

**Patient Care Experience
Petition Form**

Applicant Information		
Name:	Date:	
Mailing Address:	Telephone No. (with area code)	Email Address:

Direct Patient Care Classification. Use the space below to petition to have your patient care experience classified for the *Direct Patient Care Experience Admissions Preference*. When responding, please succinctly describe the hands on care, period of training required for patient care, license required for patient care, exposure to different patient types, and your degree of independence in providing patient care. You **MAY NOT** petition to have the listed direct patient care roles to be elevated in classification (e.g., medical interpreter to be upgraded from minimal to moderate).

Patient care role and rationale:

[Return this document in Adobe PDF format only, with supporting documents to PAadm@ksu.edu](mailto:PAadm@ksu.edu)

Petition Review (to be completed by Program / Admissions Director)	
Action Taken:	_____ Request Approved _____ Request Denied
Comments/Rationale:	
Reviewed By:	Date:

“In a world focused on things, we focus first on PEOPLE.”