

Physician Assistant Board
2005 Evergreen Street, Suite 2250
Sacramento, CA 95815
(916) 561-8780
www.pab.ca.gov

(Please cut along the dotted lines)

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2005 Evergreen Street, Suite 2250
Sacramento, CA 95815
(916) 561-8780



PHYSICIAN ASSISTANT

License No.
PA11111

Expiration
05/31/2024

JOHN DOE
329 MARSH DR N
PALM DESERT, CA 92260-2665

Signature _____

I M P O R T A N T

1. Include your license number on any correspondence to the Board.
2. You must notify the Board in writing of any changes of mailing address or name change.
3. Contact the Board if your pocket license is lost or stolen.

If you have any questions regarding your pocket license, please contact the Board by emailing paboard@dca.ca.gov.



IMPORTANT INFORMATION CONCERNING YOUR ADDRESS OF RECORD

Pursuant to Title 16, California Code of Regulations, section 1399.511, licensees are required to report in writing to the Board, any and all changes of their mailing address within 30 days from the date the change occurred. An alternate address, such as a post office box or place of business, can be used as your address of record; however, a street address (confidential) shall be provided to the Board if a post office box is used as the address of record. Confidential addresses are not displayed on the Board's website or disclosed to the public.

HOW TO REPORT AN ADDRESS CHANGE

Submit the Change of Address form https://pab.ca.gov/forms_pubs/addresschange.pdf to the Board by mail, fax, or email.

- Mail: 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815
- FAX: (916) 263-2671
- Email: paboard@dca.ca.gov

Addresses are updated instantaneously when completed using your BreEZe account.

- Online: www.breeze.ca.gov

The Board is required to provide the licensee’s address of record to anyone who requests the information and to post the address of record on the Board’s website. All Board related correspondence is automatically mailed to the address of record. If you choose to use an address of record other than your own, please obtain permission from the appropriate party.

HEALTHCARE WORKFORCE SURVEY

Legislation requires the Board to collect certain demographic data related to our licensees at the time of licensure and renewal and report this data to the Department of Health Care Access and Information (HCAI), <https://hcai.ca.gov/>, formerly the Office of Statewide Health Planning and Development (OSHPD). Completion of this survey will help the State analyze and report gaps in the health care work force in California to the California Legislature. You are required to complete a short survey to comply with this legislation at the time of renewal.

Please visit Healthcare Workforce Survey, https://www.dca.ca.gov/webapps/oshpd_survey.php, to complete the survey at this time. If you do not have internet service available to you, please contact the Board at (916) 561-8780 and request the survey be mailed to you.

Licensee’s Name Licensee’s Address Licensee’s Address
