



# PHYSICIAN ASSISTANT TRAINING PROGRAM CERTIFICATION



## PART A: TO BE COMPLETED BY APPLICANT

Please complete Part A and send this form to your training program for completion.

<b>1. Name</b>	Last	First	Middle	<b>3. Telephone Number</b>	
<b>2. Mailing Address</b>	Number and Street		City	State	ZIP Code

## PART B: TO BE COMPLETED BY PHYSICIAN ASSISTANT PROGRAM

The person listed above has applied for a California physician assistant license. Before further consideration is given to this applicant, the Physician Assistant Board (Board) requests your assistance in completing Part B of the Physician Assistant Training Program Certification. **Please mail the original form to the Board at the address listed below, as faxed or emailed copies are not acceptable.**

Student Name			
Name of PA Program			
Name of School			
Dates of Attendance	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	
Title of Degree Awarded	Issue Date of Degree		

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

1. Did this individual ever take a leave of absence for disciplinary reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Was this individual ever disciplined, under investigation, or placed on disciplinary probation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Were any incident reports regarding this individual ever filed by instructors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Were any limitations or special requirements imposed on this individual for disciplinary reason?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## CERTIFICATION

<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>Affix Seal of Education Institute</p> </div>	<p>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.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Signature of School Official</p> </div> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Printed Name of School Official</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Title of Authorized School Official</p> </div> <div style="width: 45%; text-align: center;"> <p>_____</p> <p>Date</p> </div> </div> <div style="text-align: center;"> <p>_____</p> <p>Telephone Number</p> </div>
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