

Application for OrthoAtlanta/Mercer University Orthopedic Surgery Physician Assistant Residency Program

Last Name: _____ M.I. _____ First Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
PA School: _____ Graduation Date: _____

Please list three Professional/Academic references. New grads should have at least one letter come from a faculty Member and another from a preceptor. References should be sent directly to OrthoAtlanta.

1. Name: _____ Title: _____
Institution/Organization: _____
Address & Zip: _____
Phone: _____ Email: _____

2. Name: _____ Title: _____
Institution/Organization: _____
Address & Zip: _____
Phone: _____ Email: _____

3. Name: _____ Title: _____
Institution/Organization: _____
Address & Zip: _____
Phone: _____ Email: _____

Requirements for entrance:

1. Graduate of an NCCPA accredited program
2. Current DEA License
3. Curriculum Vitae
4. Physician Assistant (PA) School Transcripts
5. 3 letters of recommendation
6. Personal statement
7. Completed application

Send/Email application form along with other required documents to:

OrthoAtlanta c/o IntraHealth Group
Attn.: Claudia Gramley
900 Circle 75 Pkwy
Suite 1700
Atlanta, GA 30339
Phone: (770) 953-6929
CGramley@Intrahealthgroup.com