BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD

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PHYSICIAN ASSISTANT TRAINING PROGRAM CERTIFICATION

PART A: TO BE COMPLETED BY APPLICANT

Please complete Part A prior to submitting the form to your PA training program for completion. The PA training program is responsible for submitting the completed form directly to the Physician Assistant Board; the form will not be accepted if submitted by the applicant. This form is mandatory and cannot be substituted. If you were previously licensed by the Board, the form will be pulled from your licensing file; a new form is not required. Transcripts are not required and should not be requested or submitted to the Board.

1. Name	Last	First	Middle	
2. Other Names/Aliases		**3. Telephone Number**		
4. Mailing Address	Number and Street	City	State	ZIP Code
5. Email Address				

PART B: TO BE COMPLETED BY PHYSICIAN ASSISTANT PROGRAM

The individual listed above has applied for a California physician assistant license. Part B of this form must be completed in its entirety by an individual who has delegated authority. It is the responsibility of the PA program to mail OR email the completed form directly to the Board using the mailing address or email address listed above. The original form does not need to be mailed if submitted by email. Do not provide information related to education other than that for the original PA program.

Student's Name as Shown on Degree								
Name of School								
Title of Degree Awarded								
PA Program Attendance Dates	PA Program Start Date	(mm)	(dd)	(yyyy)	PA Program End Date	(mm)	(dd)	(yyyy)

For a "Yes" response to ANY of the following questions, please attach a brief written explanation on a separate attachment.

1. Was this individual ever placed on a leave of absence for disciplinary reasons?	Yes ☐	No ☐
2. Was this individual ever disciplined, under investigation, or placed on disciplinary probation?	Yes ☐	No ☐
3. Were any incident reports regarding this individual ever filed by instructors?	Yes ☐	No ☐
4. Were any limitations or special requirements imposed on this individual for disciplinary reason?	Yes ☐	No ☐

CERTIFICATION

Affix Seal of Education Institute (If Available)

I certify that I am authorized to provide the information contained within the Physician Assistant Training Program Certification and hereby declare under penalty of perjury that the information is true and correct.

Signature of School Official	Printed Name of School Official
Title of Authorized School Official	Date
Telephone Number	Email Address