State University of New York Downstate Medical Center
College of Health Related Professions
Master of Science in Physician Assistant
Program of Study Acknowledgment for Summer **2017** Matriculants

(It is the student's responsibility to maintain and update this advisement record and bring it to meetings with his/her advisor.)

Student ID No_____Name_____Phone_____

Address_____City, State, ZIP Code_____

Program Requirements

This Program of Study form reflects the 112.5 credits required for the Master 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 PAMS program secretary prior to enrollment in any PAMS 6000 Level,
(Advisor's Initials/Date)   Clinical Clerkship courses.

Junior Didactic Year - Summer Semester Courses (8 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	ANAT 5012	Human Gross Anatomy	5.5
_____	_____	_____	PAMS 5100	Clinical Microbiology/Immunology	2
_____	_____	_____	PAMS 5207	Physician Assistant Practice	0.5

Junior Year - Fall Semester Courses (17.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	MSCI 5100	Research Methods	2.5
_____	_____	_____	PAMS 5006	Interviewing and Physical Diagnosis	4
_____	_____	_____	PAMS 5011	Neuroanatomy for PA Students	1
_____	_____	_____	PAMS 5300	Pathophysiology	3
_____	_____	_____	PAMS 5316	Introduction to Pharmacology	1
_____	_____	_____	PHYS 5110	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
_____	_____	_____	PAMS 5101	EKG Interpretation	0.5
_____	_____	_____	PAMS 5102	Health Promotion & Disease Prevention	2
_____	_____	_____	PAMS 5212	Introduction to Psychiatry	2
_____	_____	_____	PAMS 5251	Human Sexuality	1
_____	_____	_____	PAMS 5301	Adult Primary Care Medicine	8
_____	_____	_____	PAMS 5311	Pharmacotherapeutics	4

Senior Year - Summer Semester Courses (16 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PAMS 5211	Clinical Decision Making	2
_____	_____	_____	PAMS 5241	Clinical Procedures	3
_____	_____	_____	PAMS 5252	Long-term Care and Gerontology	2
_____	_____	_____	PAMS 5411	Essentials of Pediatrics, Obstetrics and Gynecology	4
_____	_____	_____	PAMS 5421	Essentials of Emergency Medicine and Surgery	5

Senior Clinical Year - Fall Semester Courses (17.5 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	ADMN 5100	Health Care Delivery in the US	1.5
_____	_____	_____	PAMS 6001	Masters Project 1	1
_____	_____	_____	PAMS 6___	Clerkship in _____	6
_____	_____	_____	PAMS 6___	Clerkship in _____	6
_____	_____	_____	PAMS 6___	Clerkship in _____	3

Senior Year - Spring Semester Courses (19 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PAMS 6002	Masters Project II	1
_____	_____	_____	PAMS 6___	Clerkship in _____	6
_____	_____	_____	PAMS 6___	Clerkship in _____	6
_____	_____	_____	PAMS 6___	Clerkship in _____	6

Senior Year – Summer Semester Courses (17 credits)

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	PAMS 6003	Masters Project III	1
_____	_____	_____	PAMS 5501	Issues of Professional Practice	1
_____	_____	_____	PAMS 6___	Clerkship in _____	6
_____	_____	_____	PAMS 6___	Clerkship in _____	3
_____	_____	_____	PAMS 6___	Clerkship in _____	3
_____	_____	_____	PAMS 6___	Clerkship in _____	3

Interdisciplinary Course   **Can be taken Fall, Spring, and Summer of Junior year with program approval**

Term Planned	Term Completed	Grade Earned	Course #	Course Title	Credits
_____	_____	_____	INDI 5014	Brooklyn Free Clinic Experience (Elective)	0

TOTAL CREDITS REQUIRED 112.5

Anticipated Date of Graduation (Circle Month & Year): May   August   December   2019   2020   2021

(OVER)

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. 05/30/2017   **Original: Office of the Registrar**   **Copy 1: Graduation Check Sheet / Faculty Advisor**   **Copy 2: Student**