



# PHYSICIAN ASSISTANT BOARD BIRTH MONTH LICENSURE REQUEST



Your license will expire on the last day of your second birth month after licensure. If your license is issued during your birth month, your initial license will be valid for a full 24-month term. If your license is issued in a month other than your birth month, the term of your initial license may be valid for as few as thirteen (13) months or as many as twenty-three (23) months.

**Submit this form only if you wish to wait until your birth month to be licensed.**

## BIRTH MONTH

I would like to wait until my birth month of \_\_\_\_\_ to be licensed.

## APPLICANT INFORMATION

Printed Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## INSTRUCTIONS

Please return the form using one of the following methods:

1. Submit the completed form with your initial application.
2. Fax the completed form to the Board at (916) 263-2671.
3. Mail the completed form to the address listed below.