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 institution *(please only include dates related to the physician assistant program/degree)*

From: _____ (Month/Year) To: _____ (Month/Year)

The applicant was granted:

__ Physician Assistant Certificate
__ Physician Assistant Degree
__ Bachelor's Degree
__ Combined Physician Assistant/Bachelor's Degree
__ Combined Physician Assistant/Masters Degree
__ Other (Please attach explanation.)

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

Signed and the institutional seal affixed this

_____ day of _____ , _____

By: _____
Printed name of President, Registrar or Dean)

Title _____
Title of President, Registrar or Dean

Signature _____
Signature of President, Registrar or Dean **

Affix Seal Here

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 mail or email **only**, and NOT by facsimile. **Emails may be sent to nsbme@medboard.nv.gov***