

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR **DEPARTMENT OF CONSUMER AFFAIRS · PHYSICIAN ASSISTANT BOARD** 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815 P (916) 561-8780 | F (916) 263-2671 | paboard@dca.ca.gov | www.pab.ca.gov



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 ofto 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.	

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