



HEALTH PROFESSIONS

PHYSICIAN ASSISTANT

CENTRAL MICHIGAN UNIVERSITY

- I have reviewed the CMU PA Program Policy Manual in its entirety.
- I have full understanding and will adhere to the policies set forth in this manual.
- I understand that if I am not able to follow the policies put in place, it will result in disciplinary action, that could include dismissal from the CMU PA Program.

Printed Name _____

Signature _____

Date _____