



# PHYSICIAN ASSISTANT TRAINING PROGRAM CERTIFICATION



**Instruction to the Applicant:** Please Complete Part A and send this form by mail, email, or fax to your training program for completion.

PART A: TO BE COMPLETED BY APPLICANT			
Name of Applicant	Telephone Number		
Number and Street	City	State	Zip Code
The person listed above has applied for a physician assistant license in California. Before further consideration is given to this application, the Physician Assistant Board would appreciate your assistance in completing the information requested below. Please mail the completed original form to the Board at the address listed below. <b>Faxed and emailed copies are not acceptable.</b>			
PART B: TO BE COMPLETED BY PHYSICIAN ASSISTANT PROGRAM			
This certifies that _____, matriculated in <div style="text-align: center;">STUDENT NAME</div> _____ and has attended <div style="text-align: center;">NAME OF PA PROGRAM</div> _____, from _____ to _____, successfully <div style="display: flex; justify-content: space-around; width: 100%;"> <span>NAME OF SCHOOL</span> <span>DATE</span> <span>DATE</span> </div> completing the training for licensure as a Physician Assistant as set forth in the Physician Assistant regulations.			
<b>For a "Yes" response to ANY of the following questions, please supply a brief written explanation on a separate attachment.</b>			
1. Did this individual ever take an academic or disciplinary leave of absence?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Was this individual ever disciplined, under investigation, or placed on disciplinary probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Were there incident reports regarding this individual ever filed by instructors?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Were any limitations or special requirements imposed on this individual because of academic or disciplinary reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CERTIFICATION			
Signed and the school seal affixed this _____ day of _____, _____			
<b>OFFICIAL SEAL</b>			
_____ Signature			
_____ Printed Name			
_____ Title of Authorized Official			
_____ Telephone Number			

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