

Program Director Statement

I, _____ (please print name of Program Director)

PA Program Director of _____ (name 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 following Student Academy office (please check any that may apply).

- President (two-year commitment)
- Vice President
- Chief Delegate
- Director of External Affairs, Junior (two-year commitment)
- Director of Internal Affairs
- Director of Diversity
- Special Projects Coordinator
- Regional Chair
- PA Foundation Marketing and Communications Committee Student Representative
- PA Foundation Resource Development Committee Student Representative
- Physician Assistant Education Association (PAEA) Student Member at Large (two-year commitment)
- AAPA's Government Affairs and Reimbursement Committee Student Intern

Furthermore, I have read the election bulletin and 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 program changes.

Signature: _____

Date: _____

Note: This form must be submitted by the candidate in order for the nomination to be accepted.