

**MCW Department of Dermatology  
Physician Assistant Fellowship Program**

9200 W. Wisconsin Avenue  
Milwaukee, WI 53226  
Phone: (414) 955-3106  
Fax: (414) 955-6221  
E-mail: [lrichter@mcw.edu](mailto:lrichter@mcw.edu)



Date of Application: \_\_\_\_\_

**PERSONAL**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: (Street, City, State, Zip Code)

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Permanent Address: (Street, City, State, Zip Code)

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E-mail Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

U.S. Citizen:  
 Yes  No

**EDUCATION**

PA School Name and Address

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Month and Year Graduated: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

Undergraduate School Name and Address:

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Month and Year Graduated: \_\_\_\_\_ Degree/Major: \_\_\_\_\_

NCCPA Certification Eligible:  Yes  No      Date Certified: \_\_\_\_\_      Certificate Number: \_\_\_\_\_

**REFERENCES:** List three professional references. One must be from your PA training program.

Name/Telephone Number: \_\_\_\_\_

Address (Street, City, State, Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

Name/Telephone Number: \_\_\_\_\_

Address (Street, City, State, Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

Name/Telephone Number: \_\_\_\_\_

Address (Street, City, State, Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

By typing your name below, you attest that all information provided is accurate.

\_\_\_\_\_  
Typed Name:

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

Important: Completion of your application requires receipt by us of ALL components of the application (see below).

<p>Components of Application:</p> <ul style="list-style-type: none"><li>• Completed Application Form</li><li>• Current CV</li><li>• All college and PA program transcripts (official copies forwarded directly from the schools)</li><li>• Three current professional letters of recommendation (one from your PA training program) mailed directly to our program</li><li>• Official copy of NCCPA scores (sent directly from NCCPA)</li><li>• A one-page typewritten narrative explaining your interest in the specialty of Dermatology</li></ul>	<p>Send to:</p> <p>Department of Dermatology Attn: Laura Richter, PA-C 9200 W. Wisconsin Avenue Milwaukee, WI 53226</p> <p>Contact Information: Phone: (414) 955-3106 Fax: (414) 955-6221 E-mail: <a href="mailto:lrichter@mcw.edu">lrichter@mcw.edu</a></p>
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