

**Pennsylvania Society of Physician Assistants**  
**Employment of PAs in Pennsylvania**  
**Research grant program**

**About the program**

In the summer of 2008, the Pennsylvania Society of Physician Assistants established the Employment Sub-Committee under the Public Relations and Education Committee to explore the significance of AAPA's salary survey which ranks Pennsylvania as 50<sup>th</sup> in the country. The committee devised a plan to offer grants to PAs and PA students who are interested in researching employment issues involving physician assistants in Pennsylvania.

The PSPA will provide up to \$2,000 per fiscal year in varying amounts not to exceed \$1,000 for each individual project.

**Who can apply**

Applications will be accepted from any physician assistant, PA educator or physician assistant student within the commonwealth of Pennsylvania. Applicants must be PSPA members in good standing. Previous grant awardees are welcomed to apply but priority will be given to first-time applicants.

**Grants are not given for computers, electronic devices, honoraria or salaries.**

**Program objectives**

Research projects should be aimed at investigating the disparity of physician assistant salary in Pennsylvania. Information to be gathered may include, but is not limited to:

- Validity of the current AAPA statistics
- How the salaries of physician and other health care providers compares to the national average
- Difference in salaries based on the regions of Pennsylvania
- Training of PA students in resume writing, contract negotiations, interview skills, etc.
- Differences in states that hold higher salary statistics

**Deadlines**

Applications will be accepted immediately. Awarding of grants will begin in July 2009 with the beginning of the PSPA fiscal year and will continue year round as funding is available. Applicants may choose to keep their application on file for consideration with the next year's funding.

**Requirements**

A complete application must be submitted for consideration. All awardees must submit a written report of their findings to the PSPA within one year.

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Please use the following questions to formulate a description of your proposed research. Please use the included budget form to estimate the cost of your research and include this information in your proposal.

- 1.) What is the subject of your study? (Who)
- 2.) What is the problem to be investigated? (What)
- 3.) What is the purpose for the study? (Why)
- 4.) What is your plan, and how will you carry it out? (Timeline)
- 5.) What is the total cost of this research? (Budget)

Please ensure that your application is complete:

- Application
- Research Proposal
- Budget
- Supporting materials, such as letters of support
- Photograph of applicant (for publication in the PSPA news)

Send your completed application packet to:

Pennsylvania Society of Physician Assistants  
Research Grant Program  
P.O. Box 128  
Greensburg, PA 15601

For more information please contact Employment sub-committee chairs:

Mary Allias: [mary.allias@gmail.com](mailto:mary.allias@gmail.com) or Emily Murphy: [eaburnheimer@gmail.com](mailto:eaburnheimer@gmail.com)

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**Application**

(Please type or print legibly in black ink)

**Applicant information**

Name of applicant: \_\_\_\_\_ PSPA ID # \_\_\_\_\_

I am a:  practicing PA  PA Student  PA program faculty  other (Specify)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

work  home  school

Email address: \_\_\_\_\_ phone # \_\_\_\_\_ (home) \_\_\_\_\_ (work)

For students:

Name of faculty sponsor: \_\_\_\_\_

School: \_\_\_\_\_

**Project information**

Research Proposal title: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Name of organization to whom the check should be made out: \_\_\_\_\_

**Signature requirements**

I attest that the contents of this grant application are true and accurate. I agree that if I receive a grant, my findings may be used at the PSPA's discretion so long as proper credit is given. I may be asked to provide a synopsis of my findings for publication in the PSPA news as well as www.pspa.net.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of faculty sponsor (if applicant is a student)

\_\_\_\_\_  
Date

**For PSPA use only:**

Application received \_\_\_\_\_ Reviewed by \_\_\_\_\_

Date reviewed by committee \_\_\_\_\_

Comments:

rejected  approved: amount granted \_\_\_\_\_

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**Budget proposal worksheet**

Research Proposal Title	
Expenses	
Consultant/Professional Fees	_____
Travel	_____
Equipment	_____
Supplies	_____
Printing & Copying	_____
Telephone & Fax	_____
Postage	_____
Other:	_____
_____	_____
_____	_____
Total expenses	_____
Income	
Government funding	_____
Foundation support	_____
Personal support	_____
Special Events	_____
School grant	_____
Other:	_____
_____	_____
_____	_____
Total income	_____

Failure to divulge all expenses and income for the proposed research may result in revocation of funding from the PSPA.