Instructions for applying:

1. A complete application package contains:
   a) completed application form
   b) $55.00 non-refundable application fee
   c) official transcripts from all colleges and universities attended
   d) GRE scores
   e) three (3) letters of recommendation

2. GRE scores (no more than 5 years old on January 15, the application deadline) should be sent to the codes given in the application form. In addition, unofficial scores and percentiles should be written in the application form, or sent by email (michelle.p.johnson@duke.edu) if the scores are not complete at the time of application. The MCAT is not accepted in lieu of the GRE.

3. **THIS REQUIREMENT HAS BEEN WAIVED FOR THE 2022 ADMISSIONS CYCLE**
   A minimum of 10 hours shadowing in anatomic pathology, specifically surgical pathology (preferably in more than one setting), or surgical pathology laboratory work experience is required. Autopsy shadowing is also preferred, but not mandatory.

4. Internet-based TOEFL or academic IELTS scores (no more than 2 years old), required for international students whose native language is not English, should be sent to the codes given in the application form.

5. Candidates who receive their baccalaureate degree from institutions outside the United States must submit a transcript evaluation showing degree equivalency and course by course subject matter description.

6. The deadline for receipt of complete applications is **January 15 of each year**. An email will be sent to each applicant in early January informing them of the status of their application, including any missing components.

7. Only completed application packets will be reviewed and considered by the admissions committee after the application deadline.

8. Following the review of completed applications during the last two weeks of January, selected candidates will be invited for an interview. We will interview from the second week of February through the third week of March; consequently, candidates should be free to travel to Durham, NC, sometime during this period. The final class will be selected by the 1st week in April, and all applicants will be notified immediately thereafter.
DUKE UNIVERSITY
School of Medicine
Pathologists’ Assistant Program

Application for Admission
Class beginning August 20____

This application must be accompanied by a non-refundable fee of $55.00 in check or money order (not cash), payable to Duke University Medical Center. The completed application form and fee and all other application materials must be sent to the following address:

Michelle P. Johnson, PA(ASCP)
Pathologists’ Assistant Program Admissions
Duke University School of Medicine
Box 3712
Durham, NC 27710

The physical address for FedEx, UPS and other carriers is Davison Building Second Floor Green Zone Room 227MC.

The application deadline is January 15 for each admissions cycle. All application materials must be in the Pathologists’ Assistant Program Office by this date.

Please direct all questions to Michelle Johnson PA(ASCP): michelle.p.johnson@duke.edu
919-684-2159

Duke University Nondiscrimination Statement
Duke is committed to encouraging and sustaining a learning and work community that is free from prohibited discrimination and harassment. The institution prohibits discrimination on the basis of age, color, disability, gender, gender identity, gender expression, genetic information, national origin, race, religion, sex, sexual orientation, or veteran status, in the administration of its educational policies, admission policies, financial aid, employment, or any other institution program or activity. It admits qualified students to all the rights, privileges, programs, and activities generally accorded or made available to students.

Sexual harassment and sexual misconduct are forms of sex discrimination and prohibited by the institution. Duke has designated the Vice President for Institutional Equity and Chief Diversity Officer as the individual responsible for the coordination and administration of its nondiscrimination and harassment policies. The Office for Institutional Equity is located in Smith Warehouse, 114 S. Buchanan Blvd., Bay 8, Durham, North Carolina 27708. Phone: 919-684-8222.

Questions, comments or reports about harassment or discrimination can be directed to one of the following administrators in the Office for Institutional Equity: Discrimination in Employment: Cynthia Clinton, AVP Harassment and or educational programs and activities Discrimination Prevention and Compliance Office for Institutional Equity 114 S. Buchanan Blvd., Bay 8 Durham, NC 27708 cynthia.clinton@duke.edu 919-668-6214.

Sex discrimination in educational programs: Jayne Grandes, AVP for Title IX Compliance and activities Title IX Coordinator Office for Institutional Equity 114 S. Buchanan Blvd., Bay 8 Durham, NC 27708 jayne.grandes@duke.edu 919-660-5766.
Additional information, including the complete text of Duke’s Policy Prohibiting Discrimination, Harassment and Related Misconduct and appropriate complaint procedures, may be found by visiting the Office for Institutional Equity’s website at: https://oie.duke.edu/. For further information contact the Assistant Secretary for Civil Rights at https://www2.ed.gov/about/offices/list/ocr/index.html or call 1-800-421-3481

The questions (see * below) concerning ethnic origin, age, gender, and national origin on this application form are for the purpose of meeting Federal reporting requirements.

**Personal Information**

Name

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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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</table>

Social security number _________________________ *Date of Birth _________________________

*Citizenship ___________________________________ *Gender ___________________________

*Ethnic origin _________________________________________________________________________

Email ________________________________________________________________________________

Cell phone or best telephone contact # ________________________________________

Mailing address _____________________________________________________________________

______________________________________________________________________________________

Permanent address (if different from mailing address) Telephone ________________________

______________________________________________________________________________________

Father’s name ___________________________________ Occupation __________________________

Mother’s name ________________________________ Occupation _________________________

Have you previously applied to this program? __________ (year) __________________

Will you seek financial aid? ________________

Have you ever been convicted of a crime other than a minor traffic violation? ____________

If so, please give details in an attached statement

**Academic Background**

List all colleges and universities attended. Transcripts of ALL college or graduate level work and health profession education must be submitted and forwarded by the institution to the Pathologists’ Assistant Program in sealed envelopes or by email to be considered an official document. Use additional sheet, if necessary.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates of attendance</th>
<th>Major</th>
<th>Credits</th>
<th>Degree/date</th>
<th>GPA</th>
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Have you ever been placed on probation or dismissed from a college or university? _________________
If so, please give details in an attached statement.

Does your academic record accurately reflect your capabilities? Explain.

Have you been certified in any health professions? _________________  If yes, please indicate below:

<table>
<thead>
<tr>
<th>Profession</th>
<th>Title</th>
<th>Certifying Agency</th>
<th>Date</th>
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Have you taken the GRE General Test? ______________
If no, date scheduled ________________________________
Please record your scores for each examination taken. Note that the scores you provide are unofficial. Official test score results must be sent to Duke University by the ETS, IELTS or the AAMC. To submit your GRE scores, use the Duke Institutional Code (5156) and the Department Code (preferably 0601-Allied Health or 0699-Health and Medical Sciences-Other) in completing the score report recipient section of the registration form.

Score Information—GRE

<table>
<thead>
<tr>
<th>Test date</th>
<th>Verbal</th>
<th>Verbal</th>
<th>Quant</th>
<th>Quant</th>
<th>Writing</th>
<th>WA</th>
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<tr>
<td></td>
<td></td>
<td>Percentile</td>
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<td>Percentile</td>
<td>Assessment</td>
<td>Percentile</td>
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</table>

International students whose native language is not English must provide either internet-based TOEFL scores or academic IELTS scores:

Score information—Internet-based TOEFL

<table>
<thead>
<tr>
<th>Test date</th>
<th>Reading Skills</th>
<th>Listening Skills</th>
<th>Speaking skills</th>
<th>Writing Skills</th>
<th>Total score</th>
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<tbody>
<tr>
<td></td>
<td>Level</td>
<td>Scaled score range</td>
<td>Level</td>
<td>Scaled score range</td>
<td>Level</td>
</tr>
</tbody>
</table>
Score Information—Academic IELTS

<table>
<thead>
<tr>
<th>Test date</th>
<th>Listening</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
<th>Overall Band score</th>
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Shadowing and Work Experience

**Shadowing Experience**—List your anatomic pathology shadowing experience, starting with the most recent. Use additional sheet if necessary.

1. Health Care Facility ________________________________
   Name and Title (MD or PA) of Practitioner ________________________________
   Date ____________________________ Duration ____________________________

2. Health Care Facility ________________________________
   Name and Title (MD or PA) of Practitioner ________________________________
   Date ____________________________ Duration ____________________________

3. Health Care Facility ________________________________
   Name and Title (MD or PA) of Practitioner ________________________________
   Date ____________________________ Duration ____________________________

4. Health Care Facility ________________________________
   Name and Title (MD or PA) of Practitioner ________________________________
   Date ____________________________ Duration ____________________________

**Health Care Work Experience**—Describe your health care work experience, listing the most recent first. Use additional sheet if necessary.

1. Institution/Agency ________________________________
   Position Title ________________________________
   Dates of employment __________________________ Hours/week __________________
   Description of responsibilities ________________________________
   ____________________________________________________________
   ____________________________________________________________
   Positive aspects ________________________________
   ____________________________________________________________
   Negative aspects ________________________________
   ____________________________________________________________
2. Institution/Agency _________________________________________________________________
   Position Title ________________________________________________________________
   Dates of employment ____________________________ Hours/week ____________________
   Description of responsibilities _____________________________________________
                                                                              ______________________________________________________________________
                                                                              ______________________________________________________________________
   Positive aspects ____________________________________________________________
                                                                              ______________________________________________________________________
   Negative aspects ____________________________________________________________
                                                                              ______________________________________________________________________

3. Institution/Agency ____________________________________________________________
   Position Title ________________________________________________________________
   Dates of employment ____________________________ Hours/week ____________________
   Description of responsibilities _____________________________________________
                                                                              ______________________________________________________________________
                                                                              ______________________________________________________________________
   Positive aspects ____________________________________________________________
                                                                              ______________________________________________________________________
   Negative aspects ____________________________________________________________
                                                                              ______________________________________________________________________

*Non-Health Care Employment Experience*—List your other employment experience over the past 10 years, beginning with the most recent. Use additional sheet if necessary.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Institution/Firm</th>
<th>Job Title</th>
<th>Description of work</th>
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Essay Questions

Please answer the following Essay Questions on a separate sheet. They may be either typed or handwritten.

1. In addition to academic and professional health background experiences, the admissions committee of the Pathologists’ Assistant Program is interested in life experiences that have been formative to your growth as a person and in definition of life goals. In 500 words or less, please describe any experience of personal significance to you.

2. Many times application forms leave a candidate feeling that important areas of concern have been omitted. Please make any additional statement that you feel is indicated. (This question is optional and is intended only to give each candidate full opportunity for self-expression.)

3. In 250 words or less, please provide a narrative describing your interest in the profession of pathologists’ assistant and your interest in the Duke Pathologists’ Assistant Program in particular.

Letters of Reference

List the individuals you have asked to recommend you:

1. Name __________________________________________
   Title and relationship ________________________________
   Contact information __________________________________
   ____________________________________________________

2. Name __________________________________________
   Title and relationship ________________________________
   Contact information _________________________________
   ____________________________________________________

3. Name __________________________________________
   Title and relationship ________________________________
   Contact information _________________________________
   ____________________________________________________
DUKE UNIVERSITY  
School of Medicine  
Pathologists’ Assistant Program

To the best of my knowledge, the information on this application is true and accurate.

Signature  ______________________________________________________________

Printed name  ___________________________________________________________

Date  _________________________________________________________________

By submitting an application for admission, I understand and agree that the personal data included with my application will be collected by Duke, or on its behalf, during the admissions process. I understand and agree that this data will be used for the primary purposes of considering my application for admission to Duke, providing me with information regarding engagement opportunities, evaluating my eligibility for financial aid, responding to records requests and, if I am admitted, facilitating my education. To help achieve these goals or to comply with legal obligations, I agree that my data may be shared internally among different Duke Departments and offices, or with Duke contracted or approved third parties. I have reviewed the Duke University Privacy Policy and permit Duke to collect and use my personal data in accordance with that policy.
Tips from Michelle Johnson for Applying to the Duke Pathologists’ Assistant Program

Your application

The application deadline is January 15 of each calendar year. ALL application materials must be in my office by the deadline. This includes the application form and fee, all transcripts, official report of GRE scores and 3 letters of recommendation.

Please plan ahead—do not wait until the last minute to send in an application. And remember that if you send the items by the US Postal Service, even by one of the expedited options, it still has to go through the Duke University Medical Center Post Office and subsequently arrive at the Pathology Department mail room before it gets to me, which often takes a week or more. Application materials sent by regular mail should be sent no later than December 15 to ensure safe arrival by the deadline. If the deadline is on a weekend, be certain that your materials are set to arrive no later than the Friday before; you cannot count on there being someone in the program office to receive a weekend delivery.

If you have been accepted in another program and you have firmly committed to that program and no longer wish to be considered for the Duke Program, please let me know so that I can withdraw your application. The application review subcommittee spends a lot of time reviewing each application folder, and discussing the relative merits of the candidates, so we would appreciate the courtesy.

Send all application materials to me at the following address:

Michelle P. Johnson PA(ASCP)CM
Pathologists’ Assistant Program-Admissions
Duke University School of Medicine
Box 3712
Davison Building, Room 227 MC
Durham, NC 27710

Alternatively, application materials other than the application fee and signatory sheet which must be submitted together by hard copy, may be sent electronically to my email address: michelle.p.johnson@duke.edu

If you wish to send your application by FedEx, UPS or any other non-USPS company, the physical address (the carriers won’t accept parcels without one) is the “Davison Building, Room 227 MC” part of the address listed above. Do not request Saturday delivery, even if the deadline is on Saturday or Sunday—you cannot count on there being anyone in the office to receive it on a weekend.

Do not send any correspondence or application materials to the general Duke Graduate School Admissions Office—the site is off the main campus and it will be almost impossible to
retrieve any materials from them; it will delay the processing and submission of your folder to the admissions committee, or possibly derail your application altogether.

If you must send your application at the last possible minute, make certain that it is completely in order. If you are sending your transcripts and letters with the application form, they must be in sealed envelopes inside the packet to be considered “official” (see below). If they have been sent separately, check with me by email to be sure that I have received them.

Questions
I am always happy to answer an applicant’s questions. Because many candidates over the years have repeatedly asked the same questions, we created the “FAQ” (frequently asked questions) sheet which is on our website. Be sure to check this tab—you may find a quick answer to some concerns you have. If you don’t find the information there, always feel free to email me (much easier and more efficient than trying to catch me by telephone). If you come up with a good question, you might find yourself quoted in future editions of the FAQs!

Although I prefer and will respond quickly to email, you are welcome to call my office phone or cell if you need to discuss an emergent issue; if I am unable to take your call, I will respond to voice mail as soon as possible. Please answer your phone when I call you back!

Specific details
1. The application form
   - If completing the form by hand, write neatly and legibly—if I need to get in touch with you, I must be able to read your email address and telephone number
   - The application form on the website is in the form of a PDF; if you would like a Word copy, email me and I will forward it to you
   - Fill in all the information requested
   - Duke has a non-discrimination policy regarding age, gender, ethnicity and national origin. These questions are asked on the application form because we are required to capture this information, which is reported in aggregate, on all applicants. All institutions which receive federal funds are mandated to fulfill this requirement. Admission decisions are based on the individual’s qualifications only.
   - If you have any convictions, including underage drinking, comment on these in an attached statement. Criminal background checks are done on all accepted candidates, so omitting this from your application is not wise.
   - Please try to keep your essays close to the word limit
   - Essays may be hand written or they may be typed on a separate sheet
   - List your shadowing experiences on the application form where indicated and include the details in your essay 3. Don’t make the admissions committee look too hard for the information, and do not fail to mention that you have shadowed. Shadowing in anatomic pathology (specifically gross surgical pathology) or surgical pathology laboratory work experience is required for admission.
   - Remember to sign the form on the last page
2. The application fee
   - Send a check or money order (NOT cash)
   - The fee is $55.00 (US funds)
   - The check should be made payable to “Duke University Medical Center”
   - If you are submitting the application form by hard copy rather than be email, the payment must be included with the application form
• Don’t forget to sign the check; if using a money order, please fill in all the required information and remember to sign it

3. The transcripts
• Send all of your transcripts from each institution attended, even if those classes are included as transfer credits on transcripts at a different institution; include all undergraduate, graduate and any health care profession education
• Many institutions are now able to submit official transcripts electronically—this is an excellent option, very rapid and efficient; have the transcripts sent to my email address: michelle.p.johnson@duke.edu. Hard copy transcripts must be received in sealed envelopes whether they are submitted by the applicant or separately from the institution; otherwise, they cannot be considered to be “official”
• Only one transcript need be submitted per institution, unless you are actively enrolled and have semester updates

4. The recommendation letters
• Letters should be written on the individual recommender’s letterhead
• They must be received in sealed initialed envelopes or sent as an email attachment from the recommenders’ corporate, personal, or edu email address to be considered “official”
• Do not send photo-copies of letters that have been used for other purposes
• The greeting of the letter should refer to me or our Program Director, Dr. Bentley, and should specifically comment on your qualifications for the Pathologists’ Assistant Program. Letters which refer to a candidate’s desire to attend medical school or acquire a PhD, suggest that the applicant is not actually committed to becoming a Pathologists’ Assistant, and will detract from the application.

5. GRE scores
• Applicants must submit GRE scores no more than 5 years old by the application deadline, regardless of prior education or experience. Please note that we no longer accept the MCAT in lieu of the GRE.
• If you have not completed the GRE prior to the application deadline, do not apply to the program. You will not be a competitive candidate; your application will not be complete and it will not be submitted to the admissions committee.
• The official scores are unlikely to appear in the Duke system until several weeks have elapsed—if you take the test shortly before the deadline, you must send me an email to let me know what your preliminary Verbal and Quant scores are. If you do not, I will not be able to send your application to the admissions committee for review.
• Do not report your scores inaccurately on the application form
• The scores expire 5 years (to the date) after the exam is taken; the scores must be no more than 5 years old on January 15 of the year in which you wish to matriculate; for example, if you wish to apply for the class beginning in August of 2020, you should have taken the GRE no earlier than January 15, 2015.
• Have the ETS send your scores to Duke University (Institution Code 5156). Most Department Codes will work—anything sent to Duke will be available to me—but Allied Health (Departmental Code 0601) or Health and Medical Sciences-Other (Department Code 0699) are most accurate.

If you were not accepted last year and are re-applying to the program:
• We retain application materials for 2 years. Non-expired GRE scores, unchanged transcripts and the original 3 letters of recommendation will be carried over to the new application.
• Submit a new application form and fee
• Submit any new or updated transcripts and test scores
• Submit one additional letter of recommendation to update your folder