

Program Director/Faculty Statement

I, _____ (name of Program Director or PA Program Faculty and title)

of _____ (PA program)

am aware that _____ (name of student candidate)

is a student in good standing at my PA program and that this student is a candidate for the House of Delegates (HOD) student delegate position.

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.

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 email the completed form to students@aapa.org.