



PHYSICIAN ASSISTANT BOARD
2005 Evergreen St., Suite 2250, Sacramento, CA 95815
Phone: (916) 561-8780 | Fax: (916) 263-2671

SCHOOL PRESENTATION APPLICATION

Thank you for your interest in a presentation from the Physician Assistant Board (PAB). Please fill out the application below and send it to our outreach coordinator, Jasmine Dhillon, at jasmine.dhillon@dca.ca.gov. We look forward to meeting with you and your students.

CONTACT INFORMATION

NAME	
TITLE	
PHONE NUMBER	
EMAIL	

PROGRAM INFORMATION

COLLEGE NAME	
ADDRESS	
ROOM NUMBER	
REQUESTED PRESENTATION DATE(S)	
REQUESTED START TIME	
YEAR OF STUDENTS	
NUMBER OF STUDENTS ATTENDING	
HAVE THE STUDENTS CREATED A BREEZE ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

PRESENTATION DETAILS

WHAT ARE YOU HOPING TO GET OUT OF THE PRESENTATION?

WHAT TOPICS WOULD YOU LIKE PAB TO COVER?