



# PHYSICIAN ASSISTANT BOARD

## BIRTH MONTH LICENSURE 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).

**This is an optional form. Submit this form only for a birth month license issue.**

### Birth Month Request

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