**Program Director/Faculty Statement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_*\_\_\_\_\_\_\_\_(name of Program Director/PA Program Faculty and title)

of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PA program)

am aware that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student candidate)

is a candidate for the House of Delegates (HOD) student delegate position. This form is to confirm that they are a student in good standing at my PA program.

Furthermore, I am aware of the required time commitments both at and away from the program and give my permission for the above-named student to undertake this responsibility.

If elected, I excuse this student from any classes, exams, clinical rotation duties, or program related events on May 15, May 16, May 17, and May 18, 2025, in order to fulfill their responsibility of attending the 2025 HOD meeting.

I will notify the Student Academy if the student’s status at the PA program changes.

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

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

**Note: This form *must* be submitted for the application to be accepted. Please attach the completed form to the online application:** [**https://fs1.formsite.com/aapa/form836626995/index**](https://fs1.formsite.com/aapa/form836626995/index)**.**