

## 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.

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

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

The individual listed above has applied for a California physician assistant license. The Board requests your assistance with completing Part B of the Physician Assistant Training Program Certification form. The form must be completed in its entirety and signed by the college registrar, program director, or a school official who has been delegated signature authority. **Forms certified and submitted prior to the end date of the PA program will not be accepted and will be returned.** Do not provide information related to education other than that for the original PA program. Please mail OR email the completed form to the Board; the original form does not need to be mailed to the Board if submitted by email.

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

*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 <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

<p style="text-align: center;">Affix Seal of Education Institute</p> <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></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; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of School Official</p> <p>_____ Title of Authorized School Official</p> <p>_____ Telephone Number</p> </div> <div style="width: 45%;"> <p>_____ Printed Name of School Official</p> <p>_____ Date</p> <p>_____ Email Address</p> </div> </div>
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