



**NPPA ELECTIVE APPLICATION**

In order to maximize your learning experience, and meet your needs, please answer the following questions:

NAME First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PA SCHOOL: \_\_\_\_\_

Does your school have a contract with JH  
SOM? Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(if no, a contract is needed prior of you being accepted  
as a student at JHBMC)*

DATES/TIMEFRAME  
REQUESTED: \_\_\_\_\_

TOTAL HOURS  
REQUIRED: \_\_\_\_\_

ABLE TO WORK: 8 HR Shifts: \_\_\_\_\_ 10 HR Shifts: \_\_\_\_\_ 12 HR Shifts: \_\_\_\_\_

Night Shifts: \_\_\_\_\_ Day Shifts: \_\_\_\_\_

Mondays: \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays: \_\_\_\_\_

Thursdays: \_\_\_\_\_ Fridays: \_\_\_\_\_ Saturdays: \_\_\_\_\_

Sundays: \_\_\_\_\_

Are you allowed to work with a preceptor  
who is not a Board Certified licensed  
physican, i.e an NPPA? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please return the completed form, along with a CV, to the NPPA Fellowship Coordinator,  
Christina Lackner, PA-C at [clackn1@jhmi.edu](mailto:clackn1@jhmi.edu)