility did I have? What did I learn? How did it affect my understanding of the PA profession? What did I do differently afterward?

The essay becomes stronger when experiences build on one another rather than appearing as unrelated accomplishments.

Explain Why the PA Role Fits You.

This section is frequently underdeveloped.

Do not rely on slogans such as 'lateral mobility,' 'work-life balance,' or 'team-based care' without explaining why those features matter to you. An admissions reader wants evidence that you understand the role from observation and experience.

If flexibility across specialties attracts you, explain why. If collaborative practice fits your approach, show where you learned that about yourself. If you value the medical model and clinical decision-making responsibilities, connect that interest to experiences that informed it.

Knowledge of the profession should appear naturally in the story.

The Conclusion: Direction, Not Repetition.

The final paragraph should not simply summarize the previous four paragraphs.

Return to the central idea and move it forward. What has the journey prepared you to do next? What perspective, discipline, curiosity, service orientation, resilience, or experience will you carry into PA education?

End with confidence, not certainty that you deserve admission. You are asking for the opportunity to continue becoming a clinician.

Voice: The Essay Should Sound Like You.

CASPA requires the statement to be in the applicant's own words and treats plagiarism as a violation of its code of conduct.¹

That requirement also points toward better writing. Admissions committees do not need an essay that sounds like a professional copywriter produced it. They need an articulate version of you. Read the essay aloud. If you would never use those words in conversation, ask why they are on the page.

Editing Without Losing Yourself.

Good editing removes clutter. Bad editing removes the applicant. Ask trusted readers to identify confusing passages, unsupported claims, repetition, grammar problems, and places where they want more detail. Do not ask every reader to rewrite sentences in their preferred style. If six people edit the essay independently, you can end up with six voices and none of them yours. The final decision about every sentence belongs to you.

AI: Use It as an Editor, Not an Author.

AI creates a new version of an old problem: the temptation to let someone else make your writing sound impressive.

CASPA's current guidance explicitly requires applicants to use their own words.¹ For that reason, the safest and most ethical use of AI is as a thinking and editing aid and not as a substitute author. Useful tasks include asking for questions that help you uncover a story, identifying repetition, checking whether the essay actually answers 'Why PA?', finding unclear transitions, or pointing out clichés.

Do not ask an AI system to invent a patient encounter, embellish an experience, create hardship, or produce a polished identity you cannot defend in an interview.

If the essay sounds dramatically different from the person who arrives for the interview, the technology has worked against you. Before submitting, make sure you can explain and defend every idea, phrase, and experience in the essay without assistance. If you cannot comfortably discuss it in an interview, it probably does not belong in your statement.

Patient Stories: Protect the Patient.

Clinical experiences often provide meaningful material, but the patient's privacy and dignity matter more than your essay. Use only the minimum contextual detail necessary. Avoid names and unnecessary identifying details. Focus on what you learned rather than turning a patient's illness into a dramatic device.

Most importantly, do not imply clinical responsibilities you did not have. If you observed, say you observed. If you assisted within your role, describe that role accurately. Integrity matters.

Writing About Adversity.

Adversity can belong in the personal statement when it directly helps explain your path, choices, or growth. It does not automatically belong there simply because it happened.

CASPA also includes a required Life Experiences essay that gives applicants another place to discuss impactful experiences, challenges, or hardships and how those experiences may contribute to empathy for patient communities.² That means you do not need to force every difficult event into the personal statement. Decide what best answers 'Why PA?' and what belongs elsewhere.

Academic Problems: Explain Only When They Advance the Story.

A personal statement is usually not the best place to spend half your available characters defending a poor semester unless the academic issue is central to your path and growth. Sometimes we offer too much when it isn't warranted or desired. Program-specific questions or other application sections may provide better opportunities to explain academic difficulty.

If you do address it, use a simple sequence: what happened, what you changed, and what objective evidence now demonstrates readiness. Avoid excuses and lengthy self-defense. I lost my scholarship after the first year of college. I was young, no direction, and threw away an opportunity. I did not make excuses. I explained how I learned from this and have never let a failure going forward dictate the ultimate outcome. I learned how to come back from mistakes and move ahead of my peers.

Common Personal Statement Mistakes.

Many weak essays are not terrible. They are forgettable. They contain correct grammar and admirable intentions but give the reader little reason to remember the applicant.

- Opening with a quotation that belongs to someone else.
- Beginning with 'I have always wanted to help people.'
- Retelling the résumé chronologically.
- Describing the PA profession without explaining personal fit.
- Using a dramatic patient story with little reflection.
- Claiming responsibilities beyond the applicant's actual role.
- Trying to sound medically sophisticated rather than personally clear.
- Listing every desirable PA trait and claiming to possess all of them.
- Writing about prestige, salary, or convenience as the primary motivation.
- Making the essay about why another profession was rejected.
- Over explaining academic weaknesses.
- Using clichés such as 'perfect fit' without evidence.
- Ending with a demand or assumption that admission is deserved.
- Submitting an essay polished by others until the applicant's voice disappears.
- Waiting until the final week to begin.

The 5,000-Character Discipline.

CASPA currently limits the personal statement to 5,000 characters, including spaces, carriage returns, and punctuation.¹ The limit forces choices.

Every paragraph should earn its space. Every anecdote should advance the answer. Every adjective should do useful work. Do not begin by trying to write exactly 5,000 characters. Write the story first. Then cut repetition, unnecessary background, résumé details, and generic language until the essay becomes focused. Shorter is not automatically better. Clearer is.

General Means General.

The CASPA personal statement is sent to all programs you select. CASPA therefore instructs applicants to keep it general rather than tailoring it to one school.¹

Do not name a specific program, city, faculty member, or curriculum unless you truly intend the statement to go only to that one program and CASPA still recommends keeping the statement general in case you later add programs.¹

Save school-specific enthusiasm for supplemental essays and interviews.

Once You Submit, It Is Submitted.

CASPA states that the personal statement cannot be edited after the application is submitted.¹

That makes the final review important. Read the essay on screen. Read it on paper. Read it aloud. Check names, punctuation, grammar, paragraph breaks, and the character count. Then stop editing. There is a point at which additional revision no longer improves the essay, it simply makes it different. At times the enemy of good is better.

A Three-Reader Strategy.

If possible, choose readers for different purposes. Reader one should know you well enough to say, 'This sounds like you' or 'This does not sound like you.' Reader two should understand healthcare or PA education well enough to identify misconceptions about the profession. Reader three should be a strong editor who can identify unclear writing and grammatical problems.

You do not need three people if you do not have them. The principle is to seek different kinds of feedback rather than asking everyone to rewrite the same paragraph.

The Personal Statement Test.

Before submission, answer these questions:

- ☐ Could this essay be submitted unchanged to nursing, medical, or physical therapy school? If yes, strengthen 'Why PA?'
- ☐ Does the essay contain at least one specific experience that only I could truthfully write?
- ☐ Does every major experience connect to reflection or action?
- ☐ Have I demonstrated that I explored the profession rather than simply admired it?
- ☐ Is any claim exaggerated?
- ☐ Have I protected patient privacy?
- ☐ Does the essay sound like me when read aloud?
- ☐ Does the conclusion move forward rather than repeat?
- ☐ Could I comfortably discuss every sentence in an interview?
- ☐ Have I stayed within the current CASPA character limit?

Navigator's Take.

Your personal statement is not where you become impressive. It is where you become understandable.

An admissions committee already has numbers, dates, course titles, job descriptions, and hours. Give them the part those fields cannot provide: the reason the pieces belong together.

Tell the truth. Be specific. Reflect. Explain why PA. Show what you did after the moment that first pointed you in this direction.

And remember: your Humvee does not need to be a Humvee. The best personal statement is not the most dramatic story in the applicant pool. It is the clearest, most credible version of yours.

Chapter 9 Navigation Exercise -Find the Spine of Your Essay.

- ☐ Write your answer to 'Why PA?' in 100 words without editing.
- ☐ Identify the first experience that made the profession personally meaningful.
- ☐ List three later experiences that tested or strengthened that interest.
- ☐ Choose only the two or three experiences that best support the story.
- ☐ Write one sentence explaining what each selected experience taught you.
- ☐ Draft the essay without worrying about the character limit.
- ☐ Remove résumé repetition and generic descriptions of the profession.
- ☐ Strengthen the specific explanation of why PA.
- ☐ Read the essay aloud and mark every sentence that does not sound like you.
- ☐ Have trusted readers review for authenticity, professional accuracy, and clarity.
- ☐ Confirm that no patient or experience is misrepresented.
- ☐ Check the live CASPA instructions and final character count immediately before submission.

References

1. Liaison International. Essay. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/5_Essay
2. Physician Assistant Education Association. Admission Suite of Products Updates. 2026-2027 CASPA cycle. Accessed August 10, 2026. <https://paeaonline.org/resources/member-resources/caspa/admission-suite-of-products-updates>

CHAPTER 10

Letters of Recommendation

Mark J. Ernst, DMSc, PA-C

Someone Else Gets to Describe You.

Most of the PA school application is written, entered, selected, or explained by you. A letter of recommendation is different.

For a few pages, or through the structured CASPA evaluation process, someone else is given the opportunity to tell an admissions committee what it is like to teach you, supervise you, work beside you, or watch you interact with patients.

That is why a strong recommendation can be so valuable. It supplies something your personal statement cannot: independent evidence.

What CASPA Calls an Evaluation.

CASPA uses the term evaluation for what applicants often call a letter of recommendation, letter of reference, or letter of evaluation. Evaluations are submitted electronically by the evaluator through Liaison Letters; the applicant cannot complete or submit the evaluation on the evaluator's behalf.¹

CASPA currently requires applicants to request at least two evaluations and allows a maximum of five through the centralized application.¹ Individual PA programs may impose more specific requirements about the number or type of evaluators they expect.

The number CASPA permits is therefore not automatically the number you should request. Your target programs determine the strategy.

Read Every Program's Requirements Before You Ask.

This is one of the places where applicants can create an avoidable problem very early.

PAEA specifically advises applicants to check each PA program's recommendation requirements before completing the reference section.² A program may request or require an evaluation from a professor, PA, physician, healthcare supervisor, employer, research mentor, or another particular relationship.

CASPA likewise warns applicants to research program requirements before listing evaluators because completed evaluations cannot simply be removed or replaced.¹ Do not choose your recommenders first and investigate the rules afterward.

The Strongest Name Is Not Always the Strongest Letter.

Applicants sometimes chase titles.

They want the department chair, famous physician, senior executive, program director, or prominent PA because they assume status will make the recommendation more powerful. A prestigious name attached to a generic paragraph is usually less useful than a detailed evaluation from someone who has watched you work.

The better question is not, 'Who is the most impressive person I know?' It is, 'Who can give the admissions committee credible examples of how I perform?'

What Makes an Evaluator Valuable.

A strong evaluator usually has three things: legitimate opportunity to observe you, enough time or depth of interaction to form an opinion, and the willingness to describe you specifically. They may be able to discuss reliability, academic ability, clinical judgment appropriate to your role, communication, maturity, response to feedback, teamwork, leadership, integrity, empathy, initiative, or growth.

The exact attributes will depend on the relationship. A science professor can speak about you differently from a clinical supervisor. That is useful. The goal is NOT to have three people repeat the same paragraph.

Build a Portfolio of Perspectives.

When program requirements permit it, think of recommendations as a portfolio. One evaluator might establish academic readiness. Another may describe patient-care performance and professionalism. A third may show leadership, maturity, service, or work ethic.

The combination should help the committee see you from different credible angles. Three excellent recommendations that add different information are stronger than five repetitive letters submitted simply because CASPA allows five.

Who Might Be a Good Evaluator?

Depending on the programs you select and the relationships you actually have, useful evaluators may include:

- A professor who taught you in a rigorous course and knows how you learn.
- A healthcare supervisor who directly observed your work with patients.
- A PA who supervised, mentored, or worked closely enough with you to evaluate you meaningfully.
- A physician or other clinician who directly observed your performance.
- A research mentor who can describe intellectual curiosity, reliability, and contribution.
- A military supervisor who can speak credibly about leadership, accountability, discipline, and performance.
- An employer who has observed sustained professionalism, initiative, teamwork, and responsibility.
- A service or organizational leader who has directly observed meaningful long-term contribution.

Who Is Usually a Weak Choice?

A weak evaluator is not necessarily a bad person. They are simply poorly positioned to evaluate you.

A family friend, relative, political connection, physician you shadowed for four hours, professor whose class had 300 students and who does not remember you, or executive who knows your parents better than they know you may carry a title but provide little evidence.

Unless a program specifically allows or requests such a relationship, personal recommendations should not substitute for professional or academic observation.

Ask the Most Important Question.

Do not ask only, 'Would you write me a letter?'

Ask, 'Would you feel comfortable providing me a strong recommendation for PA school?'

That small change gives the evaluator permission to decline.

A hesitant yes is information. A person who says, 'I don't think I know you well enough,' may be doing you a favor. It is horrible to see a letter submitted where there is no doubt the individual asked wrote the letter with no thought or insight about you as an individual. I have personally seen this happen to prospective PA students. It does not help your cause and efforts.

Ask Early.

CASPA recommends choosing evaluators early so they have adequate time to complete the electronic process.¹ Good recommendations take thought. Your evaluator may be teaching, practicing medicine, supervising employees, traveling, or handling dozens of other responsibilities. Ask before your deadline becomes their emergency.

Give the Evaluator a Useful Packet.

Once someone agrees, make the job easier without trying to write the recommendation for them.

Provide a concise packet containing your current résumé or CV, the programs or types of programs you are applying to, your target submission date, a short explanation of why you are pursuing the PA profession, and a reminder of experiences you shared with the evaluator. If a program specifically requests that the evaluator address certain characteristics, provide those instructions as well.

The purpose is to refresh memory and supply context. Not to dictate praise.

The Memory Jogger.

A particularly useful tool is a one-page memory jogger.

List two or three specific interactions the evaluator may remember: a difficult course project, a patient-care situation, a leadership responsibility, a time you responded to feedback, a research contribution, or a problem you helped solve. Do not tell them what conclusion to draw. Remind them what they actually observed. Specific recommendations usually begin with specific memories.

Do Not Write Your Own Recommendation.

Some evaluators may ask an applicant to draft a recommendation for them. That creates obvious problems because the point of the evaluation is independent assessment. If an evaluator wants background material, provide facts, a résumé, accomplishments, and examples. If they ask for a draft, I would encourage you to offer a structured summary of experiences instead and let them author their own evaluation.

The letter should represent the evaluator's judgment and voice.

What CASPA Sends the Evaluator.

When an applicant requests an evaluation, CASPA sends the evaluator an electronic invitation to Liaison Letters. The evaluator accepts, completes, or denies the request. Depending on the configured evaluation, the process can include written responses, rating scales, and/or an uploaded letter.¹

You can monitor the status of evaluation requests within CASPA, and CASPA notifies you when an evaluation is completed.¹ You cannot submit it for them.

The FERPA Waiver.

CASPA asks applicants whether they waive their right under the Family Educational Rights and Privacy Act to inspect and review an evaluation. The selection cannot later be changed.¹ CASPA explains that programs may view a waived evaluation as a more candid assessment because the evaluator completed it knowing the applicant would not have access to it.¹ Read the language carefully and make the decision intentionally. This is not a box to click without understanding it.

Confidentiality Can Strengthen Credibility.

The purpose of a confidential evaluation is not secrecy for secrecy's sake. It allows the evaluator to communicate directly with admissions programs. If you trust someone enough to ask them to recommend you, you should generally be comfortable allowing them to do so independently.

Do not pressure an evaluator to show you the letter before submission. This places the pressure back on the applicant to take the time and be thoughtful on who will help you reach your goals.

The Evaluation Must Arrive.

A brilliant recommendation sitting unfinished in someone's inbox has no admissions value.

CASPA makes the applicant responsible for ensuring evaluation requests are received and completed on time.¹ At the time of this writing current cycle dates allow evaluators to submit through April 5, 2027, but individual program deadlines can occur far earlier.³ More importantly, some deadline types require at least two evaluations to have been received before an application is considered complete or eligible for verification.⁴ Your real deadline is the earliest program deadline that affects you.

Follow Up Without Becoming a Nuisance.

A polite reminder is appropriate. When the evaluator agrees, tell them the date you hope to have the recommendation submitted. Send a short reminder as that date approaches if CASPA still shows it as incomplete. Do not email every 48 hours. Do not guilt them. Do not assume that because they agreed six weeks ago they remember your exact deadline.

Professional follow-up is part of managing your application. Professional follow-up is part of your career path and shouldn't be an obstacle.

What If an Evaluator Does Not Respond?

This is why you ask early and choose people who are dependable.

If a recommender has not responded after reasonable follow-up, CASPA provides mechanisms to manage requests subject to its current rules, but restrictions apply once an evaluator has begun or completed the process.^{1,2} Do not wait until the final days before a deadline to discover that the person has gone on vacation, changed institutions, or stopped checking the email address you used.

More Is Not Automatically Better.

CASPA allows up to five evaluations.¹ That does not mean five is always strategic. Every recommendation should have a reason to exist. If your programs require three and you have three strong, complementary evaluators, a fourth or fifth generic letter may add little.

Follow the requirements first. Add additional evaluations only when they contribute useful information and are accepted by your programs. It is a fine line. Always ask for one more letter than you need to help curtail last minute issues. Poor planning leads to poor outcomes.

Recommendations Should Match the Rest of the Application.

A recommendation is independent, but the overall picture should still make sense. If your personal statement describes sustained commitment to patient care and your clinical supervisor describes you as dependable, thoughtful, and engaged with patients, those independent pieces reinforce one another.

If you claim exceptional leadership but no evaluator who has worked with you can identify an example of leadership, the application may feel less convincing. Do not coach evaluators to create consistency. Build a life and application where consistency occurs naturally.

What a Generic Letter Sounds Like.

A generic recommendation often says that the applicant is hardworking, punctual, pleasant, intelligent, and would make a good PA. None of those statements is harmful. None tells the committee much.

A stronger evaluation contains evidence: how the applicant handled responsibility, responded to correction, communicated with a difficult patient, mastered challenging material, helped a team, solved a problem, or grew over time. You cannot control the final letter. You can improve the odds of specificity by choosing someone who actually observed you.

Your Relationship With the Evaluator Begins Before You Need the Letter.

Recommendation strategy should not begin three weeks before CASPA opens. Attend office hours when you genuinely need help. Ask thoughtful questions. Be reliable at work. Accept feedback without becoming defensive. Volunteer for responsibility you can handle. Follow through. Treat patients and coworkers well. Strong letters are usually the downstream result of strong professional relationships. Go into the workplace or academic setting with an open mind and begin looking for potential individuals that you might ask for a recommendation in the future. Again, planning ahead is always key to success.

After They Submit: Say Thank You.

When an evaluator completes the recommendation, thank them.

A brief handwritten note or thoughtful email is enough. Let them know you appreciate the time and trust they invested. Later, tell them what happened. If you are accepted, they should not have to learn about it through social media.

Professional relationships should not end when the favor is complete. I've written recommendations over the years and have not forgotten those who were truly grateful for my time and effort. It matters. The PA world is small.

The Evaluator Selection Matrix.

Before requesting evaluations, create a simple table or worksheet and score each potential evaluator on the following questions:

- ☐ Does this person meet the requirements of my target programs?
- ☐ How directly have they observed me?
- ☐ How recently have they worked with or taught me?

- ☐ Can they provide specific examples?
- ☐ Can they speak to qualities relevant to PA education or professional practice?
- ☐ Will their perspective add something different from my other evaluators?
- ☐ Are they dependable enough to meet the deadline?
- ☐ Would I be comfortable asking them for a strong recommendation rather than merely a recommendation?

A Recommendation Request Packet.

Once an evaluator agrees, consider providing:

- ☐ A brief thank-you and confirmation of the requested submission date.
- ☐ Your current résumé or CV.
- ☐ A short paragraph explaining why you are pursuing the PA profession.
- ☐ A list of the programs you are applying to or a summary of evaluator requirements.
- ☐ A one-page memory jogger with specific experiences you shared.
- ☐ Any program-specific instructions the evaluator needs.
- ☐ Your preferred contact information in case they have questions.
- ☐ Clear instructions that the formal request will arrive electronically through CASPA/Liaison Letters.

A Professional Request - What You Need to Communicate.

Your request does not need to be elaborate. It should communicate four things clearly: what you are applying for, why you are asking this particular person, whether they can provide a strong recommendation, and when you need it.

Ask personally when practical. Follow up in writing so the evaluator has the dates and process.

Respect a decline. A person who tells you they cannot write a strong letter has protected you from a weak one. The worst outcome is the program receiving a letter from a professor who has no idea who you are. As I have stated before I have seen it happen and it is quite embarrassing. I always called it the giant killer. You can have an impressive education, work, and life history, but a poorly written or thoughtless recommendation stands out that there might be an issue with your ability to working in certain environments.

Recommendation Red Flags.

- The evaluator barely knows you.
- The person agrees but sounds hesitant.
- You selected the person mainly because of their title.
- The relationship does not satisfy one or more target programs' requirements.
- You cannot think of a single specific example the evaluator has personally observed.
- The evaluator asks you to exaggerate your role or accomplishments.
- You are asking less than two weeks before an important deadline.

- The evaluator is consistently difficult to reach.
- Several evaluators would all describe the exact same part of your application.
- You are submitting extra letters simply because CASPA allows them.

Navigator's Take.

A recommendation should answer a question you cannot answer for yourself:

What is this person actually like when someone else is watching?

You can tell an admissions committee that you are dependable. A supervisor can describe the day you proved it. You can say you respond well to feedback. A professor can explain how your work changed after difficult criticism. You can claim leadership. A military supervisor can describe what happened when responsibility was actually placed in your hands.

That is the power of a good recommendation.

Do not collect famous names. Collect credible witnesses. Choose people who know you, prepare them without scripting them, give them enough time, follow the rules of every program, and then trust them to tell the truth about the applicant they have observed. Your application is your story. A strong recommendation is someone else confirming that the story makes sense.

Chapter 10 Navigation Exercise

- ☐ List every target program's current evaluator requirements.
- ☐ Identify 4–6 people who could potentially evaluate you.
- ☐ Write one sentence describing what each person has directly observed.
- ☐ Eliminate anyone chosen primarily for prestige.
- ☐ Select a complementary group that satisfies all program requirements.
- ☐ Ask each person whether they can provide a strong recommendation.
- ☐ Create a résumé/CV and one-page memory jogger for each confirmed evaluator.
- ☐ Prepare an evaluator packet.
- ☐ Send requests early through the correct CASPA process.
- ☐ Record the date requested, target completion date, and CASPA status.
- ☐ Follow up professionally.
- ☐ Confirm the required evaluations are received before your earliest applicable deadline.
- ☐ Thank each evaluator and update them when you know the outcome.

References

1. Liaison International. Evaluations. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Filling_Out_Your_CASPA_Application/CASPA_Supporting_Information/1_Evaluations
2. Physician Assistant Education Association. CASPA Application Tips. Accessed August 10, 2026. <https://paeonline.org/how-we-can-help/advisors/caspa-application-tips>
3. Liaison International. CASPA Application Cycle Dates. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Starting_Your_CASPA_Application/Getting_Started_with_Your_CASPA_Application/2_CASPA_Application_Cycle_Dates
4. Liaison International. CASPA Participating Programs and Eligibility. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Starting_Your_CASPA_Application/Getting_Started_with_Your_CASPA_Application/3_CASPA_Participating_Programs_and_Eligibility

CHAPTER 11

Preparing for the Interview

Mark J. Ernst, DMSc, PA-C

The Invitation Changes the Question.

Up to this point, your application has been asking a PA program to notice you. An interview invitation means the program already has.

Your grades, experiences, personal statement, evaluations, and application were strong enough to move you into a smaller group of candidates. The question now changes. The committee is no longer asking only, “Can this person build a competitive application?” It is trying to understand the person behind it: how you communicate, think, listen, respond to uncertainty, understand the profession, interact with others, and fit the mission and learning environment of the program.

An interview invitation is not an acceptance. But it is evidence that the program sees enough potential to invest faculty and staff time in getting to know you.

The Interview Is Not a Performance.

Applicants often prepare for interviews as if they are auditioning for a role called Perfect PA Student. They memorize answers. They rehearse inspirational lines. They collect lists of “best responses” from the internet. They attempt to predict exactly what the committee wants to hear. The result can be polished and strangely unconvincing.

Preparation matters. PAEA's current guidance for applicants specifically recommends practicing, developing a concise introduction that explains who you are and why you chose the PA profession and the program, researching the program's history, mission, vision, goals, and outcomes, and preparing insightful questions.¹ The purpose of preparation is not to memorize a character. It is to know your own story well enough that you can discuss it clearly under pressure.

Know What You Submitted.

Before preparing answers, reread your entire CASPA application.

Review your personal statement, Life Experiences essay, experience descriptions, achievements, academic history, supplemental responses, and anything else you submitted to that program. Your interviewers may have access to some or all of this material depending on the program's process.

Be able to discuss every significant claim honestly. If you wrote that a particular patient-care experience changed your understanding of healthcare, remember why. If you described leadership, be prepared with an example. If you identified a weakness or setback, know what changed afterward. Your interview should sound like the same person who wrote the application.

Research the Program Like You May Actually Attend.

Do not prepare only to be accepted. Prepare to decide whether you should attend. PAEA identifies the CASPA Program Directory as a central source for current program information, and it recommends that applicants research individual program requirements and characteristics.^{2,3}

Study the program's own website as well. Know its mission, curriculum structure, clinical education model, location, accreditation status, program length, class size when published, community partnerships, distinctive tracks or emphases, student support resources, and published outcomes. Do not memorize the website. Identify the features that genuinely matter to you. Nothing worse than an individual who has no idea about the program.

Mission Fit Is More Than Repeating the Mission Statement.

If a program emphasizes rural healthcare, underserved populations, primary care, leadership, research, community engagement, or another priority, repeating those words back to the committee does not demonstrate fit.

Ask what in your own history connects to that mission. Maybe you have served in rural communities. Maybe you have worked with veterans. Maybe your clinical experience exposed you to access problems. Maybe your long-term interests align with a particular educational model.

Be prepared to explain where the program's priorities intersect naturally with your actual experiences and goals.

Know the Profession You Are Asking to Join.

ARC-PA describes PAs as medical professionals prepared to practice medicine on collaborative medical teams. The profession requires medical knowledge as well as interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities.^{4,5}

You do not need to sound like a practicing PA during an admissions interview. You are not one yet. You should, however, be able to explain what PAs do, how the profession fits within modern healthcare, why the role appeals to you, and what you learned from actual exposure rather than internet definitions.

Prepare Your Core Story.

Most interviews contain some variation of several fundamental questions even when the wording changes.

- Tell me about yourself.
- Why do you want to become a PA?
- Why this program?
- What experiences prepared you for PA school?
- What is a strength you will bring to the class?
- What is an area in which you are still developing?
- Tell us about a setback, conflict, mistake, or difficult experience.
- What do you understand about the PA profession?
- What will you do if you are not accepted this cycle?

Your 90-Second Introduction.

Prepare a concise introduction, not a memorized autobiography.

A useful structure is present, path, purpose. Begin with who you are now. Briefly explain the experiences that led you here. End with why those experiences point toward PA education. Practice until the structure is familiar, then allow the wording to change. If the answer must be recited exactly, you have memorized a speech rather than prepared for a conversation. Present to friends, co-workers, and frankly anyone who will listen. Becoming comfortable with how you present yourself or answer questions is key to interviewing.

Why PA?

This question deserves more preparation than almost any other. Your answer should be consistent with your personal statement but should not sound like you are reciting it. Explain the experiences that allowed you to understand the role and why those features fit the way you want to practice medicine.

Avoid defining PA primarily by what it is not. “I did not want to spend as long in school as a physician” is not a compelling professional identity. Neither is choosing PA solely for lifestyle, salary, or specialty flexibility. Those practical factors may matter. They simply should not be the foundation of your professional motivation.

Why Our Program?

Generic praise is easy to detect.

“You have a great reputation” and “I love your mission” could be said at almost any interview.

Identify two or three program characteristics that matter to you and explain why. Perhaps the program's curriculum, service emphasis, clinical network, educational philosophy, geographic mission, veteran focus, minority focus, simulation resources, or community partnerships connect to your goals.

Then be ready for the harder follow-up: “Why does that matter to you?”

Behavioral Questions: Evidence Beats Adjectives.

When asked whether you are resilient, collaborative, ethical, adaptable, or a leader, do not spend two minutes describing the adjective.

Give an example. A practical structure is Situation, Task, Action, Result, Reflection. The familiar STAR framework becomes more useful for admissions when you add the final R: what did you learn and what would you carry forward? The reflection is often where maturity becomes visible.

Build a Story Bank.

Do not memorize twenty answers. Prepare six to eight real experiences that can support multiple questions.

- A time you failed or did not perform as expected.
- A conflict with a coworker, classmate, supervisor, or teammate.
- A time you received difficult feedback.
- A leadership situation.
- A patient or service experience that changed your perspective.

- An ethical or professionalism challenge.
- A time you had to adapt quickly.
- A situation in which you asked for help.
- A meaningful accomplishment.
- A moment that reinforced your decision to pursue PA practice.
- Return to the Story Bank you began in Chapter 5 and expand it into six to eight interview-ready experiences.

The Mistake Question.

One of the best ways to make a mistake question worse is to pretend you have never made one. I personally have failed more times than I wish to remember, but it shows my growth and resilience. Choose an example you can discuss responsibly. Explain what happened without blaming everyone around you. Describe your role, what you did next, and what changed in your behavior.

The committee is not necessarily looking for a flawless history. It may be looking for accountability.

The Weakness Question.

Avoid fake weaknesses disguised as compliments: ‘I care too much,’ ‘I am too much of a perfectionist,’ or ‘I work too hard.’ Choose a real area of development that is appropriate to discuss and demonstrate active improvement. The strongest answer usually has three parts: honest limitation, specific corrective action, and evidence of progress.

Questions About Conflict.

Healthcare is collaborative. PA education is collaborative. Conflict is inevitable. Do not use a conflict answer to prove that the other person was unreasonable and you were right. Show that you can listen, clarify expectations, communicate directly, manage emotion, seek appropriate help, and remain focused on the shared goal.

Ethical and Situational Questions.

You may also encounter ethical or situational questions. Focus on identifying the problem, affected parties, safety, professionalism, relevant information, and your reasoning. Chapter 12 develops this approach in detail.

Do not rush to produce the cleverest answer. Take a moment and clarify the problem. Identify who may be affected. Consider safety, honesty, privacy, fairness, professional boundaries, and whether additional information is needed. Explain your reasoning aloud. In many scenarios, the process of thinking matters as much as the conclusion.

You Are Allowed to Pause.

A short pause is not failure. If a question requires thought, take a moment. You can say, “I want to think about that for a second.” A measured response is often better than filling silence with words you later wish you had not said. Elon Musk went viral for an uncomfortably long pause, 12-21 seconds, where he reflected on a question before delivering his response. You could see his thought process occurring in real time. I saw it as a deep, first principles thinking rather than rushing to a scripted answer.

Traditional Interviews.

A traditional interview may be one-on-one or involve a panel. It may be conversational, structured, semi-structured, open-file, closed-file, or some combination. Do not assume that a relaxed interviewer means the interview is unimportant. A conversational style can still be evaluative. Answer the question that was asked. Listen for follow-ups. Do not force a rehearsed story into a question it does not answer.

Panel Interviews.

A panel may include faculty, clinicians, administrators, community members, alumni, or students depending on the program.

Address the person who asked the question, but include the other panelists naturally with eye contact. You are having one conversation with several people, not delivering separate speeches to each person. You need to learn how to work a room. The ability to handle this stressful scenario speaks to your ability to handle tough situations and your calm nature may be more important than a “perfect” response.

Also of note is if one panelist appears neutral or takes notes without smiling, do not interpret it. Interviewers have different styles. I have realized that I do not appeal to everyone. It is okay. I would rather land in an environment looking for an individual like me, rather than becoming part of a group that does not.

Multiple Mini-Interviews.

Some health-professions programs use the Multiple Mini-Interview, or MMI, in which applicants rotate through a series of short stations rather than completing one long interview.

Evidence from medical-education admissions research suggests that MMIs can provide useful reliability and may assess interpersonal, reasoning, and nonacademic attributes across multiple samples of behavior, although the literature is heterogeneous and most published evidence is from medical rather than PA admissions.^{6,7} Your strategy should not be to memorize MMI answers. Practice entering a new problem, identifying the central issue, organizing your reasoning, communicating clearly, and then resetting for the next station.

Group Activities and Collaborative Exercises.

Some programs incorporate group tasks, discussions, or collaborative activities. Do not assume the goal is to become the loudest person in the room. Strong collaboration can include inviting quieter members into the discussion, summarizing competing ideas, helping the group organize, disagreeing respectfully, and moving the task forward.

Leadership is not always speaking first.

Virtual Interviews.

Virtual interviews remove travel but create a different set of risks.

Test the platform, camera, microphone, internet connection, lighting, framing, and display name. Place the camera near eye level. Close unnecessary applications and notifications. Use a quiet, professional environment and have a backup plan for connectivity problems. Notify family and friends to eliminate noise and distractions. Nothing like having your dogs freak out because an Amazon delivery arrives in the middle of your interview.

Look at the camera often enough to create natural eye contact, but do not become robotic about it. In addition to in person interview practice go ahead and use technology as well. Something will always go wrong. Be as prepared as possible.

Additionally keep program contact information nearby in case technology fails.

In-Person Interview Logistics.

Know where you are going before interview morning. Go visit if possible. Plan for issues in advance. Confirm the address, parking, building entrance, check-in time, travel time, and local conditions. If air travel is required, build margin for delays when possible.

Arriving thirty minutes early to the area and calmly waiting is better than discovering ten minutes before check-in that the interview is on a different campus. Nothing irks me more than poor planning and tardiness. This transitions into whether you are prepared or even cared enough to present the best you to the program.

What to Wear.

Choose professional attire that is conservative, clean, comfortable, and unlikely to distract you. This is not freedom of expression day. Whether we like it or not we are judged by appearances. I do not show up sporting my tattoo's when conducting business. You do not need an expensive wardrobe. You need clothing that allows the committee to focus on you rather than your outfit. You should have a fresh haircut or style, wear nothing provocative, do not over do perfume or cologne. Prepare it the night before. Interview morning is not the time to discover that a button is missing.

The fact that I need to mention cleanliness is disturbing to me, but I have seen people arrive looking like they didn't bathe or just rolled out of bed and happened to find an ill fitting wrinkled suit or dress on the floor that morning. First impressions matter.

Professionalism Begins Before the Formal Interview.

Treat the entire visit as part of the interview experience. Be respectful to coordinators, reception staff, students, other applicants, drivers, and anyone else you encounter. Do not assume that only faculty opinions matter. Your professionalism should not switch on when you enter the interview room.

You will learn in life that everyone is important in this process. Being disrespectful of security, janitorial, or parking staff can lead to a complaint. This shows who you are as a person. Be a respectful professional in all walks of life.

Do Not Compete With the Other Applicants in the Lobby.

The person sitting next to you is not the enemy. Do not compare GPAs, patient-care hours, acceptances, GRE scores, or how many interviews everyone has received. That conversation rarely makes anyone perform better. Be courteous and polite. It's okay to share pre interview jitters. It can be refreshing to see that everyone is freaked out about the day. It can be quite helpful to know you are all in this together. Learn what you can about the program. Keep your attention on your own preparation, but remember to take a breath and be open to kindness.

Know the Major Issues Facing the Profession.

You do not need to arrive with a policy thesis. You should be aware that the profession exists within a changing healthcare environment. Be prepared to discuss issues such as healthcare access, workforce needs, team-based

care, professional identity, scope and regulation, health disparities, technology and AI, clinician burnout, cost, and the responsibilities that come with expanding PA practice.

If asked about a controversial issue, demonstrate that you can understand more than one perspective before stating your own reasoned view. As I have gotten older I understand the less I really know. I have no qualms about expressing how I don't always know the definitive answer, but I will express how open I am to change and exploring all options. It's made me a better person and provider.

Current Events: Read Beyond the Headline.

If you choose to discuss a healthcare issue, know enough to discuss it responsibly. You aren't even in medicine yet so your thoughts must be tempered by your lack of participation. Avoid turning the interview into partisan commentary. Focus on patients, evidence, access, safety, professional responsibility, and tradeoffs. It is acceptable to say that an issue is complex and while you have an opinion it may need to be tempered with further exploration of the subject.

Questions You Should Ask Them.

At some point, you may be invited to ask questions. This is not filler at the end of the interview.

Ask questions whose answers would actually help you decide whether to attend. PAEA specifically recommends preparing insightful questions for the interview.¹

- How does the program support students who are academically struggling before they reach a crisis?
- How is feedback delivered during the didactic and clinical phases?
- What characteristics distinguish students who thrive here?
- How are clinical rotation sites selected and monitored?
- How much travel or relocation is typically required during clinical education?
- How does the program's mission show up in the actual curriculum and clinical experiences?
- What opportunities exist for mentorship from faculty, practicing PAs, or alumni?
- How does the program evaluate and improve its curriculum based on student outcomes?
- What changes has the program made recently in response to student or faculty feedback?
- What do current students wish they had understood before matriculating?

Questions You Probably Should Not Lead With.

Do not spend your limited question time asking for information clearly published on the website. Questions focused immediately on vacation time, how little attendance is required, whether exams are easy, or how soon you can leave campus may communicate priorities you did not intend. Practical questions about cost, scheduling, housing, and logistics are legitimate. Ask them in the appropriate setting and at the appropriate time.

Another issue is the potential student discussing all the accommodations that should be made for their issues, beliefs, etc. I have found some demanding individuals over the years. While I understand that there might be a learning style issue to be discussed this should come after acceptance. Creating potential denial barriers is a bad choice.

Interview Day: Eat, Sleep, Arrive, Breathe.

Your preparation is not improved by staying awake until 2:00 AM memorizing one more list of questions. Get reasonable sleep. Eat something you tolerate well. Hydrate. Bring what the program requests. Arrive early enough to recover from ordinary problems.

Nervousness is normal. The goal is not to eliminate it. The goal is to remain functional while nervous.

After the Interview.

Write down impressions while they are fresh: faculty culture, student interactions, curriculum questions, concerns, travel expectations, and how you felt in the environment. Follow any program instructions regarding post-interview communication. If you send a thank-you message, keep it concise and professional rather than using it as a second personal statement.

Most importantly, do not replay every answer for the next three weeks. You will remember imperfections that the interviewer may not have noticed at all. We are the toughest critics on ourselves. Learn from mistakes and prepare for that next interview. Don't be surprised though if your concerns were never a concern for the admissions committee.

The Acceptance Test.

Before the interview, ask yourself one question that has nothing to do with impressing the committee:

If this program offered me the only seat I received this cycle, would I want to attend?

If the answer is uncertain, use the interview day to learn why. An interview is a selection process in both directions.

Navigator's Take.

Prepare enough that you do not need to perform.

Know your application. Know your story. Know the profession. Know the program. Build a bank of real experiences. Practice speaking about them without memorizing speeches.

Then listen. Regurgitating fun facts will not win them over.

An interview is not a rapid-fire examination in which every question has one hidden correct answer. It is an opportunity for a program to see how you think and for you to see the people who may educate you.

You have already earned the invitation.

Now help them meet the person who earned it.

Interview Preparation Blueprint.

- ☐ Re-read your complete CASPA application and every supplemental response.
- ☐ Research the program's mission, curriculum, clinical model, accreditation status, outcomes, and distinctive features.
- ☐ Prepare a flexible 60- to 90-second introduction.
- ☐ Practice a clear answer to Why PA?
- ☐ Identify 2-3 specific reasons this program fits you.
- ☐ Build a story bank of 6-8 real experiences.
- ☐ Practice Situation-Task-Action-Result-Reflection responses.
- ☐ Review major contemporary issues affecting PA practice and healthcare.
- ☐ Practice ethical and situational reasoning aloud.
- ☐ Prepare at least five thoughtful questions for the program.
- ☐ Complete at least one mock interview with someone who will give candid feedback.
- ☐ Practice on video at least once to identify distracting habits.
- ☐ Confirm interview format: traditional, panel, MMI, group, virtual, or hybrid.
- ☐ Confirm time zone, check-in time, location or video platform, and required materials.
- ☐ Prepare clothing and logistics the day before.
- ☐ Plan a brief reset routine for difficult questions or MMI stations

A 7-Day Interview Preparation Plan

Day	Focus	Work
7	Know Yourself	Reread CASPA and supplements. Mark
6	Know the Program	Research mission, curriculum, clinical
5	Build the Story Bank	Select 6-8 experiences covering failure,
4	Core Questions	Practice Tell me about yourself, Why PA,
3	Format Practice	Practice traditional questions plus MMI/
2	Mock Interview	Complete a realistic mock interview.
1	Logistics and Reset	Light review only. Confirm travel/

Questions to Practice - Without Memorizing.

- Tell me about yourself.
- Why do you want to become a PA?
- Why are you interested in our program?
- What do you believe is the role of a PA?
- What experience best prepared you for PA school?
- Tell me about a time you failed.
- Tell me about a time you received difficult feedback.
- Describe a conflict and how you handled it.
- What would your coworkers say about you?
- What is an area you need to improve?
- What does professionalism mean to you?
- Tell me about an ethical dilemma you have encountered.
- How do you handle stress?
- How will you manage the academic intensity of PA school?
- What will you contribute to your cohort?
- How have you served people different from yourself?
- What healthcare problem concerns you most?
- What would you do if you observed a classmate behaving unprofessionally?
- What would you do if you were not accepted this cycle?
- What questions do you have for us?

Chapter 11 Navigation Exercise.

- ☐ Write your 90-second introduction in bullet form, then practice it without reading.
- ☐ Write your Why PA answer in three sentences.
- ☐ Identify three specific features of each program that genuinely matter to you.
- ☐ Create your 6-8 story bank and label which interview questions each story could support.
- ☐ Practice one failure story that demonstrates accountability rather than excuse-making.
- ☐ Practice one conflict story that demonstrates listening and resolution.
- ☐ Choose one healthcare issue and prepare to explain multiple perspectives on it.
- ☐ Complete five MMI-style scenarios aloud if your target program uses MMIs.
- ☐ Record one mock interview and review it once without sound for nonverbal habits, then once with sound for content.
- ☐ Prepare five questions you truly want the program to answer.
- ☐ Write down your travel or virtual-interview contingency plan.
- ☐ After the interview, record your impressions before discussing the day with other applicants.

References

1. Physician Assistant Education Association. CASPA Reapplicant Checklist. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/advisors/caspa-reapplicant-checklist>
2. Physician Assistant Education Association. Advisors and Pre-PA Students. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/advisors>
3. Physician Assistant Education Association. CASPA Program Directory. 2026-2027 application cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
4. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for Physician Assistant Education. 5th ed. Updated July 2024. Accessed August 10, 2026. <https://www.arc-pa.org/wp-content/uploads/2025/05/Standards-5th-Ed-July-2024-1.pdf>
5. Accreditation Review Commission on Education for the Physician Assistant. Compliance Manual for Standards, 6th edition. Published February 27, 2026. Accessed August 10, 2026. <https://www.arc-pa.org/wp-content/uploads/2026/02/1-Compliance-Manual-6e-pub-02-27-2026.pdf>
6. Lin JC, Lokhande A, Margo CE, Greenberg PB. Best practices for interviewing applicants for medical school admissions: a systematic review. *Perspect Med Educ*. 2022;11(5):239-246. doi:10.1007/s40037-022-00726-8
7. Jerant A, Henderson MC, Griffin E, et al. Reliability of Multiple Mini-Interviews and traditional interviews within and between institutions: a study of five California medical schools. *BMC Med Educ*. 2017;17:190. doi:10.1186/s12909-017-1030-0

CHAPTER 12

MMI, Behavioral, and Ethical Questions

Mark J. Ernst, DMSc, PA-C

This Chapter Is About How You Think.

Chapter 11 prepared you for the interview as an event. This chapter goes deeper into the questions that often make applicants most uncomfortable: Multiple Mini-Interview stations, behavioral questions, ethical dilemmas, professionalism scenarios, and situations in which there may be no single perfect answer.

These questions are difficult for a reason. They reduce your ability to rely on a polished biography and require you to think in real time.

PA programs use different interview formats and selection criteria. PAEA emphasizes that individual programs design their own admissions processes, and its admissions resources include traditional, group, panel, scenario-based, and Multiple Mini-Interview approaches.^{1,2} Current PAEA program listings also show that MMI and scenario-room formats are actively used by multiple PA programs.³⁻⁶

Your job is not to discover a secret answer key. Your job is to demonstrate a thoughtful, professional process.

What Is an MMI?

The Multiple Mini-Interview, commonly called the MMI, uses a series of short stations rather than one extended interview. Each station presents a new interviewer, prompt, scenario, task, or discussion.

PAEA's PA Program Admissions Resources includes sample MMI schedules with multiple timed stations and separate program-information and student-interaction sessions.²

Because each station is a fresh encounter, the format samples behavior repeatedly. A difficult station does not have to define the entire interview.

That last point is psychologically important: you get another door.

Why Programs May Use Multiple Stations.

Admissions interviews are imperfect measurement tools. Research in health-professions education has examined whether structure and repeated observations can improve the reliability of admissions decisions.⁷⁻⁹

The MMI was developed in medical education partly to sample applicants across multiple encounters and reduce the influence of one interviewer or one conversation. Published reviews generally find useful reliability for MMIs, although results vary by design, number of stations, raters, and setting.⁷

Most of that validation literature comes from medical-school admissions, not PA admissions. It is therefore best used to understand the logic of the format rather than to claim that every PA MMI measures applicants with identical reliability.

The First MMI Rule: Answer the Station You Were Given.

Applicants can become so focused on frameworks that they stop responding to the actual prompt.

Read or listen carefully. Identify what you are being asked to do. Are you making a decision? Explaining your reasoning? Speaking to a simulated person? Discussing an ethical conflict? Prioritizing actions? Collaborating with another applicant? Do not force every station into the same memorized template.

A Practical MMI Reasoning Framework.

When a scenario is complex, use a mental sequence rather than a memorized speech:

- 1. Identify the central problem.
- 2. Identify the people affected.
- 3. Clarify what you know—and what you do not know.
- 4. Identify immediate safety or professionalism concerns.
- 5. Consider competing values and reasonable perspectives.
- 6. Explain what you would do and why.
- 7. Identify when you would seek supervision, policy guidance, or additional expertise.
- 8. Reflect on what could change your decision.

Do Not Solve Missing Facts by Inventing Them.

Many scenarios are intentionally incomplete.

If you do not know whether a patient has decision-making capacity, say that capacity would need to be assessed. If you do not know whether a classmate made an honest mistake or intentionally falsified information, explain that you would clarify the facts before making an accusation. Reasoning under uncertainty is stronger than confidently inventing details.

Ethics: Four Principles Give You a Starting Point.

AAPA's ethical guidance identifies four broad bioethical principles that inform PA ethical decision-making: autonomy, beneficence, nonmaleficence, and justice.¹⁰

Autonomy concerns a patient's right to make informed choices. Beneficence asks what promotes the patient's welfare. Nonmaleficence focuses on avoiding unnecessary harm. Justice concerns fairness, including the fair distribution of risks, resources, and care.¹⁰ These principles are not magic words that automatically solve a dilemma. They help you identify why a situation is difficult.

Ethics Is Not the Same as Personal Preference.

An ethical scenario may intentionally place your personal values in tension with a patient's choices or professional responsibilities.

AAPA's guidance states that PAs should consider patient preferences, clinical information, ethical concepts, other members of the care team, and legal obligations.¹⁰ It also emphasizes respect for patient self-determination while recognizing that ethical and legal obligations may not always align perfectly.¹⁰

An interview answer becomes stronger when you distinguish 'what I personally prefer' from 'what my professional role requires me to consider.'

Patient Safety Comes First - but Say What That Means.

Applicants often say, 'Patient safety comes first,' and stop there.

That is a principle, not yet a plan.

Explain the risk. Identify whether the situation requires immediate intervention. State who needs to be informed. Describe how you would protect the patient while preserving privacy, fairness, and due process for others involved. Professional reasoning converts values into actions.

Confidentiality.

Confidentiality scenarios may involve family members, coworkers, social media, electronic records, or conversations in public spaces.

AAPA identifies protection of patient-specific information as a core professional value and specifically warns against discussing or posting identifiable patient information online.¹⁰

In an interview scenario, first ask whether disclosure is authorized or otherwise required or permitted. Avoid assuming that being a relative, friend, coworker, or healthcare professional automatically entitles someone to information.

Autonomy and Refusal.

A competent adult patient may make a choice you would not make for yourself.

An ethical response should explore whether the patient understands the relevant information, alternatives, risks, and consequences and whether the decision is voluntary. If capacity or coercion is in question, that changes the analysis.

Respect for autonomy does not mean abandoning the patient. It means informing, listening, clarifying, and respecting lawful choices while continuing appropriate care.

Justice and Scarce Resources.

Some scenarios ask you to allocate limited time, appointments, medications, beds, or other resources.

Do not decide who 'deserves' care based on social worth.

Identify clinically relevant criteria, fairness, consistency, established policy, urgency, likely benefit when appropriate, and the need for transparent processes. Justice asks you to notice whether similar patients are being treated similarly.

Professionalism and the Impaired or Unsafe Colleague.

A common scenario involves a classmate, coworker, or clinician whose behavior may place patients or others at risk. Do not choose between two extremes: ignoring the problem or immediately destroying someone's career.

Assess immediacy. If a patient is in danger, protect the patient first. Then use the appropriate supervisory, institutional, or reporting pathway. Separate observed facts from assumptions. Compassion for a struggling colleague and responsibility to patients can coexist.

Academic Integrity.

You may be asked what you would do if you saw a classmate cheating, falsifying information, sharing prohibited exam content, or misrepresenting clinical work.

The comfortable answer, 'I would mind my own business', ignores the professional implications of dishonesty in healthcare education.

Again, facts matter. Clarify what you actually observed, follow program policy, avoid gossip, and use the appropriate reporting process.

The Difficult Patient or Family Member.

Scenario questions may test communication more than ethics.

Start by listening. Determine what the person is actually upset about. Acknowledge emotion without automatically agreeing with every accusation. Clarify the concern, explain what you can, and identify what needs escalation.

Do not win the argument and lose the patient.

The Angry Teammate.

If a teammate becomes frustrated or confrontational, resist the temptation to diagnose their personality. Focus on the behavior and the task. Ask what is driving the disagreement. Restate the shared goal. Identify what can be resolved directly and when a supervisor or faculty member should be involved. Healthcare teams need people who can disagree without making every disagreement personal.

Cultural Humility and Difference.

You may encounter scenarios involving beliefs, language, disability, socioeconomic barriers, religion, gender, family structure, or cultural practices.

Do not assume that 'respecting culture' means accepting every practice without question, and do not assume your own norms are neutral. Ask. Listen. Use qualified interpreters when language access is needed. Consider safety and autonomy. Avoid stereotyping. Recognize when you need help understanding a patient's perspective.

Behavioral Questions: Your Past as Evidence.

Behavioral questions ask you to describe something that actually happened: a failure, conflict, leadership challenge, difficult feedback, stressful situation, ethical concern, or time you changed your approach.

The premise is straightforward: your past behavior gives the interviewer concrete material to evaluate.

These questions are not invitations to tell the most impressive story you possess. They are opportunities to show self-awareness.

STAR Is Useful. Reflection Makes It Better.

The STAR framework; Situation, Task, Action, Result - is a practical way to keep a behavioral answer organized.

For PA admissions, I would add a fifth element: Reflection.

Situation: Give only the context needed. Task: Explain your responsibility. Action: Focus on what you actually did. Result: State what happened. Reflection: Explain what you learned, what changed, and what you would carry into PA education.

Do not spend 80% of the answer describing the situation and 20% describing yourself.

Failure Questions.

Choose a real failure or significant shortcoming. A story in which you secretly succeeded brilliantly is not a failure story.

Own your part. Explain what you changed. Provide evidence that the lesson affected later behavior.

Failure becomes useful in an interview when the applicant can discuss it without collapsing into shame or converting it into blame.

Receiving Feedback.

PA school involves frequent evaluation. Clinical training adds another layer: preceptors will watch you work and correct you. A strong feedback example shows that you can hear criticism, clarify it, decide what action is needed, and demonstrate improvement.

You do not need to pretend every criticism you have ever received was perfectly delivered. You do need to show that imperfect delivery does not prevent you from extracting useful information.

Leadership Questions.

Leadership is not synonymous with being in charge.

Good examples may involve organizing a team, speaking up about a risk, helping a group reach a decision, mentoring someone, taking responsibility after a mistake, or knowing when someone else should lead.

Do not spend the answer proving you were the smartest person in the room.

Stress and Resilience.

Do not answer a stress question by claiming that you do not get stressed.

PA education is demanding. A credible answer acknowledges pressure and explains how you manage it: planning, prioritization, sleep, exercise, support systems, early help-seeking, realistic scheduling, reflection, or other healthy strategies. Resilience is not the ability to absorb unlimited strain without assistance.

The 'Tell Me About a Time...' Story Bank.

Before interview day, prepare real examples in several categories:

- A mistake you owned.
- A failure that changed your behavior.
- Difficult feedback you used.
- A conflict you helped resolve.
- A time you led without formal authority.
- A time you followed someone else's leadership.
- A time you advocated for another person.

- A time you recognized your own limitation and asked for help.
- A stressful situation you managed appropriately.
- A time you worked with someone whose background or perspective differed from yours.
- A professionalism concern.
- A meaningful patient-care or service experience.

Ethical Questions: A Five-Lens Approach.

When you are given an ethical scenario, look through five lenses:

- Patient: What does the patient need, want, understand, and risk?
- People: Who else is affected—family, classmates, clinicians, community, institution?
- Principles: Which ethical duties are in tension; autonomy, beneficence, nonmaleficence, justice, confidentiality, honesty, fidelity?
- Process: What policies, laws, supervision, expertise, or additional information are relevant?
- Plan: What would you do now, what would you communicate, and what would you reassess?

Do Not Turn Ethical Questions Into Legal Trivia.

You are applying to PA school, not sitting for a bar examination.

If you know a relevant legal principle, use it carefully. If you are uncertain about a law or institutional policy, say you would seek appropriate guidance rather than inventing a rule.

AAPA itself notes that ethical and legal standards may differ and that PAs may need ethics or legal consultation in difficult circumstances.¹⁰

Knowing when you need expertise is part of professional judgment.

MMI Role-Play Stations.

A role-play station may ask you to speak with an upset classmate, disclose a mistake, address a team conflict, explain a decision, or respond to someone experiencing distress.

Do not begin by delivering a solution.

Introduce yourself if appropriate. Listen. Ask open questions. Reflect what you heard. Clarify the goal. Then work toward next steps.

The simulated person is not an obstacle to get past. The interaction is the station.

MMI Collaboration Stations.

A station may ask you to work with another applicant or interviewer on a task. Demonstrate organization without domination. Share information. Invite input. Clarify assumptions. Keep the group moving. If your partner has a better idea, use it. Collaboration is not losing.

MMI Policy or Social-Issue Stations.

You may be asked to discuss a healthcare policy, public-health issue, professional controversy, or allocation question. Start by defining the problem and affected groups. Acknowledge tradeoffs. Separate evidence from values. Avoid turning complexity into a slogan. You can take a position while demonstrating that reasonable people may weigh competing priorities differently.

What If You Do Not Know the Topic?

Do not bluff.

State what you understand, identify what you would need to know, and reason from reliable principles. An applicant who recognizes the limits of their knowledge can be safer and more credible than one who confidently improvises false facts.

The MMI Reset Skill.

An MMI rewards a skill that also matters in clinical life: letting go of the last encounter.

Every station ends. You may leave one convinced that you misunderstood the question or forgot an important point. Do not conduct a postmortem in the hallway. The next station is independent enough that you must treat it as a new beginning. Reset your posture. Exhale. Read the next prompt. Start again.

Reset. Read. Think. Enter.

Common MMI Mistakes.

Several habits repeatedly make scenario responses weaker:

- Answering before fully reading or hearing the prompt.
- Searching for the 'correct' ethical buzzword instead of analyzing the situation.
- Inventing facts that were not provided.
- Talking continuously without organizing the answer.
- Refusing to take a position when the station asks for one.
- Taking a position without acknowledging tradeoffs.
- Using 'patient safety' as a slogan without explaining an action.
- Assuming every conflict requires immediate formal punishment.
- Ignoring confidentiality or privacy.
- Treating the simulated person as a problem rather than a person.
- Trying to sound like a practicing clinician when you are an applicant.
- Carrying frustration from one station into the next.

Common Behavioral-Question Mistakes.

Behavioral questions fail for different reasons:

1. Choosing an example in which you did almost nothing.
2. Using a fake weakness.
3. Describing a failure that was actually someone else's fault.
4. Spending most of the answer criticizing another person.
5. Leaving out the result.
6. Leaving out what changed afterward.
7. Exaggerating your authority or clinical role.
8. Using the same story for every question even when it does not fit.

Sample Ethical Scenario 1: The Classmate.

You discover that a classmate has copied answers from a shared file during an examination. The classmate tells you they are under severe family stress and begs you not to say anything.

A weak answer jumps immediately to either 'I would report them' or 'I would protect my friend.'

A stronger analysis identifies academic integrity, fairness to other students, future professional responsibility, the classmate's distress, the reliability of what you observed, and the program's established process. If the facts are clear, compassion for the classmate does not require concealing misconduct. You can encourage the classmate to self-report or seek support while still following your own obligations.

Sample Ethical Scenario 2: The Patient Refuses.

A competent adult patient refuses a recommended treatment that the healthcare team believes is important.

Start with autonomy and informed decision-making. Ask whether the patient understands the diagnosis, proposed treatment, alternatives, risks of refusal, and likely consequences. Explore the patient's reasons without assuming ignorance. Confirm that the decision is voluntary and that decision-making capacity is not in question.

If those conditions are satisfied, respect for the patient does not disappear because the clinician disagrees.

Sample Ethical Scenario 3: The Social Media Post.

A student posts a photograph from a clinical environment. No patient name is visible, but contextual details may make a patient identifiable.

Recognize confidentiality and professionalism concerns. Avoid publicly confronting or shaming the student online. Preserve patient privacy, notify the appropriate supervisor or program channel, and follow institutional policy. If immediate removal can reduce exposure, that should be addressed promptly through an appropriate route.

The goal is to protect the patient and respond professionally. Not to create a second social-media problem.

Sample Behavioral Question: Tell Me About a Failure.

Do not memorize a model response. Use the structure.

Situation: What happened? Task: What were you responsible for? Action: What did you do, including what you did poorly? Result: What was the consequence? Reflection: What changed in your behavior afterward?

The final element is what transforms a confession into evidence of growth.

Sample MMI Scenario: A Teammate Is Not Participating.

You are completing a group project and one member repeatedly misses meetings and fails to complete assigned work.

Before assuming laziness, gather information. Speak privately with the teammate. Clarify expectations and deadlines. Ask whether there is a barrier the group does not understand. Reallocate work only if necessary and fairly. If the problem persists, use the appropriate faculty or program process rather than allowing resentment to build.

This answer demonstrates accountability and curiosity at the same time.

The Difference Between Empathy and Agreement.

You can understand why someone feels or acts a certain way without agreeing with the decision.

That distinction is extremely useful in ethical and interpersonal scenarios.

Empathy asks you to understand the person's perspective. Professional judgment still requires you to consider safety, fairness, policy, and ethical responsibilities.

Do Not Diagnose People in Interview Scenarios.

A difficult coworker is not automatically narcissistic. An angry patient is not automatically irrational. A classmate who misses meetings is not automatically lazy.

Describe behavior, ask questions, and seek relevant information.

Clinical professionalism begins with resisting unsupported conclusions.

Your Answer Can Evolve.

Good reasoning is conditional.

You may say, 'If the patient has capacity and understands the risks, I would respect the decision. If capacity is uncertain, I would first seek an appropriate assessment.'

That is not indecisiveness. It is recognizing that different facts produce different responsibilities.

How Much Should You Practice?

Practice enough that ethical reasoning, behavioral structure, and MMI pacing feel familiar.

Do not practice until every answer sounds identical.

Use new scenarios. Have someone interrupt with follow-up questions. Practice explaining why you chose an action. Practice changing your answer when new facts are introduced. The goal is flexible reasoning.

AI as an Interview Practice Partner.

AI can generate practice scenarios, ask follow-up questions, identify places where your reasoning is unclear, and help you see whether you ignored a stakeholder or ethical principle.

It should not create a library of scripted answers for you to memorize.

Use it to increase the variety of situations you encounter. Then answer in your own words.

Navigator's Take.

The hardest interview questions are often the most useful because they remove the safety of your résumé.

You cannot prepare for every scenario. You can prepare a way of thinking.

Identify the problem. Slow down. Listen. Protect people from immediate harm. Respect autonomy and confidentiality. Consider fairness. Separate facts from assumptions. Know your limitations. Use appropriate supervision and policy. Take responsibility for your own actions. Explain your reasoning.

And when a station ends, let it end.

The committee does not need a perfect future PA sitting in front of them. They are deciding whether they see the judgment, humility, communication, integrity, and capacity for growth from which one can be built.

MMI Practice Set

Station	Prompt
Station 1 — Academic Integrity	You believe a close classmate used unauthorized material during
Station 2 — Autonomy	A competent patient refuses a treatment the healthcare team
Station 3 — Team Conflict	Two members of your student team refuse to work together after
Station 4 — Confidentiality	A friend asks whether a mutual acquaintance was seen at the
Station 5 — Scarce Resources	A clinic has one remaining same-day appointment and several
Station 6 — Feedback	A faculty member tells you that your communication style can
Station 7 — Professionalism	You notice another student repeatedly arriving late to a clinical
Station 8 — Cultural Difference	A patient's healthcare decision is strongly influenced by a belief
Station 9 — Error	You realize you gave a supervisor incorrect information that
Station 10 — Collaboration	You and another applicant must agree on three priorities for

Behavioral Question Practice Bank.

1. Tell me about a time you failed.
2. Tell me about a time you received feedback you did not initially agree with.
3. Describe a conflict with a teammate.
4. Tell me about a time you had too much to do and had to prioritize.

5. Describe a time you recognized that you needed help.
6. Tell me about a time you advocated for someone.
7. Describe a leadership decision that did not go as planned.
8. Tell me about a time you changed your mind after receiving new information.
9. Describe a time you worked with someone very different from you.
10. Tell me about a time you made a mistake that affected someone else.
11. Describe a situation in which you had to follow a policy you did not personally agree with.
12. Tell me about a time you remained professional while frustrated.

MMI / Ethical Reasoning Card.

Use this as a compact practice card.

- ☐ What is the central problem?
- ☐ Who is affected?
- ☐ What facts do I know?
- ☐ What am I assuming?
- ☐ Is anyone at immediate risk?
- ☐ Autonomy: whose informed choices matter?
- ☐ Beneficence: what may help?
- ☐ Nonmaleficence: what may cause harm?
- ☐ Justice: what is fair and consistent?
- ☐ Is confidentiality involved?
- ☐ What policy, supervision, or expertise may be needed?
- ☐ What would I do first?
- ☐ What new information could change my decision?

Chapter 12 Navigation Exercise.

- ☐ Learn the four basic bioethical principles: autonomy, beneficence, nonmaleficence, and justice.
- ☐ Practice the five-lens ethical framework on five unfamiliar scenarios.
- ☐ Build 8-10 behavioral stories from your actual experiences.
- ☐ Practice STAR plus Reflection without memorizing sentences.
- ☐ Complete at least 10 timed MMI stations if your target programs use MMI.
- ☐ Practice one role-play station with another person.
- ☐ Practice one collaboration task in which your goal is not to lead.
- ☐ Practice saying, 'I would need more information before deciding,' and then identify exactly what information is missing.
- ☐ Practice explaining when you would seek supervision.
- ☐ Review confidentiality, academic integrity, patient autonomy, professionalism, and team conflict scenarios.
- ☐ After each practice response, ask what assumption you made that was not in the prompt.
- ☐ Practice resetting completely after a deliberately difficult station.

References

1. Physician Assistant Education Association. Building Your Admissions Process: Step-by-Step. Published September 7, 2016. Accessed August 10, 2026. <https://paeaonline.org/resources/public-resources/paea-news/building-your-admissions-process-step-by-step>
2. Physician Assistant Education Association. PA Program Admissions Resources. Published 2023. Accessed August 10, 2026. https://paeaonline.org/wp-content/uploads/2023/09/5863-PAEA-Admissions-Guidebook_09-18-2023_%C6%92.pdf
3. Physician Assistant Education Association. University of Pittsburgh. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-pittsburgh>
4. Physician Assistant Education Association. University of Arizona. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/university-of-arizona>
5. Physician Assistant Education Association. Keck Graduate Institute. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/keck-graduate-institute>
6. Physician Assistant Education Association. Presbyterian College. CASPA Program Directory. Accessed August 10, 2026. <https://paeaonline.org/program/presbyterian-college>
7. Lin JC, Lokhande A, Margo CE, Greenberg PB. Best practices for interviewing applicants for medical school admissions: a systematic review. *Perspect Med Educ*. 2022;11(5):239-246. doi:10.1007/s40037-022-00726-8
8. Kreiter CD, Yin P, Solow C, Brennan RL. Investigating the reliability of the medical school admissions interview. *Adv Health Sci Educ Theory Pract*. 2004;9(2):147-159. doi:10.1023/B:AHSE.0000027464.22411.0f.
9. Jerant A, Henderson MC, Griffin E, et al. Reliability of Multiple Mini-Interviews and traditional interviews within and between institutions: a study of five California medical schools. *BMC Med Educ*. 2017;17:190. doi:10.1186/s12909-017-1030-0
10. American Academy of Physician Associates. Ethical Guidelines for the PA Profession. Accessed August 10, 2026. <https://www.aapa.org/career-central/practice-tools/ethical-guidelines-for-the-pa-profession/>

CHAPTER 13

Professionalism, Maturity, and Fit

Mark J. Ernst, DMSc, PA-C

The Application Is Asking a Bigger Question Now.

By the time an applicant reaches the later stages of PA admissions, the committee has usually learned a great deal about academic preparation, healthcare experience, service, motivation, and communication.

Another question remains: What will it be like to educate this person?

PA education is academically intense, clinically demanding, collaborative, and highly dependent on feedback. Programs are not simply selecting transcripts. They are building a class of people who will learn together, enter clinical environments, represent the institution, and eventually care for patients.

That is where professionalism, maturity, and fit become important.

These Are Not 'Soft' Qualities.

Professionalism, maturity, communication, self-awareness, and interpersonal behavior are sometimes described as noncognitive factors. That label should not be mistaken for unimportant.

A national survey of PA program directors found that among noncognitive admissions factors, faculty/staff/interviewer interactions, career motivation, knowledge of the profession, maturity, and professionalism were the five most influential factors reported by respondents.¹

Later PA education literature has continued to emphasize attributes such as emotional intelligence, empathy, and professionalism as important to clinical practice and patient care.²

These qualities do not replace academic readiness. They help answer a different question: what kind of student and future professional may emerge from that academic ability?

Professionalism Is Behavior, Not Appearance.

Professional clothing can be appropriate. A firm handshake can be pleasant. A polished email can make a good first impression.

None of those things, by itself, is professionalism.

Professionalism is better understood through patterns of behavior: responsibility, honesty, reliability, respect, accountability, communication, boundaries, responsiveness to feedback, confidentiality, ethical judgment, and concern for the welfare and dignity of others.

AAPA's current ethical guidance identifies respect for the health, safety, welfare, and dignity of all people as a foundational value of the PA profession.³

Professionalism Starts Before PA School.

You do not become professional on the first day of orientation.

Admissions committees may see evidence of professionalism throughout the process: how you communicate with staff, whether your application is accurate, how you describe former employers, whether you arrive on time, how you interact with other applicants, whether you follow instructions, and how you respond when something goes wrong.

One impressive interview answer cannot completely compensate for a pattern of careless behavior.

The Small Things Are Often the Big Things.

Respond to emails. Meet deadlines. Use people's correct names. Follow directions. Show up prepared. Admit when you do not know. Do not exaggerate your responsibilities. Treat administrative staff with the same respect you show faculty.

These behaviors are ordinary.

That is exactly why they matter. Professionalism is frequently revealed in ordinary moments when there is no audience to impress.

Maturity Is Not Age.

An older applicant is not automatically mature, and a younger applicant is not automatically immature.

Maturity is visible in how a person handles responsibility, disappointment, ambiguity, correction, competing priorities, conflict, and the consequences of their own decisions.

A mature applicant can say, 'I was wrong.' A mature applicant can change course after new information. A mature applicant can disagree without becoming disrespectful. A mature applicant can ask for help before a manageable problem becomes a crisis.

Confidence Without Humility Is a Warning Sign.

PA programs want students capable of becoming confident clinicians. Confidence is useful when it reflects preparation and appropriate judgment.

Overconfidence is different.

Medicine repeatedly places clinicians at the edge of what they know. A future PA must eventually recognize uncertainty, consult colleagues, seek supervision, and continue learning. The professional competencies developed jointly across national PA organizations emphasize communication, collaboration, professionalism and ethics, practice-based learning, and systems-based practice alongside medical knowledge and patient care.⁴

The applicant who can say, 'I do not know, but here is how I would find out,' may demonstrate more readiness than the applicant who feels obligated to have an answer for everything.

Accountability: Own Your Part.

Admissions interviews frequently include questions about failure, conflict, poor grades, mistakes, or difficult feedback because these situations reveal how applicants assign responsibility.

Listen to your own language.

If every difficult professor was unfair, every supervisor was incompetent, every teammate was lazy, every low grade was someone else's fault, and every workplace conflict began with another person's personality, an interviewer may notice the pattern.

Context matters. Unfair circumstances are real. Accountability does not require accepting blame for things you did not do. It requires identifying honestly what belonged to you and what you learned from it.

Feedback Is Part of the Job.

PA education is built around evaluation. Faculty evaluate students. Preceptors evaluate students. Students receive feedback on knowledge, examination skills, communication, documentation, professionalism, clinical reasoning, and behavior.

Research in PA education has linked professionalism with behaviors such as responsibility, punctuality, trustworthiness, participation, and the ability to give and receive criticism.⁵

An applicant who experiences every correction as a personal attack may struggle in an environment where feedback is constant.

Professionalism Has Consequences Beyond School.

Professionalism is not merely an admissions preference.

A retrospective study of graduates from three PA programs found that documented professionalism violations during PA school were associated with later state licensing-board disciplinary actions, even after adjustment for several other variables.⁶

That study does not mean every student professionalism concern predicts future discipline. It does reinforce why PA programs take professional behavior seriously.

Fit: The Most Misunderstood Word in Admissions.

Applicants often hear that a program is looking for 'fit' and imagine a mysterious personality test.

Fit should not mean finding applicants who all think, speak, look, or live alike.

Fit is reciprocal alignment between your goals and the program's mission, not the ability to repeat its mission statement. Fit should be considered in both directions.

Mission Fit.

Every PA program operates within its own institutional mission and program goals. ARC-PA's current Sixth Edition Standards require programs to define and publish their mission, goals, and outcomes and to design curriculum and operations consistent with their educational responsibilities.⁷

Learning-Environment Fit.

Two accredited PA programs can prepare graduates for the profession while feeling very different to a student.

Consider cohort size, teaching style, attendance expectations, faculty accessibility, assessment frequency, simulation use, anatomy format, clinical rotation geography, travel requirements, remediation policies, mentorship, student support, and institutional culture. The best-known program is not automatically the best environment for you.

Geographic Fit Is Real.

Location is not a superficial consideration when you may spend more than two years there.

Think about cost of living, transportation, family responsibilities, climate, clinical travel, housing, support systems, and whether relocation is realistic.

If a program's clinical model requires extensive travel or temporary relocation, understand that before matriculation rather than discovering it during the clinical year.

Financial Fit Is Professional Planning.

Tuition is only one part of the cost of PA education.

Applicants should consider fees, housing, transportation, insurance, equipment, books, clinical travel, potential relocation, and the loss of income that may accompany an intensive full-time program.

Financial planning is not evidence that you care less about medicine. It is evidence that you understand consequences.

Fit Does Not Mean Comfort.

A good program should challenge you.

Do not define fit as a place where nothing feels difficult, everyone agrees with you, or the curriculum requires little adjustment.

Growth often involves discomfort. The question is whether the environment provides the structure, expectations, support, and opportunities that allow productive challenge rather than avoidable dysfunction.

Diversity and Fit Can Coexist.

A strong cohort does not require identical personalities or life stories.

PA admissions literature has increasingly discussed holistic review and assessment of personal and professional attributes rather than relying exclusively on academic metrics.^{2,8}

A program can seek mission alignment while also valuing applicants whose experiences, perspectives, backgrounds, and strengths differ.

Your goal is not to become interchangeable with the students already there. It is to understand what you can contribute.

What Will You Add to the Class?

This is different from asking what makes you special.

Perhaps you bring military leadership, extensive patient-care experience, research, community service, teaching, rural experience, a second career, language skills, entrepreneurship, caregiving experience, or a perspective shaped by failure and reinvention. Do not simply name the trait. Explain how it may affect the way you learn with and contribute to others.

The Dinner Test.

Imagine that the admissions committee has already confirmed that every finalist can handle the science.

Now imagine faculty asking themselves: Who do we want in the room when a team project becomes difficult? Who will respond appropriately when a preceptor corrects them? Who will notice when a classmate is struggling? Who will represent the program well in a clinic? Who can be trusted with patients?

This is not literally how every committee votes. It is a useful way to understand why interpersonal behavior matters after academic thresholds have been met.

Professional Communication With Programs.

Use a professional email address. Write concise messages. Include enough information for staff to identify your application. Read the program's website before asking a question that is clearly answered there.

Do not send multiple escalating messages because you have not received a response in two hours.

Professional communication is clear, respectful, and proportionate.

Social Media and Digital Professionalism.

Your digital life is part of modern professional identity.

Do not assume that privacy settings erase professional consequences. AAPA's ethical guidance specifically addresses online communication and protection of patient information.³

Never post identifiable patient information. Avoid representing yourself as having credentials or authority you do not possess. Think before publicly attacking employers, faculty, patients, professions, or classmates.

You do not need to become bland. You do need to understand that public communication can travel far beyond its intended audience.

How You Talk About Patients Matters.

Applicants with healthcare experience often tell patient stories during interviews.

Listen to the words you use.

Patients are not 'the crazy one in room four,' 'a drug seeker,' 'noncompliant,' or a diagnosis instead of a person. You can discuss difficult behavior and clinical challenges without stripping people of dignity.

Professionalism can be heard in vocabulary.

How You Talk About Other Professions Matters Too.

The PA profession is collaborative by design.

Do not build your case for becoming a PA by insulting physicians, nurses, nurse practitioners, medical assistants, therapists, or other professionals.

You can explain why the PA role fits you without diminishing someone else's role.

The Entitlement Trap.

Strong grades, thousands of patient-care hours, military service, research, publications, or an impressive career may make you competitive.

They do not create an obligation for a program to admit you.

Entitlement can appear subtly: irritation with administrative staff, disbelief that another applicant was selected, assumptions that experience makes basic coursework unnecessary, or statements suggesting the program should be grateful to have you.

Bring confidence. Leave entitlement outside.

The Perfection Trap.

Trying to appear flawless can make an applicant seem less mature rather than more.

Everyone has weaknesses. Everyone has made mistakes. Everyone has areas that require development.

Self-awareness allows you to discuss those areas without turning the interview into either self-promotion or self-destruction.

Red Flags Are Usually Patterns.

One awkward answer does not automatically make someone unprofessional.

Admissions decisions are made by individual programs using their own processes, and evidence about which admissions variables predict later success remains limited and heterogeneous.⁹

Still, patterns can matter: repeated blame, dishonesty, disrespect, poor boundaries, inability to receive feedback, arrogance, unreliability, or lack of insight.

Do not become paranoid about every gesture. Focus on developing the underlying behaviors.

You Are Interviewing Them Too.

Fit is reciprocal.

Observe how faculty speak to students. Ask students whether they feel supported and challenged. Pay attention to how the program discusses remediation, clinical placements, feedback, attrition, and student concerns.

An acceptance letter is exciting. It is also a major educational, financial, and personal commitment.

When a Program Is Not Your Fit.

You may visit a program and realize that something does not align.

That does not necessarily mean the program is poor. It may simply be wrong for you.

A highly structured applicant may dislike a loosely organized environment. An applicant with major family obligations may find extensive clinical relocation unrealistic. Someone committed to a particular underserved community may prefer a program whose mission and clinical network support that goal.

Choosing wisely is part of professional decision-making.

My Perspective: Becoming Someone Others Can Trust.

What I did bring from the Marine Corps was an understanding that responsibility is not theoretical. People depend on whether you show up, whether you know your job, whether you tell the truth when something goes wrong, and whether you can function as part of a team.

Those lessons translated into medicine far more than I understood at the time.

Professionalism is not about looking important. It is about becoming dependable enough that other people can place something important in your hands.

Navigator's Take.

Admissions committees are not trying to find finished PAs.

They are trying to identify applicants who appear capable of becoming trustworthy ones.

Your GPA matters. Your patient-care hours matter. Your experiences matter. But eventually someone has to imagine you in a classroom, on a clinical rotation, in a difficult conversation, receiving correction, working beside classmates, and standing in front of a patient.

Professionalism is what you repeatedly do. Maturity is how you respond when life does not cooperate. Fit is whether who you are becoming and what the program is built to develop make sense together.

Do not manufacture these qualities for interview day.

Build them before you arrive.

The Professionalism Self-Audit

- ☐ Do I meet commitments without repeated reminders?
- ☐ Do I communicate early when I cannot meet a commitment?
- ☐ Can I admit a mistake without immediately explaining it away?
- ☐ Can I receive criticism without becoming defensive?
- ☐ Do I distinguish confidence from certainty?
- ☐ Do I speak respectfully about patients, coworkers, faculty, and other professions?
- ☐ Do my application descriptions accurately reflect what I actually did?
- ☐ Do I protect confidential information?
- ☐ Do I ask for help before safety or performance is compromised?
- ☐ Do I treat staff and peers with the same respect I show decision-makers?
- ☐ Can I disagree professionally?
- ☐ Does my online presence reflect judgment I would be comfortable defending in a professional setting?

The Maturity Test

For each prompt, prepare one real example rather than an adjective.

- A time I received feedback I did not enjoy hearing.
- A time I disappointed someone and repaired the situation.
- A time I had to ask for help.
- A time I delayed something I wanted because another responsibility came first.
- A time I handled conflict without escalating it.
- A time I made a difficult decision and accepted the consequence.

Professionalism Red Flags to Avoid

- Exaggerating clinical responsibilities or credentials.
- Blaming every setback on someone else.
- Speaking disrespectfully about former employers, professors, patients, or other professions.
- Arguing with staff over clearly published requirements.
- Missing deadlines and expecting exceptions without compelling circumstances.
- Treating classmates as competitors rather than future colleagues.
- Sharing confidential patient information in an essay, interview, or online.
- Using a rehearsed 'weakness' that demonstrates no self-awareness.
- Refusing to acknowledge limits in knowledge or experience.
- Acting differently toward people based on whether they influence the admissions decision.
- Assuming strong credentials entitle you to admission.
- Choosing a program solely for prestige without understanding its mission or environment.

Chapter 13 Navigation Exercise

- ☐ Complete the Professionalism Self-Audit honestly.
- ☐ Identify three behaviors—not adjectives—that demonstrate your maturity.
- ☐ Write one example of receiving difficult feedback and what changed afterward.
- ☐ Write one example of accepting responsibility for a mistake.
- ☐ Review your social media and public professional presence.
- ☐ Audit your CASPA application for any wording that exaggerates your role.
- ☐ Complete a Program Fit Matrix for every interview invitation.
- ☐ Identify three mission elements that genuinely connect to your experiences.
- ☐ Prepare three questions that help you evaluate the program rather than impress it.
- ☐ Ask a trusted supervisor, professor, or colleague what professional behavior they believe is your greatest strength.
- ☐ Ask what professional behavior you could improve.
- ☐ Decide what conditions would make you decline an acceptance even if it were your only offer.

References

1. McDaniel MJ, Thrasher A, Hiatt T. The use of noncognitive factors in physician assistant admissions. *J Physician Assist Educ.* 2013;24(1):15-23. doi:10.1097/01367895-201324010-00003
2. Brenneman AE, Goldgar C, Hills KJ, Snyder JH, VanderMeulen SP, Lane S. Noncognitive Attributes in Physician Assistant Education. *J Physician Assist Educ.* 2018;29(1):25-34. doi:10.1097/JPA.000000000000187
3. American Academy of Physician Associates. Ethical Guidelines for the PA Profession. Accessed August 10, 2026. <https://www.aapa.org/career-central/practice-tools/ethical-guidelines-for-the-pa-profession/>
4. Physician Assistant Education Association. Competencies for the PA Profession. Accessed August 10, 2026. <https://paeonline.org/our-work/current-issues/competencies-for-the-pa-profession>
5. Moser S, Dereczyk A. Predicting physician assistant students' professionalism by personality attributes. *J Physician Assist Educ.* 2012;23(3):28-32. doi:10.1097/01367895-201223030-00005
6. Barry CL, Coombs J, Buchs S, et al. Professionalism in physician assistant education as a predictor of future licensing board disciplinary actions. *J Physician Assist Educ.* 2023;34(4):278-282. doi:10.1097/JPA.0000000000000515
7. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for PA Education. 6th ed. Published October 2025; effective September 1, 2025. Accessed August 10, 2026. <https://www.arc-pa.org/wp-content/uploads/2025/10/Standards-6e-10-03-25-Pub-10-09-25.pdf>
8. Buchs SR, McDaniel MJ. New advances in physician assistant admissions: the history of situational judgement tests and the development of CASPer. *J Physician Assist Educ.* 2021;32(2):87-89. doi:10.1097/JPA.0000000000000350
9. Honda T, et al. Admissions variables: predictors of physician assistant student success. *J Physician Assist Educ.* 2018;29(3):167-172. doi:10.1097/JPA.0000000000000212.

CHAPTER 14

The Navigator Application Plan

Turning Your Application Into Action

Mark J. Ernst, DMSc, PA-C

This Chapter Is Meant to Be Used.

The first thirteen chapters have asked you to understand the PA profession, admissions, academics, patient-care experience, service, program selection, CASPA, writing, recommendations, interviewing, ethical reasoning, professionalism, maturity, and fit.

Chapter 14 changes the pace.

This is the workbook chapter. It is where information becomes action.

A strong PA-school application is not created by reading one more article at midnight. It is created by identifying what is required, determining where you stand, closing the gaps you can reasonably close, documenting your work accurately, and submitting a coherent application to programs that actually fit.

Use these pages with a pencil, keyboard, calendar, spreadsheet, or whatever system you will actually maintain. The best planning system is the one you will continue using.

The Navigator Rule: Verify, Then Act.

CASPA and PAEA provide centralized resources, but individual PA programs establish their own requirements, prerequisites, deadlines, and admissions processes. PAEA's current 2026-2027 Program Directory is specifically designed to help applicants compare those program-level requirements.^{1,2}

That means a checklist is only useful when it is paired with verification.

Do not assume that because one program accepts a course, test, patient-care category, or prerequisite age, another program will. Do not assume last year's requirement is still current. Build your plan from current-cycle program information and confirm important details directly with the program when needed.

Navigator Exercise - Your Starting Coordinates.

Before deciding what to improve, establish an honest baseline.

- ☐ Overall undergraduate GPA: _____
- ☐ Science GPA or relevant science performance: _____
- ☐ Prerequisite GPA, if known: _____
- ☐ Most recent 30-60 credit academic trend: _____
- ☐ Completed prerequisite courses: _____
- ☐ Prerequisites still needed: _____
- ☐ Paid patient-care experience hours: _____
- ☐ Other healthcare experience hours: _____
- ☐ PA shadowing hours / experiences: _____
- ☐ Community service / volunteer involvement: _____
- ☐ Leadership experiences: _____
- ☐ Research / teaching / military / other distinctive experiences: _____
- ☐ Number of programs currently under consideration: _____
- ☐ Target application cycle: _____

What are the three strongest parts of my application?

What are the three areas most likely to limit my application?

The 12-Month Navigator Timeline.

Timing	Primary Goal	Key Actions
12+ months before submission	Build the foundation	Map prerequisites; protect GPA; begin/
9-12 months	Verify the route	Compare programs; confirm prerequisite
6-9 months	Build application assets	Develop CV; organize experience records;
3-6 months	Draft and verify	Draft personal statement; prepare evaluator
CASPA opening period	Assemble carefully	Enter information accurately; request
Before each deadline	Confirm completion	Verify program deadline type, CASPA
After submission	Prepare, don't obsess	Monitor official communications; continue
Interview season	Demonstrate readiness	Research each program; practice
After decisions	Choose or rebuild	Compare acceptances thoughtfully; if

Navigator Exercise - The Program Shortlist.

PAEA's 2026-2027 CASPA Program Directory currently provides program-level information including deadlines, start dates, program length, tuition, GPA requirements, prerequisites, and other admissions information for participating programs.¹Use it as a starting point, then verify details with the program itself.

Program	Mission Fit	Requirements	Cost / Geography	Clinical Model	Why It Stays on

Navigator Exercise - Program Elimination Test.

A longer list is not automatically a better list. Before paying another application fee, ask:

- ☐ Do I meet the published minimum requirements?
- ☐ Have I verified prerequisite equivalencies?
- ☐ Does the program's mission genuinely align with my goals?
- ☐ Can I realistically live where the program is located?
- ☐ Can I manage the total financial commitment?
- ☐ Can I meet clinical travel or relocation expectations?
- ☐ Does the educational model fit how I learn?
- ☐ Would I actually attend if this were my only acceptance?

Programs I am removing from my list—and why:

Navigator Exercise - Accreditation Check.

ARC-PA accreditation is a foundational program-selection consideration. The Sixth Edition Accreditation Standards became effective September 1, 2025.⁴ Always verify a program's current accreditation status through ARC-PA rather than relying on an old advertisement, forum post, or screenshot.

Program	Current ARC-PA Status	Next Review / Notes	Date Verified

Navigator Exercise - CASPA Readiness Checklist.

PAEA's CASPA Admissions Code of Cooperation places responsibility on applicants to research program procedures, requirements, and deadlines and to complete the application and supporting documentation.²

- ☐ I have created or confirmed my current-cycle CASPA account.
- ☐ I have reviewed the current CASPA Applicant Help Center.
- ☐ I have entered every required college or university accurately.
- ☐ I have requested official transcripts using current CASPA instructions.
- ☐ I have reviewed prerequisite-entry requirements.
- ☐ I have entered experiences using accurate dates and hours.
- ☐ I have reviewed achievements, licenses, certifications, and other supporting sections.
- ☐ I have identified evaluators and confirmed their willingness.
- ☐ I have requested evaluations early enough for my target deadlines.
- ☐ I have completed the personal statement.
- ☐ I have completed program-specific questions or supplemental requirements.
- ☐ I have verified each program's deadline type and requirements.
- ☐ I have proofread the application on a larger screen before submission.
- ☐ I understand that submitting to CASPA does not eliminate my responsibility to monitor program-specific requirements.

Navigator Exercise - Application Master Calendar.

Date	Program / Task	Type	Status	Next Action
	CASPA opens / target			
	Transcript requests			
	Evaluation requests			
	Personal statement draft			
	Supplemental essays			
	Program 1 deadline			
	Program 2 deadline			
	Program 3 deadline			
	Interview preparation			

Navigator Exercise - Personal Statement Story Map.

Before polishing sentences, make sure you have a story worth polishing.

Story Element	My Notes
Opening moment / idea	
Why PA	
Evidence I understand the profession	
Patient-care or service evidence	
Challenge / growth	
What I bring	
Why I am ready now	
Closing direction	

One sentence I want the reader to remember about me:

What should I remove because it is generic, repetitive, or trying too hard?

Navigator Exercise - Authenticity Audit.

- ☐ Every story is true.
- ☐ Every clinical claim reflects my actual role.
- ☐ I have protected patient confidentiality.
- ☐ My essay sounds like a person, not an admissions brochure.
- ☐ I explain why experiences mattered instead of listing them.
- ☐ I do not insult another profession to justify becoming a PA.
- ☐ I do not claim that one encounter magically answered every career question.
- ☐ I have not allowed editing or AI assistance to erase my own voice.
- ☐ I could comfortably discuss every sentence in an interview.

Navigator Exercise - After-the-Interview Debrief.

Complete this before online forums or other applicants rewrite your memory of the day.

Question	My Notes
How did the program feel?	
What did I learn that was not obvious online?	
How did faculty interact with students and staff?	
What did I like about the curriculum?	
What concerns emerged?	
What are the clinical travel / relocation realities?	
What questions remain unanswered?	
Would I attend if accepted tomorrow? Why?	

The One-Page Final Application Readiness Checklist.

- ☐ ACADEMICS — I meet each target program's current minimums and prerequisites.
- ☐ EXPERIENCE — My healthcare and patient-care experiences are accurately documented.
- ☐ PROFESSION — I can explain what PAs do and why the profession fits me.
- ☐ PROGRAMS — Every school on my list is one I would realistically attend.
- ☐ ACCREDITATION — I verified current ARC-PA status.
- ☐ CASPA — I reviewed current-cycle instructions and program deadlines.
- ☐ TRANSCRIPTS — All institutions and transcript requests are accounted for.
- ☐ EVALUATIONS — My evaluators know me and have adequate time.
- ☐ PERSONAL STATEMENT — The essay explains my direction rather than repeating my résumé.
- ☐ SUPPLEMENTALS — Program-specific materials are complete and tailored.
- ☐ PROFESSIONALISM — My communications, application, and public presence reflect sound judgment.
- ☐ INTERVIEW — I can discuss my application, failures, strengths, ethics, and program fit without memorized scripts.
- ☐ FINANCES — I understand application costs and the approximate cost of attending each program.
- ☐ LOGISTICS — I understand relocation and clinical travel expectations.
- ☐ VERIFICATION — I have checked important requirements against current first-party sources.
- ☐ AUTHENTICITY — The application is recognizably mine.

A Note About Checklists.

A checklist can prevent omission. It cannot make the decision for you.

Admissions is not an engineering problem in which checking every box guarantees an acceptance. PA programs use heterogeneous processes, and research has not identified a universal combination of preadmission variables that predicts success for every applicant in every program.^{3,7}

The purpose of these exercises is not to create the illusion of certainty.

The purpose is to reduce preventable mistakes and help you make deliberate choices.

Navigator's Take.

Navigation is not knowing the entire route before you leave.

It is knowing where you are, knowing where you want to go, checking the conditions, correcting course, and continuing forward.

Your PA-school application deserves the same approach.

Do not chase every rumor. Do not collect activities simply because another applicant did them. Do not apply to a program you would never attend. Do not hide from a weakness you could still improve. And do not allow the complexity of the process to convince you that you need to solve everything at once.

Find your coordinates.

Choose your direction.

Verify the route.

Then take the next step.

References

1. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>
2. Physician Assistant Education Association. CASPA Admissions Code of Cooperation. Accessed August 10, 2026. <https://paeaonline.org/resources/member-resources/caspa/caspa-resources-for-programs/caspa-admissions-code-of-cooperation>
3. Honda T, Patel-Junankar D, Baginski R, Scott R. Admissions variables: predictors of physician assistant student success. *J Physician Assist Educ*. 2018;29(3):167-172. doi:10.1097/JPA.0000000000000212
4. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for PA Education. 6th ed. Published October 2025. Effective September 1, 2025. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/accreditation-standards/>

CHAPTER 15

Acceptance, Waitlists, Rejection, and Reapplication

What Happens After the Decision

Mark J. Ernst, DMSc, PA-C

The Decision Email Is Not the End of the Process.

Months of prerequisites, patient-care hours, writing, recommendations, fees, interviews, and waiting eventually produce a message you may have imagined hundreds of times.

Accepted. Waitlisted. Denied. Sometimes the message is less final: alternate list, hold, continued review, or another program-specific category.

Each outcome requires a different response. The emotional reaction may come first, but the professional response should follow.

This chapter is about what to do next.

Acceptance: Celebrate, Then Read Everything.

An acceptance deserves celebration. You worked for it.

Then read the entire offer carefully.

Programs establish their own procedures for accepting an offer, submitting deposits, completing prerequisites, background checks, immunization or health documentation, financial-aid steps, orientation requirements, and other matriculation conditions. PAEA's CASPA Admissions Code of Cooperation places responsibility on applicants to research and comply with each program's procedures and requirements.¹

Do not allow excitement to make you careless with a deadline.

The Acceptance Checklist.

Create one place where every post-acceptance requirement lives.

- ☐ Acceptance response deadline recorded.
- ☐ Deposit amount and refundability understood.
- ☐ All remaining prerequisite conditions identified.
- ☐ Official transcript / degree-completion requirements identified.
- ☐ Background-check and drug-screen instructions reviewed if applicable.
- ☐ Health, immunization, CPR, insurance, or other compliance requirements reviewed.
- ☐ Financial-aid process started.
- ☐ Orientation and matriculation dates recorded.
- ☐ Housing / relocation planning started.
- ☐ Program contact information saved.
- ☐ Any conditions in the offer letter understood before accepting.

Do Not Assume Every Acceptance Works the Same Way.

There is no universal PA-program acceptance procedure.

One program may require a quick deposit. Another may provide more time. Deposits, refund policies, prerequisite completion rules, and communication expectations vary.

Use the actual offer letter and official program communication as the controlling instructions. If something is unclear, ask the program, not an online forum.

Multiple Acceptances: A Good Problem Still Requires a Decision.

If you are fortunate enough to receive more than one offer, the question changes from 'Will someone take me?' to 'Where should I train?' Return to the fit framework from Chapter 13. Compare mission, curriculum, faculty support, clinical education, geography, total cost, student culture, accreditation status, outcomes, family considerations, and where you can realistically thrive. Prestige is one variable. It should not automatically outweigh everything else.

Do Not Hoard Seats.

Once you have made a final decision and complied with the applicable program requirements, communicate promptly with programs whose seats you will not use.

PAEA's admissions cooperation framework is built around applicants taking responsibility for professional communication throughout the process.¹ A prompt withdrawal may allow another applicant to move forward. It is also simply good professional behavior.

Deposits Are Decisions With Financial Consequences.

Before paying a deposit, understand what it means. Is it refundable? Is any portion credited toward tuition? What happens if you later withdraw?

Do not assume policies are identical across programs.

If you are holding an acceptance while awaiting another decision, know the dates and financial consequences. Make deliberate choices rather than letting deadlines make them for you.

Waitlisted: Still Alive, Not Yet Accepted.

A waitlist can be emotionally difficult because it is neither the answer you wanted nor a final rejection.

Interpret it accurately: the program has not offered you a seat, but it has not closed the door.

Programs manage alternate or waitlists differently. Some rank them; some do not disclose ranking; some communicate frequently; others contact applicants only if a seat becomes available. Follow that program's instructions exactly.

The First Waitlist Question: Do You Still Want the Seat?

Do not remain on a waitlist automatically.

If you already hold an acceptance you strongly prefer, withdrawing from a lower-choice waitlist may simplify your life and free the program to focus on candidates who would attend.

If the waitlisted program is a program you would choose, remain engaged professionally and understand its process.

Letters of Continued Interest.

Some programs permit updates or letters of continued interest; others discourage or prohibit them.

Do not send one until you know the program's policy.

If permitted, keep it concise. Confirm that you remain interested, provide genuinely meaningful updates, and explain why the program remains a strong fit. Do not send weekly declarations of devotion.

What Counts as a Meaningful Update?

A new degree, completed prerequisite, substantial new patient-care experience, promotion, publication, certification, significant service or leadership accomplishment, or another material change may be worth reporting if the program accepts updates.

A weekend shadowing experience or another twenty hours added to a several-thousand-hour total may not materially change the file.

Ask whether the update gives the committee new evidence.

Do Not Put Your Life on Hold for a Waitlist.

Continue working. Complete courses. Save money. Maintain certifications. Prepare for the possibility that the seat never opens.

If you have another acceptance, comply with that program's deadlines unless and until you make a different decision. Hope is appropriate. Paralysis is not.

Rejection: Read the Word Correctly.

A rejection means that a particular program did not offer you a seat in that cycle.

It does not prove that you cannot become a PA.

It also does not automatically mean the program made a mistake.

Admissions is competitive. PAEA's current reapplicant guidance explicitly notes that many students apply more than once before securing an acceptance.²

Give Yourself Permission to Be Disappointed.

You do not need to transform a rejection into a motivational speech five minutes after receiving it. You invested time, money, hope, and effort. Disappointment is a normal response. What matters is what happens after the emotion settles.

Do Not Send the Angry Email.

Do not argue with the admissions office. Do not demand that the committee explain why someone else was selected. Do not attack the program on social media.

If the program offers feedback, request it professionally. If it does not, respect that boundary.

Your future application may return to the same institution.

Requesting Feedback.

Some programs provide individualized feedback; many cannot because of application volume or policy.

If feedback is available, ask a focused question: 'Are there one or two areas of my application you would recommend strengthening before I reapply?'

Then listen.

Feedback is data. It is not an invitation to litigate the decision.

Reapplication Begins With an Autopsy, Not a Copy.

PAEA's current Reapplicant Checklist begins with reviewing and reflecting on the previous application and interview to identify areas needing improvement.²

That is the correct first step.

Do not open last year's application, change the date, add a few hours, and press submit again.

The Reapplication Audit.

Review the application by category. Ask what actually changed.

Area	Last Cycle	Evidence / Concern	What Will Change	How I Will Prove It
Program selection				
Overall / science				
Prerequisites				
Patient-care experience				
PA exposure /				
Service / leadership				
Personal statement				
Evaluations				
Interview performance				
Professionalism /				

Academic Repair Must Be Visible.

If academics were a weakness, improvement should be demonstrated with academic evidence.

PAEA's reapplicant guidance suggests upper-level science coursework as one way to demonstrate scientific readiness and also notes that some applicants may consider graduate-level medical science study.²

That does not mean every reapplicant needs another degree. It means that if the concern is academic readiness, adding unrelated volunteer hours may not answer the concern.

More Patient-Care Hours Are Not Always the Answer.

If you already had substantial high-quality patient-care experience, simply accumulating another thousand hours may not address why you were unsuccessful.

Maybe the program list was poorly matched. Maybe prerequisites were marginal. Maybe the personal statement was generic. Maybe recommendations were weak. Maybe the interview did not communicate maturity or professional understanding.

Improve the limiting factor, not merely the easiest number to increase.

Rewriting the Personal Statement.

A reapplicant's personal statement should not pretend the previous cycle never happened if the experience meaningfully shaped the applicant.

But the essay should also not become a grievance narrative.

Use the new statement to demonstrate clearer understanding, stronger evidence, and growth. PAEA's reapplicant guidance specifically identifies the personal statement as an area to reconsider during reapplication.²

New Recommendations Require New Thought.

CASPA's current reapplication process does not copy evaluations into the new cycle. Essays, payments, evaluations, and program-specific information do not carry forward.³

That is administratively important and strategically useful.

Ask whether last year's evaluators are still your strongest choices. If they are, request new evaluations and provide updated information. If your experiences have changed, a new supervisor or professor may now be better positioned to describe you.

CASPA Reapplication Mechanics.

Current CASPA guidance instructs reapplicants to use the existing CASPA account rather than create a duplicate account. Applicants keep the same CAS ID and may be able to copy selected application data from recent cycles.³

Copied data must still be reviewed for accuracy. Coursework, transcripts, and some other information may carry forward depending on the circumstances, while evaluations, essays, payments, and program-specific information do not.³

New coursework and newly awarded degrees may require updated transcript actions.³

Treat copied information as a starting point, not as proof that the new application is complete.

Your Program List May Need to Change.

A failed cycle should trigger a fresh evaluation of whether the original program list was realistic and appropriately aligned.

PAEA's current Program Directory allows applicants to compare participating programs' prerequisites, deadlines, GPA requirements, tuition, program length, and other information.⁴

Look for programs where you meet the requirements and where mission and structure fit your goals. Do not interpret 'apply broadly' as 'apply randomly.'

Reapplying to the Same Program.

There is nothing inherently wrong with applying again to a program that denied you.

But give the committee something new to evaluate.

If the program can see that you are a reapplicant, the natural question is: what changed?

CASPA notes that programs may be able to identify applicants as reapplicants.³

Should You Take a Year Off?

Sometimes the most strategic reapplication is not the next available cycle.

If the changes you need cannot be completed meaningfully in a few months, another year may produce a stronger application than a rushed resubmission.

Consider prerequisite timing, academic repair, patient-care experience, finances, burnout, family responsibilities, and whether you can create genuine improvement before deciding.

The Cost of Reapplying.

Reapplication has financial costs: CASPA fees, supplemental fees, transcripts, tests when required, travel, interview expenses, coursework, and potentially lost work time.

Build a budget before beginning another cycle.

A smaller, better-researched program list may be more strategic than repeating a broad list that was never well matched.

What Changed? The Reapplicant's Central Question.

Imagine an interviewer placing your two applications side by side.

Can they see growth without needing you to explain it?

New grades. Greater responsibility. Better program selection. Deeper service. A more thoughtful personal statement. Stronger recommendations. Better professional understanding. Improved interview skills.

The strongest reapplication is visibly different.

Acceptance Does Not Mean You Are Finished Becoming Ready.

An acceptance confirms that a program is willing to invest a seat in you. It does not mean PA school will be easy. Chapter 16 will address how to use the months before matriculation intentionally.

Do not attempt to teach yourself the entire PA curriculum before orientation. Arrive rested enough to learn.

Rejection Does Not Require Reinvention.

Sometimes an applicant's response to rejection is to become a completely different person on paper.

That is usually unnecessary.

Strengthen weaknesses. Deepen experiences. Improve communication. Broaden perspective. But preserve the authentic reasons you chose the profession. Reapplication should be growth, not disguise.

Maturity and the Reapplicant.

A reapplication cycle can become evidence of maturity if you use it well.

Do not simply submit the same application and hope the applicant pool becomes easier.

Identify what was weak. Seek feedback where available. Improve academics, clinical exposure, service, professional understanding, interviewing, writing, or program selection as appropriate.

The strongest reapplicant story is not 'they should have taken me last year.' It is 'here is what I learned, here is what I changed, and here is the evidence.'

Navigator's Take.

An acceptance is not proof that you are better than the applicants who were denied.

A rejection is not proof that you are less capable than the applicants who were accepted.

A waitlist is not a promise.

And reapplication is not failure repeated.

Each is information. Use the information well.

If you are accepted, choose deliberately and meet every requirement. If you are waitlisted, remain professional and keep moving. If you are rejected, recover before you react. If you reapply, give the next committee a stronger application, not simply the same application one year older.

Your route may not be straight.

That does not mean you are lost.

Navigator Exercise - Acceptance Decision Matrix.

Factor	Program A	Program B	Program C
Mission / professional			
Curriculum / teaching model			
Faculty / mentorship			
Clinical education			
Accreditation / outcomes			
Location / support system			
Total estimated cost			
Deposit / decision deadline			
Student culture / fit			
Would I attend if this were my			

Navigator Exercise - Waitlist Plan.

- ☐ I have read the program's waitlist instructions.
- ☐ I know whether the list is ranked or whether ranking is disclosed.
- ☐ I know whether updates or letters of continued interest are accepted.
- ☐ I have decided whether I would actually attend if offered a seat.
- ☐ I have identified meaningful updates worth reporting.
- ☐ I will continue meeting obligations to any program where I already hold a seat.
- ☐ I will not stop academic, work, financial, or reapplication planning while I wait.
- ☐ I have a date at which I will reassess my plan if no offer arrives.

Navigator Exercise - Rejection Debrief.

Question	My Notes
Did I meet every published minimum?	
Was my program list realistic and aligned?	
Did I receive interviews? If not, where was the likely weakness?	
If interviewed, what did I learn about my performance?	
What feedback did programs provide, if any?	
What was strongest in my application?	
What was weakest?	
What can change before the next cycle?	
What cannot change quickly?	
Should I reapply immediately or wait?	

Navigator Exercise - The Reapplication Evidence Plan.

Goal	Specific Action	Evidence of Improvement	Deadline
Academic readiness			
Patient-care experience			
Understanding of PA role			
Service / leadership			
Personal statement			
Recommendations			
Interviewing			
Program selection			

Chapter 15 Final Checklist.

- ☐ ACCEPTED — I understand every deadline, deposit, condition, and matriculation requirement.
- ☐ CHOOSING — I am comparing programs by fit, cost, training, support, and outcomes—not prestige alone.
- ☐ WAITLISTED — I understand the program's rules and know whether I would accept a seat.
- ☐ UPDATES — I will send only permitted, meaningful updates.
- ☐ REJECTED — I will not respond while angry or defensive.
- ☐ FEEDBACK — I will request it professionally where available and listen without arguing.
- ☐ REAPPLICATION — I have identified what actually needs to improve.
- ☐ CASPA — I will use my existing account and review all copied data carefully.
- ☐ EVALUATIONS — I understand that evaluations do not automatically carry forward.
- ☐ ESSAYS — I will create a new, stronger narrative rather than recycle unchanged writing.
- ☐ PROGRAM LIST — Every school will be researched again using current-cycle requirements.
- ☐ TIMING — I will wait a cycle if meaningful improvement requires more time.
- ☐ EVIDENCE — My next application will show change, not merely claim it.
- ☐ PERSPECTIVE — One admissions cycle does not define my professional future.

References

1. Physician Assistant Education Association. CASPA Admissions Code of Cooperation. Accessed August 10, 2026. <https://paeaonline.org/resources/member-resources/caspa/caspa-resources-for-programs/caspa-admissions-code-of-cooperation>
2. Physician Assistant Education Association. CASPA Reapplicant Checklist. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/advisors/caspa-reapplicant-checklist>
3. Liaison International. Use an Existing CASPA Account to Re-Apply. CASPA Applicant Help Center. Accessed August 10, 2026. https://help.liaisonedu.com/CASPA_Applicant_Help_Center/Starting_Your_CASPA_Application/Creating_and_Managing_Your_CASPA_Account/3_Use_an_Existing_CASPA_Account_to_Re-Apply
4. Physician Assistant Education Association. CASPA Program Directory: 2026-2027 Application Cycle. Accessed August 10, 2026. <https://paeaonline.org/our-programs>

CHAPTER 16

Preparing for Day One

From Accepted Applicant to PA Student

Mark J. Ernst, DMSc, PA-C

You Got In. Congratulations! Now the Job Changes.

For most of this book, the destination has been an acceptance.

Now you have one.

The goal is no longer to convince an admissions committee that you are ready to become a PA student. Now is the time to arrive prepared to function as one.

That transition is more practical than dramatic. It involves paperwork, finances, housing, technology, routines, relationships, health requirements, and a shift in how you think about learning.

Day One is not the finish line. It is the first trail marker on a different route.

Do Not Spend the Summer Trying to Learn PA School.

One of the most understandable reactions after acceptance is to start studying everything.

Anatomy. Pharmacology. EKGs. Antibiotics. Lab values. Medical terminology. Maybe a stack of review books large enough to qualify as furniture.

Resist the urge to recreate the curriculum before faculty teach it.

ARC-PA's current Sixth Edition Standards require accredited programs to provide a curriculum of sufficient depth and breadth to prepare graduates for practice, including medical knowledge, patient interviewing, examination, differential diagnosis, diagnostic studies, management, technical skills, evidence-based medicine, interprofessional care, behavioral sciences, and health systems.¹

Your program has a curriculum. Let it teach you.

Prepare the Infrastructure Instead.

The highest-value preparation before matriculation is often not memorizing more medicine. It is removing preventable friction.

Complete requirements early. Establish housing. Understand your budget. Organize documents. Learn the school's technology. Build a calendar. Talk with the people who depend on you. Protect sleep. Decide how you will study and how you will know when that method is not working.

Create space for learning before the learning accelerates.

Read Every Matriculation Instruction.

Acceptance may be conditional on completing specific program or institutional requirements.

Your program, not this book, is the controlling source for deadlines, immunizations, health documentation, background checks, drug screening, CPR certification, insurance, transcripts, technical requirements, orientation, equipment, or other pre-matriculation obligations.

ARC-PA standards require programs to publish policies and information relevant to students and to maintain processes that support the educational program.¹

Treat every official onboarding message as consequential.

Build a Matriculation Command Center.

Create one folder, digital, physical, or both, for every document associated with starting school.

- ☐ Acceptance letter and conditions.
- ☐ Deposit confirmation.
- ☐ Final transcripts / degree verification.
- ☐ Immunization and health records.
- ☐ Background-check / drug-screen confirmations if required.
- ☐ CPR or other certifications if required.
- ☐ Health-insurance documentation.
- ☐ Financial-aid documents.
- ☐ Housing lease and relocation records.
- ☐ Orientation schedule.
- ☐ Program handbook and policies.
- ☐ Technology specifications.
- ☐ Required equipment and supplies.
- ☐ Emergency contacts and program contact information.

Money Before Medicine.

PA school can create a financial transition as significant as the academic one.

Build a realistic monthly budget before classes begin. Include tuition and fees, housing, utilities, food, transportation, insurance, technology, books or resources, professional expenses, and an emergency margin.

AAPA currently provides student financial-planning resources, including its PA Money Sense Interactive Budget Guide, as part of its student resources.²

Knowing your numbers will not eliminate financial stress, but uncertainty usually makes stress worse.

Do Not Budget Only for the Didactic Classroom.

Clinical education may eventually create additional transportation, housing, or relocation demands depending on the program.

Ask now how clinical placements work. Understand whether rotations may be distant from campus, whether temporary housing could be necessary, and what costs students typically encounter.

Do not wait until the clinical year to discover that your financial plan covered tuition but not the geography of training.

Talk to the People in Your Life.

PA school does not happen only to the student.

Partners, children, parents, friends, employers, and other people in your life may experience changes in your time and availability.

Have the conversation before the first exam week.

Explain that your schedule may become less flexible. Identify responsibilities that cannot disappear. Discuss childcare, household tasks, finances, transportation, family events, and what genuine emergencies look like.

Support systems work better when expectations are explicit.

Your Old Definition of 'Busy' May Change.

PA curricula compress a large volume of material into a relatively short educational period.

The solution is not to become endlessly productive.

The solution is to become selective.

You will need to decide what requires mastery now, what needs review later, what is merely interesting, and what can wait. Time management in PA school is partly the discipline of saying no.

Build a Calendar Before You Need One.

Choose one calendar system and use it consistently.

Enter orientation, class schedules when available, examinations, practicals, assignments, administrative deadlines, personal obligations, recurring bills, and protected recovery time.

Do not keep half your life in your head and the other half in screenshots.

Design a Study System, Not a Study Identity.

Applicants sometimes arrive saying, 'I am a visual learner,' 'I only learn by rewriting notes,' or 'I have always studied this way.'

PA school may challenge methods that worked in undergraduate courses.

Be willing to adapt. Retrieval practice, spaced review, practice questions, explanation, application, and deliberate review of errors are generally more active than repeatedly rereading material.

Your program may recommend specific methods and resources. Start with those. Measure whether your approach produces recall and application, not whether it feels familiar.

Active Learning Beats Beautiful Notes.

Notes can support learning, but creating attractive notes can become a substitute for testing whether you know the material.

Ask yourself questions. Cover the answer. Explain a concept aloud. Work through a case. Draw the pathway from memory. Compare similar diagnoses. Use practice questions appropriately.

The purpose of studying is not to produce evidence that you studied. It is to change what you can retrieve and use.

Find Your People - Without Building an Echo Chamber.

AAPA's student-oriented advice has emphasized study groups, supporting classmates, protecting health, avoiding all-nighters, and using available resources.³

A good study group can expose gaps in your understanding and give you a community during a demanding program.

A bad study group can become three hours of anxiety, gossip, and collective confusion.

Choose people who come prepared, explain their reasoning, share responsibility, and can end the session on time.

Your Classmates Are Not the Competition Anymore.

Admissions is over.

The person sitting beside you did not steal your seat. They earned theirs.

PA education and PA practice depend on teamwork. ARC-PA's current standards explicitly require preparation for collaborative work in interprofessional, patient-centered teams.¹

Help each other learn. Celebrate strengths you do not possess. Ask for help. Offer help. Build the habits of the colleague you would want beside you in a difficult clinic.

Use Faculty Early.

Do not wait until you are failing to introduce yourself to faculty. Do not wait until you are struggling to introduce yourself to faculty. Learn how office hours, advising, tutoring, remediation, and academic support work before you need them. Building professional relationships with faculty can make it easier to ask questions, seek guidance, and address problems early. Don't underestimate human connection.

Learn how office hours, advising, tutoring, remediation, academic support, and student services work. Know who to contact for academic questions, administrative problems, accessibility needs, technology issues, and personal emergencies.

Seeking help early is a professional skill.

Feedback Will Become Frequent.

You worked hard to earn admission. That can make correction feel unexpectedly personal.

Try to separate evaluation of a performance from evaluation of your worth.

You will misidentify findings. Miss questions. Forget steps. Receive feedback on communication. Have a physical-exam technique corrected. Eventually, in clinical education, a preceptor may tell you that your plan is wrong.

The goal is not to avoid correction. The goal is to become highly correctable.

Sleep Is Not an Optional Study Strategy.

All-nighters can feel productive because they create more waking hours. They also borrow from the next day.

AAPA's PA-student success guidance specifically includes prioritizing health and avoiding all-nighters.³

Build a routine that protects enough sleep to learn, function, and behave like the person you want to be around patients and classmates.

Wellness Is Not a Reward for Finishing.

PA-student well-being deserves attention before a crisis.

A multi-center study of 294 newly matriculated PA students at nine programs examined mindfulness, well-being, stress, and stress-reduction approaches at matriculation, underscoring that stress management is relevant from the beginning of PA education.⁴ More recent PA-education work has described longitudinal wellness curricula intended to address burnout and well-being throughout training.⁵

Wellness does not mean feeling relaxed all the time. It means maintaining enough physical, psychological, and social capacity to continue learning and functioning safely. I hated running during much of my time in the Marines, but I found myself returning to it when I entered PA school. Running through New York City and Central Park became a way to stay physically active, clear my head, manage stress, and sleep better. It did not make the program easier, but it helped me remain more capable of handling its demands.

Create a Personal Early-Warning System.

Know what happens to you when stress rises.

Do you stop sleeping? Isolate? Become irritable? Skip meals? Avoid email? Study longer while retaining less? Stop exercising? Procrastinate because everything feels equally urgent?

Identify your pattern before school begins.

Then identify what you will do first: speak with an advisor, use counseling or student services, adjust the study plan, contact healthcare support, ask family for help, or address the concrete problem that is driving the stress.

Know the Resources Before You Need Them.

PAEA maintains student resources for future PAs, including educational and professional-development opportunities.⁶ AAPA also provides PA-student resources spanning didactic and clinical education, financial planning, professional development, and career preparation.²

Your university and PA program will have their own resources as well.

Save the links and contact information now. A resource you cannot find during a difficult week is less useful.

Technology: Buy What the Program Requires, Not What the Internet Loves.

Before buying a new laptop, tablet, stethoscope, diagnostic kit, software subscription, question bank, or pile of books, wait for program guidance.

Programs differ in required devices, testing platforms, equipment, electronic resources, and what they provide.

Do not spend hundreds or thousands of dollars because a stranger's 'PA school essentials' video told you to.

Organize Your Digital Life.

Create a professional file structure before the first download lands on your desktop.

Use folders by term and course. Establish a naming convention. Back up important files. Use the institution's approved systems for protected or sensitive material. Keep personal and school accounts organized.

A small amount of organization in week zero can save hours later.

Professional Identity Begins on Day One.

You are not a PA yet. You are a PA student.

That distinction matters.

Do not represent yourself as licensed, certified, or independently qualified to provide care. Use the title and identification practices required by your program and clinical sites.

At the same time, recognize that professional habits are already forming: punctuality, honesty, preparation, respect, confidentiality, communication, teamwork, and accountability.

Keep Patient Stories Private.

Clinical education will eventually give you extraordinary access to people's lives.

AAPA's ethical guidance emphasizes protection of patient-specific information and professional responsibility in communication, including online communication.⁷

Do not turn an interesting patient into content for friends, group chats, or social media.

Learning from a patient is a privilege. Treat it that way.

Do Not Compare Your Beginning to Someone Else's Middle.

Your class may include former paramedics, nurses, respiratory therapists, medical assistants, scribes, military medics, researchers, athletes, teachers, and people with backgrounds completely different from yours.

Someone will know more anatomy. Someone will know more pharmacology. Someone will be better at procedures. Someone will have no difficulty speaking in front of a room.

The cohort is not a ranking of human value.

Learn from what others bring while building what you need.

Imposter Feelings Are Not a Curriculum.

Many students arrive wondering whether the admissions committee made a mistake.

Do not use that feeling as evidence.

The committee had your transcript, experiences, recommendations, writing, and interview. They made a decision.

Your responsibility now is not to continually re-prove that you deserved admission. It is to engage the education in front of you.

Ask Better Questions.

Early in PA school, students often ask, 'Will this be on the test?'

A more durable question is, 'Why would I need to know this when evaluating a patient?'

Exams matter. But the curriculum is ultimately preparing you to gather information, reason, communicate, make safe decisions, and work with others. ARC-PA's curriculum standards reflect that breadth.¹

Study for the exam. Learn for the patient.

The Week Before Day One.

Do not turn the final week into a medical-school boot camp.

Confirm logistics. Prepare meals or a food plan. Test your commute. Set up your study space. Update your calendar. Organize required documents and equipment. Spend time with people important to you. Sleep.

Arrive curious rather than exhausted.

The Night Before.

Pack what you need. Confirm the time and location. Charge devices. Set alarms. Lay out clothing if that reduces morning friction.

Then stop preparing.

You do not need one more pharmacology video at 11:47 p.m.

Day One.

Show up early enough that being on time is not an emergency. My own approach to punctuality was shaped by my father and reinforced during my years in the Marines: being early creates margins. In PA school, tardiness does not affect only you. It can disrupt classmates, faculty, patients, and clinical teams. Treat punctuality as a basic form of respect and professional reliability.

Introduce yourself. Learn names. Listen. Ask questions. Read the room. Take notes on administrative details. Find out where to get help.

You do not need to prove you belong by answering every question.

You belong because you were admitted. Now become a student.

My Perspective: You Are About to Learn How Much You Do Not Know.

One of the strange parts of medical education is that learning more can initially make you feel less knowledgeable. I showed up to my program thinking I was a big fish. That all changed the first day of meeting my cohort and was reinforced with the amazing clinicians I came in contact with. I was now a small fish in a very big pond. It can be a hit to the ego and sense of self. If you understand you are here to learn and you don't know everything then you will do well. Openness to learning creates significant opportunities.

Ultimately your map becomes larger. Don't worry. This increases your ability to have a much larger area to navigate and the options to explore new and exciting opportunities.

You will begin to see the branches you did not know existed: physiology, pathology, pharmacology, diagnostic uncertainty, patient preferences, systems, communication, and the consequences of getting things wrong.

Do not interpret that expanding awareness as failure.

It is the beginning of professional humility.

Navigator's Take.

Before PA school, you spent years building an application.

On Day One, nobody needs the application anymore.

Your GPA has done its job. Your patient-care hours have done their job. Your personal statement has done its job. Your interview has done its job.

Now the question is simpler: Can you learn?

Can you adapt? Can you ask for help? Can you support classmates? Can you accept correction? Can you manage your time and finances well enough to remain present? Can you protect your health without expecting school to become easy? Can you become more capable without becoming less humble?

Do not arrive trying to look like a PA.

Arrive ready to become one.

Navigator Exercise - 30-Day Pre-Matriculation Checklist.

- ☐ All matriculation conditions completed or scheduled.
- ☐ Final transcripts and degree verification handled.
- ☐ Health / immunization requirements completed.
- ☐ Background check, drug screen, CPR, insurance, or other program requirements completed if applicable.
- ☐ Financial aid and payment plan confirmed.
- ☐ Monthly PA-school budget created.
- ☐ Housing secured.
- ☐ Commute / transportation tested.
- ☐ Required technology confirmed with the program.
- ☐ Required equipment purchased only after program guidance.
- ☐ Orientation schedule entered in calendar.
- ☐ Program handbook downloaded and reviewed.
- ☐ Academic and student-support contacts saved.
- ☐ Family / household expectations discussed.
- ☐ Study space prepared.
- ☐ Digital folder and backup system created.
- ☐ Prescriptions / routine healthcare needs addressed.
- ☐ Emergency plan and important contacts established.

- ☐ Sleep and daily routine moving toward the school schedule.
- ☐ Time intentionally reserved for rest before orientation.

Navigator Exercise - My PA School Support Map.

Need	First Resource	Backup Resource	Contact / Link
Academic difficulty			
Study strategy			
Personal / emotional support			
Financial problem			
Technology problem			
Accessibility /			
Health concern			
Family / childcare emergency			
Program policy question			
Professionalism / clinical			

Navigator Exercise - My Weekly Operating System.

Area	Minimum Standard I Will	Warning Sign	Adjustment
Sleep			
Nutrition			
Exercise / movement			
Study blocks			
Review / retrieval practice			
Family / relationships			
Finances / bills			
Recovery / unstructured time			

Navigator Exercise - Study Method Audit.

- ☐ My study method requires me to retrieve information from memory.
- ☐ I practice applying concepts rather than only recognizing them.
- ☐ I review errors and identify why I missed them.
- ☐ I revisit important material over time rather than only before exams.
- ☐ I can explain concepts without looking at notes.
- ☐ I use program-provided objectives and resources to guide priorities.
- ☐ I know how I will change my approach if the first exam does not go as expected.
- ☐ I am willing to seek academic support before a pattern of poor performance develops.

Navigator Exercise - Questions for Current PA Students.

- What do you wish you had organized before the first day?
- What did you buy that you did not need?
- What did you wish you had purchased earlier?
- How do students typically organize notes and course materials here?
- What study strategies seem to work well in this curriculum?
- How quickly do exams and practicals begin?
- How accessible are faculty when students struggle?
- What does a typical week actually look like?
- What expenses surprised you?
- What do students do for housing during distant rotations?
- What is one mistake new students commonly make?
- What helped your class become a supportive cohort?

Chapter 16 Day-One Card.

- ☐ Be early.
- ☐ Bring what the program told you to bring.
- ☐ Listen more than you perform.
- ☐ Learn names.
- ☐ Write down deadlines.
- ☐ Find the people who can help.
- ☐ Ask when you do not understand.
- ☐ Do not compare backgrounds.
- ☐ Support your classmates.
- ☐ Protect confidentiality.
- ☐ Accept correction.
- ☐ Go home, organize Day Two, and sleep.

References

1. Accreditation Review Commission on Education for the Physician Assistant. Accreditation Standards for PA Education. 6th ed. Effective September 1, 2025. Accessed August 10, 2026. <https://www.arc-pa.org/entry-level-program/accreditation-standards/>
2. American Academy of Physician Associates. Student Membership. Accessed August 10, 2026. <https://www.aapa.org/member-central/student-membership/>
3. American Academy of Physician Associates. 6 Success Tips for PA School. Published September 17, 2018. Accessed August 10, 2026. <https://www.aapa.org/news-central/2018/09/6-success-tips-pa-school/>
4. Hoover EB, Butaney B, LeLacheur S, et al. Wellness in physician assistant education: exploring mindfulness, well-being, and stress. *J Physician Assist Educ*. 2022;33(2):107-113. doi:10.1097/JPA.0000000000000427
5. Hopkins A. Designing, implementing, and evaluating a longitudinal student wellness curriculum: an educational innovation in physician assistant education. *J Physician Assist Educ*. Published online April 24, 2026. doi:10.1097/JPA.0000000000000757
6. Physician Assistant Education Association. PA Students. Accessed August 10, 2026. <https://paeaonline.org/how-we-can-help/pa-students>
7. American Academy of Physician Associates. Ethical Guidelines for the PA Profession. Accessed August 10, 2026. <https://www.aapa.org/career-central/practice-tools/ethical-guidelines-for-the-pa-profession/>

YOU HAVE THE MAP. NOW START NAVIGATING YOUR COURSE.

If you have made it this far, you probably understand something important:

Getting into PA school is not about finding one secret formula.

There isn't one.

It is about understanding where you are today, identifying where you need to improve, making good decisions, and continuing to move forward.

Some of you will be ready to apply this cycle. Some need another semester of science courses. Some need more healthcare experience. Some need to rethink their program list. And some may discover that becoming a Physician Associate isn't actually the right destination.

That's okay, too.

The purpose of Navigate to PA School was never to promise you an acceptance letter. It was to help you make better decisions while pursuing one.

I entered this profession more than 25 years ago. Since then, I have practiced medicine, assisted in thousands of surgical procedures, owned and operated a medical practice, worked in business and leadership, taught, mentored, and watched the PA profession evolve.

If there is one lesson that has remained consistent throughout that journey, it is this:

Careers rarely follow a straight line.

Mine certainly didn't. Yours probably won't either.

The people who navigate those changes successfully aren't necessarily the people who had everything figured out from the beginning. They are often the people who learned how to evaluate where they were, adjust course when necessary, and keep moving toward something meaningful.

That is why I chose the word Navigate.

My hope is that this booklet helped you establish your first heading. Now it's time to move.

Mark J. Ernst, DMSc, PA-C

Navigate Through Uncertainty.

YOUR PA JOURNEY DOESN'T END WITH ACCEPTANCE

Getting accepted to PA school is an enormous accomplishment. But eventually something interesting happens. You become a PA student. Then you graduate. Then someone hands you a badge, introduces you as the Physician Associate, and suddenly people expect you to know what you're doing. That's when an entirely different kind of navigation begins.

The resources at MarkJErnst.com are being developed around the stages of that journey.

ASPIRING PA

You are here. Learn how to evaluate programs, strengthen your application, understand the admissions process, prepare for interviews, and make informed decisions about becoming a PA.

Navigate to PA School is your starting point.

PA STUDENT

Getting accepted was the goal. Now the goal is becoming a clinician. Explore practical discussions about clinical reasoning, professional development, rotations, career decisions, and preparing for the transition from student to practicing PA.

NEW GRADUATE

Every graduate eventually has some version of the same thought:

"I have no idea what I'm doing."

Welcome to medicine.

The PA Transition Boot Camp is being developed to help shorten the distance between graduating from PA school and becoming a confident, trusted clinician.

No shaved heads. No Drill Instructors. No Crucible. Just practical preparation for the challenges you are actually going to face.

THE PRACTICING PA

Your career can become much bigger than your first job. Clinical practice. Leadership. Business. Education. Mentorship. Entrepreneurship. Administration. Lifestyle decisions.

There isn't one correct PA career. The goal is to intentionally build yours.

KEEP NAVIGATING

You don't need another person on the internet telling you they have all the answers.

You need good information, perspective, and occasionally someone willing to tell you:

"Here's what I would think about before you make that decision."

That's what I want this community to provide.

DAD TALK

Think of it as sitting down with someone who has already made a few of the mistakes you're trying to avoid.

Dad Talk explores PA school, clinical practice, careers, leadership, difficult decisions, mistakes, successes, and the things we sometimes wish someone had told us earlier.

Practical conversation. No PowerPoint required.

Watch Dad Talk → <https://www.youtube.com/@DrMarkJErnst>

MENTORSHIP

There are moments when general advice isn't enough.

Choosing programs. Evaluating an application. Preparing for an interview. Selecting your first job. Negotiating a contract. Changing specialties. Considering leadership. Starting something of your own.

Individual mentorship provides an opportunity to work through those decisions personally.

Explore Mentorship → MarkJErnst.com

ONE LAST THING...

If Navigate to PA School helped you, give it to someone else.

Send them the link. Share it with a classmate. Give it to the person sitting next to you in organic chemistry wondering whether they'll ever get into PA school.

This booklet was created to help aspiring Physician Associates make better decisions about their future. The more people it helps, the better.

And someday, when you're the experienced PA and a nervous student asks you how you got there...

Help them navigate.

MARK J. ERNST, DMSc, PA-C

NAVIGATE THROUGH UNCERTAINTY

MarkJErnst.com

Guidance, mentorship, and practical education for every stage of the Physician Associate journey.

Disclaimer

Navigate to PA School is intended for educational and informational purposes only. The information, strategies, examples, checklists, opinions, and recommendations contained in this booklet are provided as general guidance for individuals considering or pursuing admission to a Physician Associate (PA) program.

This booklet does not provide medical, legal, financial, academic, or professional advice and should not be considered a substitute for guidance from qualified professionals, academic advisors, admissions personnel, or individual PA programs.

No Guarantee of Admission

Use of this booklet does not guarantee acceptance, an interview, placement on a waitlist, or any other particular outcome in the PA school admissions process. Admission decisions are made independently by individual PA programs and may be based on numerous factors, including academic performance, prerequisite coursework, healthcare experience, recommendations, interviews, program-specific requirements, and the competitiveness of the applicant pool.

The author cannot predict or influence the admissions decisions of any PA program.

Program Requirements May Change

PA program prerequisites, admissions requirements, policies, deadlines, accreditation status, and selection criteria may change over time. Applicants are responsible for verifying all current requirements directly with the individual PA programs to which they intend to apply and with applicable official organizations and application services.

Information contained in this booklet should not replace information provided by a PA program or other authoritative source.

Individual Responsibility

Every applicant's academic history, professional experience, personal circumstances, and application are unique. Readers are encouraged to use the information in this booklet as a navigation tool rather than a formula for admission.

Examples from the author's personal experiences or the experiences of others are provided for educational purposes and should not be interpreted as representing what another applicant should expect or as a guarantee of similar results.

Ultimately, each applicant is responsible for evaluating program requirements, making application decisions, preparing and submitting application materials, and verifying the accuracy and completeness of their application.

No Affiliation or Endorsement

Unless expressly stated otherwise, references to PA programs, universities, organizations, application services, accreditation bodies, educational resources, or other third parties are provided for informational purposes only and do not imply sponsorship, affiliation, or endorsement of Navigate to PA School or its author.

By using this booklet, the reader acknowledges that the material is provided as educational guidance and that admissions decisions and outcomes remain the responsibility of the applicant and the institutions involved.