

Student ID No. _____ Name _____ Phone _____

Address _____ City, State, ZIP Code _____

Program Requirements

This Program of Study form reflects the 110.5 credits required for the Bachelor of Science degree. Students are responsible for familiarizing themselves with the [most recent SUNY Downstate Medical Center Student Handbook](#) and the [SUNY Downstate website \(www.downstate.edu\)](#). In addition students are responsible for understanding all departmental requirements.

_____ submit CPR certification to PA program secretary prior to enrollment in any PHAS 4000 Level, (Advisor's Initials/Date) Clinical Clerkship course.

Junior Year - Summer Semester Courses (8 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	ANAT 3012	Human Gross Anatomy	5.5
_____	_____	_____	PHAS 3100	Clinical Microbiology/Immunology	2
_____	_____	_____	PHAS 3207	Physician Assistant Practice	0.5

Junior Year - Fall Semester Courses (17.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	MSCI 4100	Research Methods	2.5
_____	_____	_____	PHAS 3006	Interviewing and Physical Diagnosis	4
_____	_____	_____	PHAS 3011	Neuroanatomy for PA Students	1
_____	_____	_____	PHAS 3300	Pathophysiology	3
_____	_____	_____	PHAS 3316	Introduction to Pharmacology	1
_____	_____	_____	PHYS 3110	Principles of Human Physiology and Biochemistry	6

Junior Year - Spring Semester Courses (17.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PHAS 3101	EKG Interpretation	0.5
_____	_____	_____	PHAS 3102	Health Promotion & Disease Prevention	2
_____	_____	_____	PHAS 3212	Introduction to Psychiatry	2
_____	_____	_____	PHAS 3251	Human Sexuality	1
_____	_____	_____	PHAS 3301	Adult Primary Care Medicine	8
_____	_____	_____	PHAS 3311	Pharmacotherapeutics	4

Senior Year - Summer Semester Courses (16 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PHAS 3211	Clinical Decision Making	2
_____	_____	_____	PHAS 3241	Clinical Procedures	3
_____	_____	_____	PHAS 3252	Long-term Care and Gerontology	2
_____	_____	_____	PHAS 3411	Essentials of Pediatrics, Obstetrics and Gynecology	4
_____	_____	_____	PHAS 3421	Essentials of Emergency Medicine and Surgery	5

Senior Year - Fall Semester Courses (16.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	ADMN 3100	Health Care Delivery in the US	1.5
_____	_____	_____	PHAS 4__	Clerkship in _____	6
_____	_____	_____	PHAS 4__	Clerkship in _____	6
_____	_____	_____	PHAS 4__	Clerkship in _____	3

Senior Year - Spring Semester Courses (18 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PHAS 4__	Clerkship in _____	6
_____	_____	_____	PHAS 4__	Clerkship in _____	6
_____	_____	_____	PHAS 4__	Clerkship in _____	6

Senior Year - Summer Semester Courses (17 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PHAS 3501	Issues of Professional Practice	1
_____	_____	_____	PHAS 4800	Senior Seminar	1
_____	_____	_____	PHAS 4__	Clerkship in _____	6
_____	_____	_____	PHAS 4__	Clerkship in _____	3
_____	_____	_____	PHAS 4__	Clerkship in _____	3
_____	_____	_____	PHAS 4__	Clerkship in _____	3
_____	_____	_____	*PHAS 5000	Independent Study (only for students on modified program)	* 3
_____	_____	_____	*PHAS 5001	Independent Study (only for students on modified program)	* 4

TOTAL CREDITS REQUIRED 110.5

Anticipated Date of Graduation (Circle Month & Year): May August December [2017](#) [2018](#) [2019](#)

I acknowledge that the courses listed above are the courses I am required to successfully complete to be awarded the degree of Bachelor of Science in Physician Assistant from the State University of New York Health Science Center at Brooklyn. The academic policies regarding the other components of the degree are published in the current edition of the most recent SUNY Downstate medical Center Student Handbook, and should be reviewed to ensure my academic success.

Orientation:

Signature of Student

Date

Signatures of Faculty Advisor (Date)

Eff. **06/01/15 L.H.**

Original: Office of the Registrar

Copy 1: Graduation Check Sheet / Faculty Advisor

Copy 2: Student