



PHYSICIAN ASSISTANT BOARD VERIFICATION OF LICENSURE

PART A: TO BE COMPLETED BY APPLICANT

Regardless of the status, applicants who have been licensed, certified, or otherwise registered in any state, country or with any federal agency as a health care provider (e.g., PA, RN, EMT, CNA, CPT, etc.) are required to request a verification of the license, certificate, or registration.

- You are not required to use the Physician Assistant Board's (Board) Verification of Licensure form when requesting a verification as the Board accepts other agencies' verification forms.
- Copies of your license, certificate, or card do not fulfill this requirement and should not be submitted to the Board.
- Do not submit this form with your application if you have not been licensed, certified, or registered as a health care provider.
- The verification is essential in assessing the applicant for licensure as it not only confirms the details of the license, certificate, or registration, it provides the Board with disciplinary history.

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

I hereby authorize your agency to release information concerning my license/certificate/registration status.

Signature	Date
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PART B: TO BE COMPLETED BY LICENSING BOARD OR AGENCY

The person listed above has applied for a physician assistant license in California. Please complete Part B and mail, or email, the form directly to the Board. If disciplinary action has been taken against this licensee, please provide all official public records directly to the Board. **Faxed copies are not acceptable.**

License/Certificate/Registration Issued To	Name of the State/County/Federal Agency of Issuance		
License/Certificate/Registration Type	License/Certificate/Registration Number	Issue Date	Expiration Date
License/Certificate/Registration Status			
Has this agency taken any disciplinary action against this license/certificate/registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

CERTIFICATION

OFFICIAL SEAL

(If Available)

Signature
Printed Name
Title of Authorized Official
Agency's Name
Date Telephone Number or Email Address