



Introduction and Consent

2023 PAEA Matriculating Student Survey

Important Information About the PAEA Matriculating Student Survey: Please Read Carefully

The PA Education Association (PAEA) is the national organization that represents physician assistant (PA) programs and advocates on behalf of students, faculty, and educational programs. PAEA administers the Matriculating Student Survey (MSS) annually for all incoming first-year PA students. The MSS seeks information from entering PA students to improve education, recruitment, and retention.

The survey will take approximately **25 to 30 minutes** to complete. Students who complete the survey will have the opportunity to enter into a prize drawing. Questions on the MSS cover topics such as:

- Demographic information
- Academic and employment background
- Factors related to your choice of the PA profession and your PA program
- Educational financing
- Intended specialty and practice environments
- Health and well-being

Incentives

Respondents who complete the survey will have the opportunity to enter into a drawing for one of four \$50 Amazon gift cards. PAEA will enter each PA program with at least an 80% response rate into a drawing for a \$250 gift card. Additionally, each PA program with at least an 80% response rate will be entered into a drawing for a free 2024 PAEA Education Forum registration.

Participation is Voluntary

Participation in this survey is completely confidential and voluntary. You have the right not to answer any questions you choose. There is no penalty for not completing the survey or for discontinuing it. You may withdraw at any time by simply closing the survey. Although you may skip any questions you do not feel comfortable answering, providing honest and complete information helps improve the reliability and validity of these important data. If you believe you are being coerced into participation, please contact PAEA research staff (research@PAEAonline.org).

Confidentiality Statement

The data collected in this survey are classified as confidential. You will have the option of providing your email address if you wish to participate in the incentive drawing. Once this survey closes and incentive drawing participants are contacted, those email addresses will be permanently removed from the dataset to ensure confidentiality. Your identified responses will only be released to your program with your consent for inclusion in their student database. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined below.

In the survey, you will have the opportunity to provide qualitative feedback to your program. Your verbatim comments may be provided to your program for the purposes of self-evaluation as part of an anonymous report that

aggregates the responses of all other consenting students. Comments shared with your program will not be linked to any of your other responses in this survey. Because shared comments will be unedited, **your responses should not contain self-identifying information unless it is your intention that your identity be known.** Providing feedback to your program is optional. By clicking the button below, you consent that your verbatim responses may be shared with your program in an aggregate report. You may also choose to continue with the survey without providing comments by skipping those specific questions.

The responses you provide on this survey are retained by PAEA in a secure server which may only be accessed by a small number of PAEA research staff trained in human subjects protection and confidentiality procedures. PA programs typically receive data in reports that aggregate responses at the national level. On occasion, for the purpose of conducting further studies, researchers may request a de-identified (i.e., all identifying information is stripped from responses, rendering them anonymous) report of individual-level data. PAEA reduces the probability of connecting responses to specific individuals by not providing information where a small number of respondents in a specific category could potentially allow individuals to be identified. Researchers requesting de-identified data will be required to agree to terms that outline how the data may be used and for how long. Otherwise, your data may only be released to IRB-approved faculty at your PA program and only with your explicit permission. This data collection activity has been reviewed according to PAEA policies and procedures and its Institutional Review Board and is considered to be minimal risk. PAEA has taken extensive measures to ensure the security of the data and the confidentiality of the responses. We believe that there are no anticipated risks associated with taking this survey. PAEA does not use survey data for marketing purposes.

If you have any questions about your rights as a participant or experience technical difficulties while completing the survey, please contact PAEA research staff (research@PAEAonline.org; 703-667-4322).

Thank you for participating and welcome to PA school!

Please select an option below to indicate whether you have read the above disclosure and agree to participate in this research.

- I have read and understood the preceding information and **freely consent to participate in the survey.** Further, I understand that if I choose to answer any qualitative questions, my unedited responses may be shared with my program.
- I have read and understood the preceding information and **choose not to participate in the survey.**

Collecting student data at the applicant stage through the end of PA school helps PAEA identify the factors that improve student and applicant experiences and education. To help us link your responses between CASPA applicant data, this survey, and the End of Program Survey, and to help us remove duplicate responses, please indicate your first and last name and date of birth.

Your name and identified responses will only be released to your program with your consent for inclusion in their student database. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. Thank you for helping us conduct important research and improve PA student educational experiences.

First name

Last name

Date of birth (MM/DD/YYYY)

Screening

1. Did you start your current PA program **less than three months ago**?

Yes

No

1a. Will you be starting your PA program within the next month?

Yes

No

Your PA Program

Your PA Program

2. Please select the state in which your program is located from the drop-down list below.

3. Please select your program from the drop-down list below.

Note: Several programs have similar names; please make sure that you

select the correct one.

3a. Are you enrolled at a distant or satellite campus?

Yes

No

3b. Please provide the full name of the distant or satellite campus you are enrolled in.

Consent to be included in a student database

Some programs are seeking to collect student data for inclusion in a student database for use in educational research and program improvement. To support this use of data, PAEA accepts applications from member programs to access their own consenting students' identified (i.e., *including* consenting students' names) or deidentified (i.e., *excluding* students' names and other personally identifying information such as ZIP code) MSS responses.

PAEA will only release your data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$ with your written consent and if at least 50% of your cohort completes this survey. You have the right to withhold consent without penalty. If you do not consent, PAEA will never release your data to any parties and will store your data according to the standard confidentiality and privacy protections outlined previously. If you choose not to release your data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$ you can still complete the survey and are eligible to win any prizes associated with completing the survey.

If you consent to release your **identified** data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$, your first and last name will be supplied to your program before being permanently removed from the PAEA database.

If you consent to release your **de-identified** data to $\{q://QID19/ChoiceGroup/SelectedChoices\}$, your PA program will protect this information using the standards and protections detailed in their IRB agreement with their home institution and may not share your data with any external individuals or parties.

If you consent to releasing either your identified or de-identified data, $\{q://QID19/ChoiceGroup/SelectedChoices\}$ will protect this information using the standards and protections detailed in their IRB agreement with their home institution and may not share your data with any external individuals or parties.

Please select an option below to indicate whether you have read the above disclosure and agree to release your data to \$ {q://QID19/ChoiceGroup/SelectedChoices}.

- I have read and understood the preceding information and freely **agree** that **PAEA may release my identified data** to \$ {q://QID19/ChoiceGroup/SelectedChoices} for inclusion in a student database.
- I have read and understood the preceding information and freely **agree** that **PAEA may release my de-identified data** to \$ {q://QID19/ChoiceGroup/SelectedChoices} for educational research and program improvement.
- I have read and understood the preceding information and choose **NOT** to release my data to \$ {q://QID19/ChoiceGroup/SelectedChoices} for inclusion in a student database.

4. In what month did you enter (or expect to enter if you are in orientation now) the official PA program?

Demographics

Demographics

5. Please enter your age at the time you entered the [graduate, professional](#)

phase of your PA program.

6. Which of the options below best describes your current gender identity?

- Man
- Woman
- Indigenous or other cultural gender minority (e.g. two-spirit)
- Identity not listed here (e.g. gender fluid, non-binary)
- I don't know the answer/Prefer not to answer

7. What sex were you assigned at birth, meaning on your original birth certificate?

- Male
- Female
- I don't know the answer/Prefer not to answer

7a. What gender do you currently live as in your day-to-day life?

- Man
- Woman
- Sometimes man, sometimes woman
- Something other than man or woman
- I don't know the answer/Prefer not to answer

8. Which of the following best represents your sexual orientation?

- Bisexual
- Gay or lesbian or homosexual
- Straight or heterosexual
- Other
- I don't know the answer/Prefer not to answer

8a. Is your institution inclusive to the LGBTQIA+ community?

- Yes
- No
- Not applicable, too early in my program to know

8b. Please explain how your institution has demonstrated being inclusive to the LGBTQIA+ community.

8b. Please explain how your institution has demonstrated **not** being inclusive to the LGBTQIA+ community.

9. Do you identify as a person with a visible or invisible disability? This includes any learning disabilities.

Yes

No

9a. Have you or do you intend to seek reasonable accommodations under the Americans with Disabilities Act (ADA)?

Yes

No

9b. Has your institution thus far accommodated your needs?

- Yes
- No
- I intend to seek reasonable accommodations but have yet to do so
- Not applicable, too early in my program to know

9c. Please explain how your institution has accommodated your needs.

9c. Please explain how your institution has **not** accommodated your needs.

10. What is your race/ethnicity? Please check as many as apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latin American
- Native Hawaiian or other Pacific Islander
- White or European American
- Other, please specify:
- I prefer not to answer

10a. How do you self-identify? Please check as many as apply.

- Bangladeshi
- Cambodian
- Chinese
- Filipino
- Hmong
- Indian
- Indonesian
- Japanese
- Korean
- Laotian
- Malaysian
- Pakistani
- Taiwanese
- Thai
- Vietnamese
- Other Asian, please specify:
- I prefer not to answer

10b. How do you self-identify? Please check as many as apply.

- African
- African American
- Afro-Caribbean
- Other Black or African American, please specify:

- I prefer not to answer

10c. How do you self-identify? Please check as many as apply.

- Guamanian
- Native Hawaiian
- Samoan
- Tongan
- Other Pacific Islander, please specify:

- I prefer not to answer

10d. How do you self-identify? Please check as many as apply.

- Argentinean
- Colombian
- Cuban
- Dominican
- Mexican, Mexican American, Chicano/Chicana
- Peruvian
- Puerto Rican
- Other Hispanic, Latino, or Spanish origin, please specify:
- I prefer not to answer

11. Are you of Arab, Middle Eastern, and/or North African origin?

- Yes
- No
- I prefer not to answer

12. Did you spend the majority of your life before age 18 within the United States and its territories?

Yes

No

12a. Please enter the five-digit ZIP code for the place you spent the majority of your life before age 18.

Note: Please do not enter the ZIP code of the college or university attended while applying to your PA program—unless you grew up in that ZIP code in addition to attending college there.

Your Family

Your Family

13. Which of the following best describes your current civil status? Note: If you are engaged, please select "single".

Single

Partnered/Married

I prefer not to answer

Other, please specify:

14. Other than yourself, how many legal dependents do you have? If you do not have any legal dependents, please enter "0".

15. Are you considered a dependent by your parents or legal guardian(s) (i.e., did they claim you on their income taxes last year)?

Yes

No

I do not know/prefer not to answer

16. What is the **combined estimated annual gross income** for your household (this includes your income in addition to the income of your spouse/partner, if applicable)?

- Less than \$25,000
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$249,999
- \$250,000 to \$299,999
- \$300,000 or higher
- I do not know/prefer not to answer

17. What is the highest level of education of your parent(s) or guardian(s)?
For example, if one parent/guardian holds an associate degree, and one holds a master's degree, please select "Master's degree."

- Grade school (did not enter high school or partially completed high school)
- High School/GED
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate (academic or professional)
- Other, please specify:
- I prefer not to answer

Military Experience

Military Experience

18. Are you currently, or have you ever, served in the military?

- Yes
- No
- I prefer not to answer

18a. What is your current military status?

- Veteran/Commitment complete
- Active duty
- Reserves
- National Guard
- I prefer not to answer

18b. In which of the following branches did you serve/do you currently serve?
If you served in more than one branch, please select the branch in which you served the most time

- Air Force
- Army
- Coast Guard
- Marine Corps
- Navy
- Space Force

18c. How many years were you/have you been in military service?

18d. Did you gain experience providing direct patient care during your time in the military? Please do not count administrative or indirect patient care experience.

- Yes
- No
- I prefer not to answer

Work Experience

Work Experience

19. Have you ever been employed in a health care field? Please exclude internships, unpaid work, or other experiences related to completion of a degree.

- Yes
- No
- I prefer not to answer

19a. Please check the appropriate box(es) if you have experience in one or more of the following healthcare professions or fields.

- Athletic trainer/personal trainer
- Certified Nursing Assistant (CNA)
- EMT/Paramedic/ Emergency room technician
- Medical Assistant
- Military medical training (medic, corpsman)
- Nurse (LPN, RN, NP)
- Patient Care Assistant/Tech (PCA)
- Physical therapy assistant/technician
- Scribe
- Other, please specify:

19b. Approximately, how many total hours did you work in a healthcare field?
If none, please enter '0'. **Please only include paid work experiences.**

Hours

Direct patient
contact (e.g., Nurse
or nursing aide)

Health care setting
(indirect patient
contact; e.g.,
medical secretary or
receptionist)

#Conjoint, Total#

20. Have you ever participated in any paid and/or unpaid **voluntary community service work** (e.g., Peace Corps, AmeriCorps, service-learning activities, mission work)?

- Yes
- No
- I prefer not to answer

20a. What type of community service work did you participate in? Please check all that apply.

	Paid experiences	Volunteer experiences	Service learning experiences associated with completion of academic studies
International medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International non-medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U.S. non-medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Education

Your Education

21. Please indicate the highest level of education you completed prior to entering the [graduate, professional phase](#) of your PA program. If your exact degree is not listed, please select the degree that most closely match yours.

- Some college but no degree
- Associate degree
- Bachelor of Arts
- Bachelor of Science
- Other Bachelor's degree (e.g., business, BFA)
- Master's degree (health- or natural sciences-related; e.g., MPH)
- Master's degree (not health- or natural-sciences related; e.g., MBA)
- Academic doctorate (health- or natural sciences-related; e.g., Biology PhD)
- Academic doctorate (not health- or natural sciences-related; e.g., EdD)
- Professional doctorate (health-related; e.g., MD, PharmD, DPT)
- Professional doctorate (not health-related; e.g., JD)
- Foreign medical graduate
- Other, please specify:
- I prefer not to answer

21a. What was your college/university undergraduate **overall grade point average (GPA)** at the time of your graduation? If you have more than one undergraduate degree, please include the overall GPA for your most recent degree.

Note: Do not include cumulative GPA for additional college work done after graduation for prerequisites-requisites. Use a 4-point scale where an A =

4.0. If not applicable, please leave the space below blank.

22. Did you take additional semester credits to satisfy prerequisite requirements for the programs to which you applied?

Yes

No

22a. Please estimate the number of credits you took to satisfy prerequisite requirements for the programs to which you applied.

22b. Please estimate the total cost of taking additional semester credits to satisfy prerequisite requirements for the programs you applied to.

- No cost (\$0)
- \$1 to \$999
- \$1,000 to \$1,999
- \$2,000 to \$2,999
- \$3,000 to \$3,999
- \$4,000 to \$4,999
- \$5,000 to \$5,999
- \$6,000 to \$6,999
- \$7,000 or more
- Prefer not to answer

Applying to PA School

Applying to PA School

23. When did you decide to become a PA?

- Before high school
- During high school/before college
- During the first two years of college
- After receiving an associate degree
- During junior year of college
- During senior year of college
- After receiving a Bachelor's degree
- During advanced/graduate training or degree (non-PA)
- After completing an advanced/graduate training or degree (non-PA)

24. People choose to pursue a PA career for many reasons. Please check all the reasons that made you choose to become a PA.

- A calling to the healthcare profession
- Cost of education/affordability
- Prestige
- Work-life balance
- Geographic mobility
- Mobility within PA specialties
- Graduate-level education
- Length of education
- Desire to influence the direction of health care
- Financial stability
- Desire to care for patients
- Other health professions were less appealing
- Excitement of health care
- Other, please specify

25. For the following statements regarding your application to PA programs for the current school year, please enter the appropriate number of programs:

Number of PA programs

Submitted an application

Offered an interview

Completed an interview

Received an acceptance letter

25a. What factor(s) caused you to interview at less programs than you were offered? Please select all that apply.

- Already accepted an offer at another school
- Cost associated with traveling to the interview
- Virtual interview format was not an option
- No longer interested in program(s)
- Other, please specify

26. Please estimate the total amount of money you spent applying to PA school, including fees and cost of interviews, for this year only.

Note: Please do not include costs from campus visits that were not associated with an interview, other non-mandatory expenses (e.g., interview clothes), prerequisite coursework, or the cost of applying to PA school in previous years

- No cost (\$0)
- \$1 to \$999
- \$1,000 to \$1,999
- \$2,000 to \$2,999
- \$3,000 to \$3,999
- \$4,000 to \$4,999
- \$5,000 to \$5,999
- \$6,000 to \$6,999
- \$7,000 or more
- Prefer not to answer

27. Did you engage with any of the following **paid** services to prepare for your application to PA schools? Please check all that apply and do not select services that were provided to you for free.

- N/A: I did not engage any paid services to prepare for PA school applications
- GRE prep course
- GRE prep books, materials, or services outside of a formal course
- MCAT prep course
- MCAT prep books, materials, or services outside of a formal course
- PA-CAT prep course
- PA-CAT prep course materials, or services outside of a formal course
- Admissions consulting
- Interview coaching/interview prep book
- Assistance with personal statement preparation
- Admissions books or other materials
- Other, please specify:

28. Have you applied to PA school **before this application cycle**?

- Yes
- No

28a. Including this application cycle, how many cycles have you applied to one or more PA programs?

29. Did you apply to and/or seriously consider a career in another health profession (e.g., MD, NP, PT)?

Yes

No

29a. Why did you choose to attend PA school **instead** of pursuing training in another health profession? Please select all factors that apply.

- Length of PA education was shorter
- Work-life balance
- Was not accepted by another health professions program
- Wanted collaborating physician relationship
- Cost of attending PA school was lower
- PA scope of practice
- Wanted to spend more time providing direct patient care
- Wanted to work in the medical model
- Ability to change specialties
- PA education provided the right amount of intellectual challenge
- Opportunity to work in a team environment
- Other, please describe:

30. Many factors may have influenced your decision to become a PA. Please select all of the factors that contributed to your decision to become a PA.

- Family members
- AAPA website/literature
- Friend
- Previous healthcare experience
- Career counselor/teacher/academic advisor (high school or college)
- PA program faculty/staff
- PAEA website/literature
- Physician who treated me or my family/other physician acquaintance
- PA who treated me or my family/other PA acquaintance
- Media (e.g., social media)
- Project Access
- College/campus admissions department
- Other health professional
- Other, please specify:
- PAEA recruitment events

31. **As you were choosing which PA programs you would like to attend,** which of the following program attributes did you consider and how important was it to you that your PA program have these attributes?

	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Required few or no prerequisites beyond what I had already completed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation for students with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program mission consistent with personal values	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse student body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality program facilities (e.g., labs and equipment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How long since program was established	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proximity to home/current place of residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Desirable program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

location	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time to degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low tuition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good program reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program is part of a hospital or clinic system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Desirable program community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Rigorous clinical curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program accreditation status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Small class size/student-faculty ratio	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Many opportunities to gain clinical experience (e.g., rotations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Good faculty reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High PANCE pass rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of application and interview process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Job placement rates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBCU PA Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program is affiliated with or offering a doctoral degree such as the DMSc or DHSc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible/Responsive faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diverse faculty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dual degree offered (e.g. PA plus MPH)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High likelihood of admission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Did not consider	Did consider: Not important	Did consider: Somewhat important	Did consider: Very important	Did consider: Essential
Program offers scholarships and financial aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentorship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to participate in community service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Which program attributes were the **most important** in helping you decide to attend your current program rather than the others you were accepted at? Please select and rank **only the 3 most important** deciding factors by importance. Note: You may drag and reorder your desired selections further up in the list prior to placing them in the box on the right.

Items

High likelihood of admission

Program offers scholarships and financial aid

Rigorous clinical curriculum

Opportunities to participate in community service

Required few or no prerequisites beyond what I had already completed

How long since program was established

Desirable program community

Low tuition

Desirable program location

Top 3 Most Important Deciding Factors

Diverse faculty

Quality program
facilities (e.g., labs
and equipment)

Dual degree offered
(e.g. PA plus MPH)

High PANCE pass
rates

Good faculty
reputation

Program is part of a
hospital or clinic
system

Program mission
consistent with
personal values

Small class
size/student-faculty
ratio

Program
accreditation status

Many opportunities
to gain clinical
experience (e.g.,
rotations)

Diverse student body

33. Please rate how the following **experiences** influenced your decision to
accept the offer of admission to the program in which you are currently
enrolled.

34. ~~By your program~~, how important is it that your program's curriculum cover the following topics?

	Made me not want to attend the program	No influence on my decision to attend the program	Made me want to attend the program	Did not experience/Not applicable
	Not important	Somewhat important	Very important	Essential
Program Structure				
Cost of application				
Program admissions and interview process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burden of outreach/recruitment efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wellbeing				
Time to degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations with public health program faculty and leadership/advocacy training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accommodation for students with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations with current students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telemedicine				
Proximity to home/current place of residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conversations with health determinants of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program interview experience	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job placement rates	Not important	Somewhat important	Very important	Essential
Program is affiliated with or offering a doctoral degree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorders/Addiction medicine				
such as the DMSc or DPMSc				
Social justice/Anti-racism training and curriculum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HBCU/PA program				
Palliative/End of life care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentorship				
Nutrition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Not important	Somewhat important	Very important	Essential
Implicit bias training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Disease
prevention/Health
maintenance

Culturally appropriate
care for diverse
populations

Role of community
health and social
service agencies

35. What obstacles are you currently facing? Please select all that apply.

- Taking care of family member(s) diagnosed with COVID-19
- Financial challenges
- Food insecurity
- Taking care of immediate or extended family member(s) (unrelated to COVID-19)
- Lack of adequate support from PA program
- Personally becoming infected with COVID-19
- N/A: None of these
- Other, please specify:

36. To your knowledge, do you know if your program has any Diversity, Equity, and Inclusion (DEI) goals?

Yes

No

Application Process

Application Process

37. Did you apply to PA programs utilizing CASPA?

Yes

No

37a. Please enter the email address associated with your CASPA account.

37b. Did you have access to all the information you needed to apply successfully?

- Yes
- No

37c. Did you have to interact with CASPA staff to resolve any issues with your application(s)?

- Yes, I was extremely satisfied with the experience and support provided
- Yes, I was somewhat satisfied with the experience and support provided
- Yes, I somewhat dissatisfied with the experience and support provided
- Yes, I extremely dissatisfied with the experience and support provided
- No, I did not interact with PAEA staff to resolve any issues

37d. Did you qualify for a fee waiver benefit through CASPA?

- Yes
- No
- Unsure

37e. Did you utilize a fee waiver benefit through CASPA?

- Yes
- No

37f. Please explain the reason(s) you did not use utilize the fee waiver benefit through CASPA.

37g. How satisfied were you with the overall experience with using CASPA?

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

37h. Please use the space below to provide any feedback that could help PAEA improve the CASPA application process.

38. Did you interview virtually?

- Yes, for all my programs I applied to
- Yes, for most of my programs I applied to
- Yes, for some of my programs I applied to
- No, I did not interview virtually for the programs I applied to

38a. Did the option of interviewing virtually allow you to expand your number of applications?

- Yes
- No

Financing Your Education

Financing Your Education

We recommend having your student loan information available for this portion of the survey. All the information you share in this survey, including financial data, is confidential.

The information you provide will help the PA community and PAEA better

understand the costs of education and inform advocacy efforts to make PA education more affordable.

39. Have you received any scholarships, stipends, or grants **(not loans)** for the [graduate, professional phase](#) of your PA program?

- Yes
- No
- I prefer not to answer

39a. Please select the category that best represents the amount of scholarships, stipends, grants (not loans) that have been offered to you, and you have accepted, for the [graduate, professional phase](#) of your PA program?

- \$1 to \$4,999
- \$5,000 to \$9,999
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- I don't know/I prefer not to answer

40. Do you have any outstanding **pre-PA (undergraduate or non-PA graduate) educational loans**?

- Yes
- No
- N/A I am in a direct entry program
- I prefer not to answer

40a. Please select the category that best represents the amount you owe on your outstanding pre-PA educational loans.

Amount you owe of **outstanding pre-PA (undergraduate or non-PA graduate) educational loans**, excluding interest:

- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 or more
- I don't know/I prefer not to answer

41. How were your **pre-PA (undergraduate and/or pre-PA graduate) education** costs paid? This refers to any education costs prior to entering your professional/graduate PA program. Please select all sources that apply.

- Employer support (e.g., tuition reimbursement)
- Federal Direct/Stafford loans
- Federal Grad PLUS loans
- Private loans
- Military benefits (e.g., GI Bill/VA tuition assistance)
- Money earned by spouse/partner
- Other family support (excludes money from spouse/partner)
- Personal income and savings
- Scholarships or awards from external sources
- Scholarships or awards from your college/university
- Work study program
- Other, please specify:
- I prefer not to answer

42. How do you plan to finance the [graduate, professional phase](#) of your PA education? Please select all sources that apply.

- Employer support (e.g., tuition reimbursement)
- Federal Direct/Stafford loans
- Federal Grad PLUS loans
- Private loans
- Military benefits (e.g., GI Bill/VA tuition assistance)
- Money earned by spouse/partner
- Other family support (excludes money from spouse/partner)
- Personal income and savings
- Scholarships or awards from external sources
- Scholarships or awards from your college/university
- Work study program
- Other, please specify
- I prefer not to answer

43. Did you take out any **educational loans** to pay for the [graduate, professional phase](#) of your PA education?

- Yes
- No
- I prefer not to answer

43a. Please select the category that best represents the amount of **outstanding educational loans** you intend to take out for the [graduate, professional phase](#) of your PA education, **excluding interest**:

- \$1 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$124,999
- \$125,000 to \$149,999
- \$150,000 to \$174,999
- \$175,000 to \$199,999
- \$200,000 to \$224,999
- \$225,000 or more
- I don't know/I prefer not to answer

44. Please indicate your plans regarding the below loan forgiveness/repayment program(s) to finance your [graduate, professional PA education](#) after your graduation.

	Have already enrolled	Plan to participate/apply	N/A: Do not plan to participate
Armed Services (e.g., military service)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer-based program (e.g., hospital-based loan repayment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44a. Please select the type of service requirement and/or loan forgiveness/repayment program(s) you are considering to finance your [graduate, professional PA education](#) after your graduation.

	Plan to participate/apply	N/A: Do not plan to participate
Department of Education's Public-Service Loan Forgiveness (PSLF)	<input type="radio"/>	<input type="radio"/>
Indian Health Service Corps (IHSC)	<input type="radio"/>	<input type="radio"/>
National Health Service Corps (NHSC)	<input type="radio"/>	<input type="radio"/>
State loan forgiveness program	<input type="radio"/>	<input type="radio"/>
	Plan to participate/apply	N/A: Do not plan to participate
Veterans Affairs Education Debt Reduction Program (EDRP)	<input type="radio"/>	<input type="radio"/>
Other Uniformed Service (e.g., Center of Disease Control [CDC], Department of Health and Human Services [HHS], Public Health Service [PHS] commissioned officer corp)	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input style="width: 250px; height: 30px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

Your Future Practice

Your Future Practice

45. Please rate the desirability of practicing in the following environments.

	Very undesirable	Undesirable	Neither desirable or undesirable	Desirable	Very desirable
Rural	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suburban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urban underserved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal/State prison system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military base(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice outside the US	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Native American/American Indian Reservation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans Affairs (VA) facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use disorder (SUD) practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Please rate the desirability of working with a **medically underserved community** after graduation. Examples of medically underserved communities include urban underserved, rural, prison, military and VA facilities, and Native American/American Indian reservations.

- Very undesirable
- Undesirable
- Neither desirable nor undesirable
- Desirable
- Very desirable

47. Please rate the desirability of practicing in the following specialty areas after your graduation.

	Undesirable	Neither desirable nor undesirable	Desirable	Do not know enough about it
Behavioral and mental health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pediatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Geriatrics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obstetrics/Gynecology /Women's health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inpatient specialties (e.g., critical care, hospitalist)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency medicine (not urgent care)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal medicine specialties (e.g., cardiology, endocrinology, gastroenterology, infectious disease, nephrology, oncology/hematology, rheumatology, sports medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical specialties (e.g., cardiovascular/cardiothoracic, neurosurgery, orthopedic,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

plastic, urologic, dermatology)

48. Please estimate the annual salary you expect at graduation for a full-time position as a PA.

- \$49,999 or less
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to 109,999
- \$110,000 to \$119,999
- \$120,000 to \$129,999
- \$130,000 to \$139,999
- \$140,000 to \$149,999
- \$150,000 to \$159,999
- \$160,000 or more

About Your Health and Well-Being

About Your Health and Well-Being

Your responses to the following questions about your health and well-being may be sensitive. Because of this, you have the right to skip any of the following questions in this section.

Why do we collect this information?

This section is based on the Association of American Medical Colleges (AAMC) Matriculating Student Questionnaire (MSQ).

49. Please select the number that best describes your feelings **during the past week, including today**. "0" represents "as bad as it can be" and "10" represents "as good as it can be."

	As bad as it can be	0	1	2	3	4	5	6	7	8	9	10	As good as it can be
Overall quality of life (the standard of health, comfort, and happiness experienced by an individual or group)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall mental well- being		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall physical well-being		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Overall emotional well-being		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Level of social activity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Spiritual well-being (expanding a sense of purpose and meaning in life, including one's morals and ethics. It may or may not involve religious activities)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

50. Please select the number that best describes your level of fatigue, on average, **during the past 30 days**. "0" represents "no fatigue" and "10" represents "constant tiredness."

	No fatigue										Constant tiredness
	0	1	2	3	4	5	6	7	8	9	10
Level of fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

51. Please select the number that best describes your level of satisfaction with social support from friends and family **during the past 30 days**. "0" represents "not at all satisfied" and "10" represents "highly satisfied."

	Not at all satisfied										Highly satisfied
	0	1	2	3	4	5	6	7	8	9	10
Level of social support from friends and family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. Please select the number that best describes your financial concerns **during the past 30 days**. "0" represents "no concerns" and "10" represents "constant concerns."

	No concerns										Constant concerns
	0	1	2	3	4	5	6	7	8	9	10
Financial concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53. Please indicate how often you felt or thought a certain way **during the past 30 days**.

	Never	Almost never	Sometimes	Fairly often	Very often
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

53a. If desired, please explain in what ways have you have felt that you were unable to control the important things in your life.

53b. If desired, please explain how you felt about your ability to handle your personal problems.

53c. If desired, please explain in what ways have you felt that things were not going your way.

53d. If desired, please explain in what ways you have felt difficulties were piling up so high that you could not overcome them.

54. What would you rate your anticipated stress level during PA school? 0" represents "no stress" and "10" represents "constant stress."

	No stress										Constant stress
	0	1	2	3	4	5	6	7	8	9	10
Level of stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

55. Please rank the **five** aspects of PA training that you think will be **most stressful**, with the item causing the greatest amount of stress first.

Items

Other, please specify

Transition from
didactic to clinical
phase of training

Personal issues

Physical health
issues

Interpersonal
dynamics between
peers

Frequency of tests
and other
assessments

Mental health issues

Lack of control over
schedule

Volume of learning
expected

Didactic phase
coursework

Initial transition to PA
training

Top 5 Most Stressful Aspects of
PA training

✓

Financial concerns

Interpersonal
dynamics between
faculty/preceptors

Relocating to a new
area

Clinical phase
coursework

56. Please list the ways in which you plan to cope with the anticipated stress during PA school.

Conclusion and Thank You

57. Thank you for your participation. Please comment below on any questions that you considered to be confusing or difficult to respond to. We would also appreciate any other feedback you would like to offer in order to improve our survey.

58. If you are interested in being entered into a drawing for one of four \$50 Amazon gift cards, please provide your email address below. This email address is not stored with your responses and will be permanently deleted as soon as the drawing is complete.

If you have any questions or need to report any errors concerning your survey, please contact research@PAEAonline.org. If you need to change any responses, PAEA Research Staff will be happy to assist you. Please be sure to hit the "submit" button and close this browser window when you are done in order to protect your privacy.

Best wishes for your PA career,

PAEA Research Staff

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