PA Program Verification Letter

**Part 1: To Be Completed by Applicant**

|  |  |
| --- | --- |
| Applicant’s Name |  |
| PA Program  |  |
| Program Director Name |  |
| Program Director Number |  |
| Program Director Email |  |

**Part 2: To Be Completed by the PA Program Director**

**Section A: Verification of Student’s Status**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print program director’s name), verify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print student applicant’s name) is a student enrolled in and attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print PA program name) and currently is in good standing with the program. 

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B: PA Program’s Financial Contribution Information**

Please answer the following questions:

1. Is your program or department planning to support (via a financial contribution) this student’s attendance at AAPA Conference to represent the program’s student society?

 Yes  No

1. If yes, please provide the approximate amount that the student will receive.

$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3: Submit Completed Form**

Please email the form to students@aapa.org. If you have questions, email *students@aapa.org* or call 571-319-4310.

***Applications without this document will not be considered.***