



# PHYSICIAN ASSISTANT BOARD



## BIRTH MONTH LICENSING REQUEST

California licensing regulations specify that a license expires at 12 midnight on the last day of the birth month of the licensee during the second year of a two year term. If you are licensed in your birth month, your initial license will be valid for a full 24-month term. If you are licensed in a month other than your birth month, the term of your initial license will be less than 24-months (Business and Professions Code section 3523)

Please indicate your preference by checking one of the options listed below.

I would like to wait until my birth month of \_\_\_\_\_ to be licensed.

I would like to be licensed as soon as my application is processed. I understand and acknowledge my initial license will be valid for less than a 24-month term.

Printed Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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.

**PA8**