# NPPA ELECTIVE APPLICATION

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>First: _______</th>
<th>Middle: _______</th>
<th>Last: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAIL ADDRESS:</td>
<td>____________________________</td>
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<tr>
<td>PA SCHOOL:</td>
<td>____________________________</td>
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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 JHBM)*

**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 physician, 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