

Applicant: Each school where physician assistant education was received must complete this form. If more than one school, photocopies of this blank form may be made and used. Transcripts must also be submitted by the school(s).

FORM 1

NEVADA STATE BOARD OF MEDICAL EXAMINERS PHYSICIAN ASSISTANT EDUCATION VERIFICATION

This certifies that _____
Printed Name of Applicant Date of Birth

was enrolled in _____
Name of Physician Assistant School (Location – City / State / Country)

.....

The following information to be completed by program only!

The undersigned further certifies that the records of this institution show that the applicant attended this physician assistant program from *(please only include dates related to the physician assistant degree/program)*

from _____ to _____
(month / year) (month / year)

- The applicant was granted:
- Physician Assistant/Certificate
 - Physician Assistant/Bachelor's Degree
 - Physician Assistant/Master's Degree
 - Other (Please attach explanation)

The degree or certificate was granted: _____
(month / day / year)

Signed and the institutional seal affixed this

_____ day of _____, 2 _____

By: _____
Printed name of President, Registrar or Dean

Title _____
Title of President, Registrar or Dean

Signature _____
*Signature of President, Registrar or Dean ***

Telephone: _____

Fax: _____

Email: _____

** Signatures by personnel other than the President, Registrar or Dean must attach documentation granting authorization to sign in lieu of the President, Registrar or Dean.

Completed form is to be mailed by the verifying institution directly to:

**Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521**

Physician Assistant School : If you have questions, you may contact the Board at (775) 688-2559. The Board requires that this verification form be received by email or mail and NOT by facsimile. **Emails may be sent to nsbme@medboard.nv.gov**